

Pattern Theory and the Creation of a Pattern Assessment

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Abstract

Recent advances in biochemistry and neuroscience point to an organization between nature and nurture that encompasses the biological, relational, and environmental aspects of life and unifies the long debated nature or nurture controversy. The present paper describes a developmental theory that combines the triad of biological capabilities, relational and environmental experiences into a Pattern Assessment. The assessment explains individual behavioral patterns and their problem solving interplay. The assessment work is enhanced by use of a web-based computer program, which evaluates and reports on individual developmental experiences and effects.

Introduction

A Pattern Assessment is a computerized evaluation that determines what life experiences a person has had, the impact of those experiences, and what behavioral outcomes resulted from the individual "making sense" of his or her experiences. The assessment is based on Pattern Theory which is described in this paper. This theory is defined using the key terms:

1. Environment - The world and things within it.
2. Relationships - The people within a particular area of the world that have physical and emotional connections.
3. biological capabilities - The physical and emotional abilities that form from genetic disposition and experience.
4. stress - "that which produces stress"; any event that initiates a general adaptation syndrome. (Selye, 1956, P. 64-65)
5. dynamic - "The word dynamic carries with it the conceptions of both force and activity. Even in physics the two are related, for force is defined in terms of the rate of change of movement which it will induce. Pressure is tension, and tension released is action." (Boring, 1950, p.701).
6. problem solving - the desire to reach a definite goal from a present condition or situation that either is not directly moving toward the goal, is far from it, or needs more complex logic for finding a missing description of conditions (problem finding and problem shaping) to move toward the goal. (Adapted from Robertson, 2001, p.2).
7. pattern - a recurrent, systematic, strategy for negotiating life stress that may be observed in behavior (Mauldin, 1998, p.3).

In combination, a dynamic pattern is a force that moves a developing person to create (problem solve) a systematic process for negotiating life stress. Pattern Theory is one explanation of the operational development of life patterns, and offers specific treatment

interventions when patterns are not functioning adequately. The scope of this paper is to describe Pattern Theory and a web-based computerized assessment designed using the theory.

Pattern Theory

The environments where we live have endured for millennia and have a systematic operation that affects us and is affected by us. This interaction forms the basis for an adaptive relationship. No matter what culture, the people of the earth have developed sets of systematic behaviors that are honed toward successful survival within their environment. Thus, people adapt to the environment into which they find themselves thrust.

This adaptation takes time and energy. It evolves into a set of rules, mores, and social behavior standards, which are taught to each newly arriving individual. Those who deviate from the basic survival behaviors are disciplined. Sometimes the discipline is wrongly placed, but the need to generate a continued set of rules for survival dictates a requirement to learn self-discipline and self-control within the demands of the environmental and social context (Sokol, Muller, Carpendale, Young, & Iarocci, 2010).

Learning how a social system operates can be difficult because social systems are dynamic. One can observe behaviors and rituals in a society, but the reasoning behind the behaviors and rituals is elusive. This reasoning evolved from events which are hidden and which cannot be experienced by the observer. When these formative events occurred, responses to them were molded by other concurrent actions, and were modified slightly by each encounter and individual within the encounter. When a person attempts to observe these encounters, the act of observation itself changes the aspects of the encounter. The early settlers had no idea what effect their contact with the natives would have. Focusing on one objective, they changed the culture and its rules in ways they had neither intended nor imagined. The culture had to assimilate their presence – or eliminate it.

This is the same choice faced by anyone who experiences something new. The person cannot say he or she did not experience the event. At some level the event is known even if denied. And having experienced the event or a series of consistent events, the person adapts in

an individual way. This way “makes sense” to the individual, and perhaps only that individual, but it frequently also “makes sense” to the group to which the individual belongs. This concept that internal adjustments can be inferred from observable behaviors is a basic premise of Pattern Theory.

Pattern Theory proposes that behaviors reflect reasoning. Reasoning and behavior reflect social interactions and environmental experiences. Individual reactions to perceived experiences form into patterned behaviors, and patterned behaviors are observable. Since the behaviors are observable and patterned, they can be predicted and with experience their sources can be inferred (Mauldin, 1998).

