

Today, We'll Play **CATCH**

Behavioral optometry requires patience, personal interaction

There's no such thing as a routine exam for **Diane Serex-Dougan, O.D.**, of Parkville, Md. As a behavioral optometrist who works part time in a friend's optometric practice, she provides intensive vision therapy to a wide range of patients. It's not unusual for an InfantSEE[®] screening to be followed by a session with a 4-year-old autistic child. In a recent day, patients included an Army officer who suffered brain injuries in Iraq and a 15-year-old who was experiencing visual problems following a concussion.



Dr. Serex-Dougan

Dr. Serex-Dougan often carries a caseload of only about 15 patients, but many of them return for hour-long visits every week, sometimes for months at a stretch.

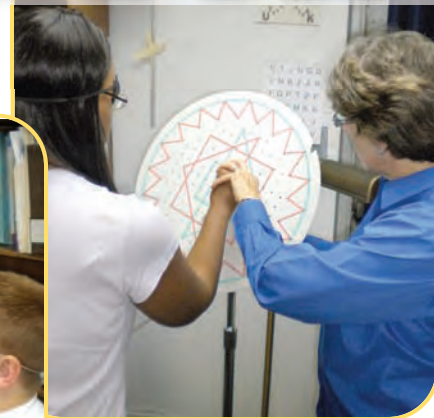
"It's the wide range of patients that come to see me that makes this interesting," she says. Her specialty emphasizes the point that vision is part of the overall health of a patient. In fact, more than general practice optometrists, Dr. Serex-Dougan often finds herself working as part of a team of health care specialists focused on the patient's rehabilitation or recovery. "I try to look at how a person's visual system impacts the things he or she does in life—good or bad," she says. "With students, I ask myself if they can focus. Can they track? Do they understand what they see? If not, what can I do to help them perform better in school or sports or anything they need to do?"

She creates an individualized plan for each patient, often in conjunction with other health care providers. For example, with the Army officer, Dr. Serex-Dougan's goal is to help him be productive and able to work again. The patient also works with a speech therapist and a reading tutor, and each of these providers looks for ways to complement each other's goals. "It's pretty phenomenal the things that I can help with," she says. Working with the Brock string, she helps the patient become aware of how his or her eyes are working together to learn how to control convergence. Later in the session, a tachistoscope is helpful to help increase recognition speed.

In the case of the autistic boy, she works closely with his physical therapist



Dr. Serex-Dougan takes the time to get to know the needs of her behavioral optometry patients.



and occupational therapist to reinforce exercises. Dr. Serex-Dougan started this child with a pair of low-powered lenses because of his inability to track objects. "He could see a moving target, but he did not watch it," she says. "He would look in the place where it started and finished, but he didn't follow the path or move his eyes in when a target was moved close to his face."

However, this boy reacted and had verbal capabilities. He would say "Ouch!" if anyone moved within 10 inches of his face, Dr. Serex-Dougan says. Because his skills are fairly good, they sometimes work on a puzzle together. Other times, he'll lay on the floor below a ball hanging from the ceiling and watch it swing. Sometimes Dr. Serex-Dougan will sit across from him and they'll push a ball back and forth to each other. He's learning to catch it without being afraid that the ball will hurt him, she says.

While some activities are easier to complete in the office or at school with a trained professional therapist, she encourages parents to be involved. "If a child has gross motor problems, he or she might not be able to hop or skip or control big muscles," Dr. Serex-Dougan says.

"Parents can work with children at home to practice hopping and jumping to get their bodies moving."

These sessions take time so that Dr. Serex-Dougan can assess how well strategies are working. For example, when working with older individuals, she may be trying to find a solution to help them read better. That means they pull out a book and read together. "There are lenses we can use to train patients how to relax their focus prisms and team their eyes together well," she says. Computer programs are available for all ages, but Dr. Serex-Dougan only uses this method for about 5-10 minutes at a time. She prefers real-life interactions. **WO**

Getting Started

It's not a coincidence that patients come to **Dr. Diane Serex-Dougan**. Other optometrists or primary care physicians might recommend vision therapy, or parents who think their child needs visual assistance might find her detailed and explanatory web site at drdiane.net.

Indeed, Dr. Serex-Dougan's path to this specialty started with a referral. In optometry school, she started having headaches, and while studying for the national board exam, she received a typical pair of eyeglasses from a clinic. But the headaches persisted and got worse. An upperclassman recommended that she see one of the professors in the pediatric vision therapy program. "He prescribed a pair of bifocals, and my headaches went away," she says.

Dr. Serex-Dougan was intrigued. "What did he see differently in the information that made him come to this conclusion that helped me?" she asked herself. Since it had helped her, she hoped to help others in similar ways. A vision therapy and pediatric optometry residency confirmed her choice. **WO**

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Optometric Extension Program Foundation: oepf.org
College of Optometrists in Vision Development: covd.org