Evaluation

Evaluation and diagnosis begins from the moment the family makes contact. Reading the intake documents, taking notes and writing out preparatory questions is the second step in the evaluation. The third occurs when the family walks into the office.

Establishing therapist, parent and child roles

The initial meeting with the parents is absolutely crucial in setting the tone for all future sessions. It must be clear to everyone that the therapeutic relationship is first established with the parents. The therapist/parent alignment needs to be clearly played out for the child to observe. It is the parents who have the responsibility to keep the family and home safe. It is the parents who decide what behaviors of the child need to be addressed in order for the child to continue living at home. After all, if the placement can be maintained then the nurturing of the child by the parents and the skills of the therapist have an opportunity to have an impact. The first goal of treatment, therefore, is to maintain the relationship so the parent's have the opportunity to provide the nurture and structure over a long enough period of time for the child to heal. In order to place the parent-child relationship in the center and make it more reciprocal the therapist must place the parents in the lead role as the agents of change. The parents are acknowledged as central to the healing process and the therapist becomes the parent coach and treatment catalyst. By greeting the parents first this philosophy is clearly reinforced for both the parents and child.

A second goal of trauma therapy is to teach a child to follow the mother's lead, thereby developing a sense of trust and a diminishing need for control. The therapist models this during the initial meeting by continually deferring to mother and considering her needs first. For example, she is warmly greeted first and offered a place to sit first. By greeting mother first it is clearly established that the primary alignment is with mother and the object of the therapy is not for the therapist to become the child's "best buddy." After all, the point of therapy is not to bond the child to the therapist, but to

bond the child to the parents. This must be demonstrated over and over again to the child.

Another goal of trauma based therapy is to coach the mother in how to be an effective leader of the child and to demonstrate for the father how to be supportive of mother's leadership of the child. The philosophy of trauma based therapy states: "The initial bond is with the mother and generalizes next to the father, the grandparents and other family members. When this bond is established it then generalizes to friends, the community, the school and the world." By addressing mother first, this establishes, from the first contact with the child, that the parents, their feelings, their concerns, their needs, are of central importance. By addressing mother first the therapist is modeling for the mother how to take care of herself as well and how to place herself in the central role with the child. It also demonstrates for the father how to place mother in a central position in regards to the child. In therapy, therefore, the bond is clearly created first with the mother. During these first stages of therapy the father's role is to nurture and protect the mother, just as he would during a pregnancy. As the child becomes reciprocal with the mother during therapy and in the home then the father's role enlarges and father/child bonding work begins. By addressing mother first the therapist is modeling for the mother that she has value and she is worthy of being listened to and cared for. What she says and does matters to others and it is up to the therapist at the start of the therapeutic relationship to show the child it matters to the child as well.

While these introductions are being made and a light, happy tone is being established between the parents and therapists the therapist observes the child's reaction to having his parents receive most of the initial attention. It is at this point that the child, seeing himself outside of his accustomed role as the center of attention will begin drawing attention to himself. Typically the child will interrupt either verbally or by engaging in some behavior, which requires parental response. This is an excellent time to observe the superficial charm of the child and what the parent's response is to negative behavior. Typically the parents will attempt to ignore the child's

behavior or make a laughing excuse for it. The therapist can take control of the situation by firmly, yet kindly, correcting the child for being disrespectful of his mother and intrusive during the introductions. Firm, yet kind, is key to not overwhelming or frightening the child into escalating.

The therapist must not bend over or stoop to the child's eye level when addressing the child. Rather, the therapist assumes the stature of strength and safety for the child by standing up straight and saying, "Excuse me. You just interrupted your mother." Refocus attention back to the mother and begin the evaluation by giving the child instructions on what is expected of them next. Generally the child is receptive to whatever directives the therapist gives as he is unsure of what will happen next and what form the relationship will take. Additionally, the child tends to be initially superficially compliant and charming. The therapist can use that during the evaluation and diagnostic work to gain the child's cooperation on initial tasks.

Two assessments must be undertaken initially and at the same time. While the formal assessment of the child is being conducted an informal assessment of the parents is also being explored.

Parental Assessment:

Evaluating Mother's Fatigue

There are times when the mother is so exhausted and is in such emotional pain that she is unable to nurture the child. In such a case, it is the therapist's obligation to lift the mother's pain by providing her relief.

Evaluating mother's emotional and physical state is part of the initial evaluation:

- Does she express exhaustion?
- Does she look exhausted and over stressed?
- Are there dark circles under her eyes?

- When questioned, does she express that she is getting enough sleep at night?
- Does she have a sense of humor?
- Is she displaying other symptoms of depression?
- Does she express any thoughts regarding suicide?
- Does she express that the child needs to be removed immediately as she is overwhelmed?

For the exhausted and overwhelmed mother, the family and the child's safety it is sometimes best that the child be immediately placed in therapeutic respite, if it is available, until the mother can regain a sense of well being and competency. Another option is to make sure the parents understand the necessity of a child going to his room until Mom has more mental and emotional strength.

Evaluating Mother's Mental Health

Is mom "crazy" or has she been "driven crazy" by her child? One of the markers of a child with an trauma disorder is that mother is often angry. When she is hopeful and rested she exudes resilience and determination. When she has been beaten down by a particularly well chosen negative behavior of the child then she will be tearful and anxious. This can change from week to week. Is she mood disordered? Or is she identifying with her child's illness? Mothers of children with trauma disorders have been misdiagnosed with Munchausen's by Proxy, Bipolar Mood Disorder, Histrionic, Borderline Personality Disorder, attachment disordered, as well as others. They are accused of being dictatorial, autocratic, over controlling and cold. This happens with some frequency due to the child's ability to feign an air of injured innocence to unsuspecting adults unfamiliar with the symptoms of the disorder.

Wounding the mother by labeling her with such cruel misdiagnoses not only is hurtful to her. It is hurtful to the child and will allow the child to use the mother's diagnoses as an excuse to maintain the twisted perception that he is OK and everyone else is

not. It allows the child to continue blaming the world for his negative behaviors.

Better for the therapeutic effort is to initially assume that mother is sane. She is seeking therapy. Her commitment is to set aside resources, time and energy to getting help. If she were being abusive she would not be seeking help, she would be hiding from it. By her actions she has demonstrated that despite the child's negative, assaultive behaviors, he is cared for. She has not abandoned him despite his efforts to make caring for him difficult.

The initial assumption is also that it is the child that is disturbed, not the parents. Healthy children are disturbed when their parents are disturbed. When the child is projecting contentment and happiness in the presence of an angry and unhappy mother there is something wrong with his attachment to her.

What are the warning signs of parents stressed past their capacity to cope?

Misconstrue parenting directions.
Take parenting directives to abusive extremes.
Project fatigue.
Little or no sense of humor.
Sense of depression, hopelessness.

Do these signs mean that mother is "crazy"? No, it means she needs to be nurtured back to health so she can be part of nurturing her child back to health.

In those rare situations where there is a strong suspicion that mother does have emotional disturbances of her own then she needs to be guided into treatment for herself and, if necessary, obtain appropriate medication. Even in those situations it is not good for the child to get by with blaming his mother for his negative behavior. He still needs to be held accountable if he is to heal!