The Theory postulates the existence of a predictable system of behaviors that define a person’s capability to survive in his or her environment. The individual’s pattern recognizes and accommodates the forces that produce demands and cause stress. Behavior is formulated to reduce that stress. The systematic reduction of stress by developmentally appropriate problem solving offers cumulative information about how to succeed in problem solving the issues of life. These stressors are the forces that motivate the individual to develop skills allowing for the successful negotiation of life problems.

The degree of success in this negotiation depends on three connected and interactive processes: (1) Biological capabilities, (2) Interpersonal relationships, and (3) Environment.

Table 1

Environments – all the significant places that a person experiences which may influence his or her life.	Relationships – all the significant people that a person experiences which may influence his or her life.	Biological Capabilities –innate capabilities an individual has at birth, including both cognitive and physical ability.
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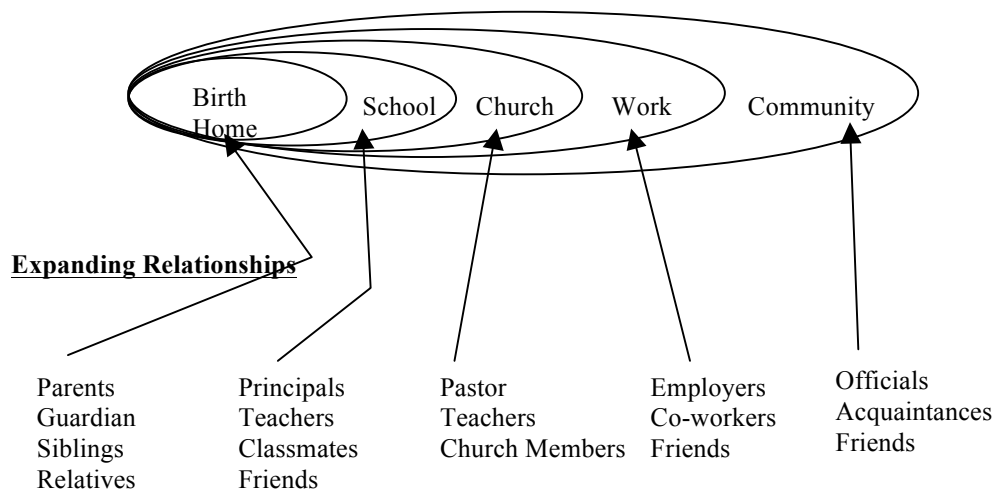
To some degree, what occurs in an individual’s experience can be generalized based on his or her environment. For example, one can say that a person who drops out of high school will have one set of experiences while someone achieving a graduate degree may have a different set of experiences. The circumstances of these experiences are demonstrated through

objective research and subjective personal testimony. How these experiences shape the developing person is the real question.

Before attempting an answer, it is necessary to both recognize the interplay of the three areas described above and become knowledgeable about how the interplay operates developmentally. Figure 1 shows a developmental process evolving using generalized experiences and relationships. It shows that typical development is both sequential and organized. This approach is in line with concepts proposed in ecological systemic theory by Bronfenbrenner (1979).

Figure 1

Expanding Environments



Development occurs as one passes through a series of expanding environments with increased interpersonal relationships. It is evident that, upon entering new environments, new people will be encountered. For the developing individual, these experiences must be accommodated and integrated (Piaget, 1985).

To perform accommodation and integration, the developing individual applies his or her biological abilities to the environmental obstacles and unique relationships found within their life space. The application may be normal developmental expansion such as learning to walk, or it

