

Center for Family Development

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Evaluation Process **Arthur Becker-Weidman, Ph.D.**

What follows is a brief summary of how the Center for Family Development typically conducts evaluations and assessments. There are many other components to the process that are not described in this brief example. More details can be found in the "Logistics" chapter of the book, *Creating Capacity For Attachment* edited by Arthur Becker-Weidman, Ph.D., & Deborah Shell, MA, Wood 'N' Barnes, Oklahoma City: OK, 2005, as well as in several articles about Dyadic Developmental Psychotherapy that have been published in professional peer-reviewed publications. (See, for example: "Treatment for Children with Trauma-Attachment Disorders: Dyadic Developmental Psychotherapy," *Child and Adolescent Social Work Journal*. Vol. 13 #1, April 2006. or *Dyadic Developmental Psychotherapy: A multi-year Follow-up*, in, *New Developments In Child Abuse Research*, Stanley M. Sturt, Ph.D. (Ed.) Nova Science Publishers, NY, 2006)

At the Center for Family Development we always conduct a thorough and comprehensive evaluation before we begin treatment. We evaluate and screen for a variety of mental health conditions, attachment dynamics, sensory-integration issues, cognitive and neuropsychological issues, and other issues. Children with histories of maltreatment and who may be experiencing complex post-traumatic stress disorder can have a variety of problems and difficulties in a number of domains. Effective treatment must be based on a thorough evaluation of the child and family's strengths and weaknesses. Symptoms and behaviors can be the result of a variety of different causes. Effective treatment is directed at the cause of the symptom not the surface behavior. To use a simple analogy, one does not go to the doctor with a cough and expect the physician to treat the symptom. No, you expect the physician to determine whether the cough is caused by TB, an allergy, a virus, strep. etc.

We begin with a meeting with the child's primary caregivers. In this meeting we review the child's history, previous treatment, and functioning in various domains, such as school, with peers, at home, in the community, psychologically, developmentally, cognitively, and other areas. During this session we also begin to assess the caregiver's ability to provide a safe, stable, and secure home for the child. We begin to consider the caregiver's reflective capabilities and capacity to provide responsive attuned parenting. During the meeting we collect copies (or releases to get copies) of the child's past evaluations, school records, previous treatment records, and other relevant documents such as protective service reports, social histories, adoption summaries, police reports, foster care reports, and other documents.

We use a variety of psychometric instruments. These instruments are completed by the caregiver, child, and others in the child's life. While we may not use all of the following instruments, the listing that follows are examples of many of the instruments that we commonly use:

Vineland Adaptive Behavior Scales, 2nd. Edition

Child Behavior Checklist

Behavior Rating Inventory of Executive Functioning

Trauma Symptom Checklist

MMPI

Million Adolescent Personality Inventory

VMI

House-Tree-Person projective test

Child Apperception Test

Draw a Family Projective Test

Strange Situation Protocol

Attachment Story Completion test and other narrative approaches to assessing a child's state of mind with respect to attachment.

We have a clinical interview with the child. Depending on the age of the child, this may include a structured observational procedure to evaluate the parent-child relationship. The clinical interview of latency age and older children is often structured around the House-Tree-Person projective test, along with a variety of semi-structured interview protocols.

The third or fourth meeting is with the caregivers to review the results of our assessment and diagnoses, present recommendations, and to discuss treatment options. It is during this interview that we will make referrals to other professionals (such as Occupational Therapist, Neuropsychologist, Developmental Pediatrician, Developmental Audiologist, etc) for further evaluations. In this session we discuss recommendations regarding treatment and what is expected so that caregivers can determine if they wish to pursue treatment with us.

Typically, these meeting occur over several weeks, but when families come from out of the area we can complete this evaluation in a half-day meeting with the family completing the various tests and questionnaires ahead of time and mailing this material to us a week before the session.