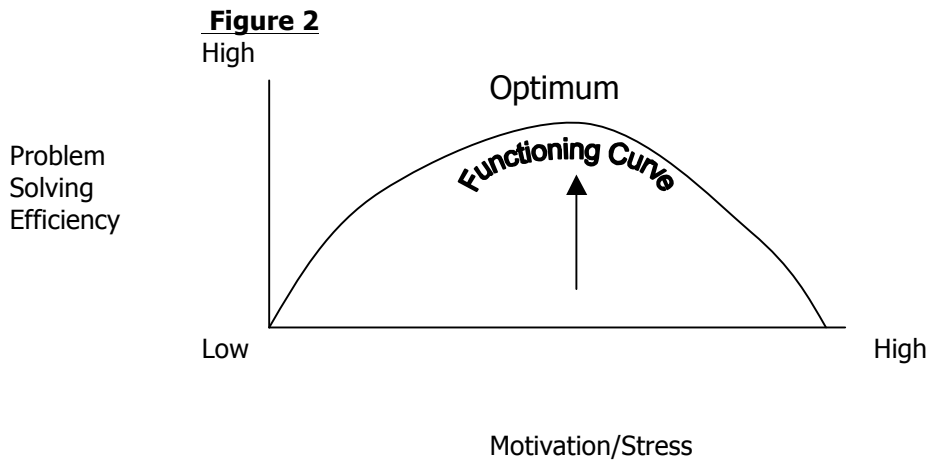
can follow a different course depending on the amount of dynamic drive, (force that causes movement) required. This dynamic drive can be considered motivation or stress. Stress within the life space changes constantly. From biological changes (hunger, growth, balance, talking, walking), to relationship changes (siblings, relatives, friends, authorities), to environment changes (home, day care, school), the developing individual works to organize, stabilize and accommodate the new events. Because these events are unknowns to the developing individual, they constitute problems.

A problem is defined developmentally as any occurrence that retards or blocks success (what I need or want). This block to success is stressful particularly if it blocks a physical need from being met. In the early developmental stages, a developing individual cannot discriminate stressful events as problems. They can only feel and interpret the sensory biological data and react to it. Even in this primitive biological response process, the developing individual tries to "make sense" of the events and organize them into a "problem solution" which is available for future use. Later, as greater problem solving abilities become available, the individual will formulate personal strategies that offer success (patterns).

Motivation (Stress) and Problem Solving

For the present purposes, problem solving ability is defined as the application of biological capabilities to a potential or real life obstacle within relationships or environments. It includes all types of problem solving, such as verbal and physical aggression, avoiding, negotiation, or creative reasoning. Any process where the biological capabilities (mental or physical) work to eliminate an issue that blocks success indicates and demonstrates problem solving ability.

Research shows how problem solving ability and motivation (stress) interact.



Ellis states "A second important principle is that the relationship between degree of motivation and problem-solving efficiency is U-shaped. "AS THE DEGREE OF MOTIVATION INCREASES, PROBLEM-SOLVING EFFICIENCY INCREASES UP TO SOME OPTIMAL POINT BEYOND WHICH INCREASES IN MOTIVATION PRODUCE A REDUCTION IN PROBLEM-SOLVING EFFICIENCY" (Ellis, 1972, p.183) (author's caps). From the figure above, one can see that problem solving ability ranges from low to high. Low problem solving ability reflects a lack of interest to create a solution, or ignorance regarding problem existence. High problem solving ability indicates an awareness of existing problems, confidence to attack problems when they occur, ability to recognize problem solving success/failure, and the ability to apply repair strategy when failure occurs. One can observe that the problem solving ability follows a range of scope. The scope is from narrow, including only single or limited solutions, to broad, including vast open-ended creativity. The range of problem solving is a learned pattern as will be demonstrated later.

The horizontal axis in Figure 2 represents motivation or stress. Stress equals drive. It is normally seen by actions taken or not taken. Stress runs on a continuum from low to high. Low stress represents listless apathy, inattention, and maintenance of status quo. High stress represents extreme anxiety, panic, and fear paralysis.

In learning theory, the relationship between problem solving ability and stress is well researched. The connection between these two processes forms a bell curve. At the base of the curve (low/low) both stress and problem solving ability are low. This low area represents apathy towards solving problems, an inability to see a need to solve problems, or simply satisfaction with the status quo. No matter what the reason, problems do not create enough stress to require attention. The result is that issues in the environment and relationships remain the same and may be accepted as unchangeable (Mower, 1960).

At the high end (high/high) of the scale, this area reflects extreme stress. At this level, physical reactions such as shaking or loss of concentration occur. For example, the author consulted in a production plant where the people could not throw and catch a tennis ball between them. During the exercise, they kept dropping the ball and having to start over. This was a group of mechanics, people who work with their hands all the time; there was no lack of capability. Later, it was discovered that the stress was so high because, as a group, they were colluding to sabotage the plant machines to avoid increasing production quotas. Their collective stress level (high/high) eliminated successful problem solving ability in a simple game.

Maximum problem solving efficiency occurs at a moderate stress level. At this level, a person is sufficiently aroused and focused on problems to recognize and attack them. In addition, he or she is at a maximum learning level. Learning and retention are patterns. The learning pattern follows the same problem solving process and is subject to the same stress inhibitors described previously. A person can only tolerate high stress levels for limited time periods before well-documented physiological and psychological effects occur (Dhabhar, 2011). Thus, the ability to problem solve is a key factor in an individual's success in life because it is, effectively, the ability to reduce the stress one experiences (Bell & D'Zurilla, 2009).

Specifics and Non-specifics in Problem Solving

A simple extension of this problem solving ability and stress paradigm assists in the understanding of what type of events reduce and raise stress. Defining stress as any non-specific

response to any event, it is not a great leap to recognize that stress increases during unfamiliar or unknown events and decreases during familiar or known events. Unfamiliar events or interactions may be considered not specified or non-specific (Selye, 1956). Familiar events or interactions may be considered specified or specific (Mauldin, 1998).

In the problem solving ability/stress diagram above (Figure 2), the unfamiliar events which drive stress up (and problem solving ability down) are non-specific (an auto accident, IRS audit, new relationship, new environment). The familiar events that bring stress down (and problem solving ability up) are specific (driving a car, purchasing lunch at a familiar lunch counter).

An unfamiliar occurrence is an unexplored event. Being unexplored (limited knowledge or contact), it is unexperienced. One does not know what outcome to expect, and cannot make an adjustment (accommodations & integration) to the event, because he/she does not know what is required. Non-specifics have no known boundaries and the risk associated with them is unknown. This type of event triggers all the thoughts of "be careful" that a caregiver offered to a developing child. On the other hand, specifics are known, explored events. These events have known boundaries and risk factors. An individual has a comfort level with the event, and its outcome is expected and predictable. Since this is the case, limited stress arises.

For the developing individual, creating specifics from non-specifics produces a recurrent, systematic, strategy for negotiating life stress observed in behavior (a pattern). The creation derives from information gathered and experienced. Gathering information is simply living, contacting other people, and going into new places. The problem solving conversion of non-specific information into specific information requires the application of biological capabilities. It occurs in a specific environment and engages the individuals (parents, siblings) surrounding the problem solving individual. This application continues until the non-specifics of the environment and relationships "make sense". When a problem solving solution "makes sense," it is rarely explored farther, and it becomes a basis for a new pattern. Recognizing that a pattern produced

in this way is individual and idiosyncratic explains how unique behavior patterns emerge from individuals' interpretation of their life experiences.

One can see that the combination of problem solving ability and stress is optimum in the mid-range and that as highs or lows appear the problem solving ability drops. For example, if someone shoots baskets in basketball and never misses, the reinforcing quality diminishes because the challenge (stress) is absent. However, add 50,000 screaming fans packed into a coliseum and the pressure on the no-miss shooter can cause biological misfire and a missed basket. On a quiet day in the park alone, the shooter may hit 100 of 100 attempts. The pressure is off. This ingredient (problem solving/stress) is a dynamic process, which either calls for or refutes the need of problem solving. It does so based on whether the developing individual perceives the event as specific or non-specific.

Major Life Patterns

What are the life patterns that must be invented, discovered or developed as they are converted from non-specifics to specifics? Clearly, two major life problems are how to meet one's survival needs (both physical & emotional) within the environment and how to get along in interpersonal relationships (both individual and group).

Historically, theorists describe the developmental growth stages as evolving with age. Each stage represents a non-specific (new unknown experience) unsolved problem with all the accompanying motivation/stress, demanding a solution. To gather a full perspective, one needs to add the dynamic process above to the best of the developmental theorists - Erik Erikson, Abraham Maslow, and Jean Piaget. Listed in approximate six-year spans, Table 2 shows their developmental theories.

Table 2

Age	Erikson Ages of Man	Maslow Hierarchy of Needs	Piaget Cognitive Development
0-6	Trust vs Mistrust Autonomy vs Doubt, Shame Initiative vs Guilt	Physiological Needs - Basic needs, food, shelter, water Safety Needs – secure that physiological needs will be met	Sensory Motor - make use of the ability to imitate, to think, and memorize. Objects don't cease to exist when out of sight. More goal oriented, less reflexes Preoperational – language skills, symbolic thinking, one directional thinking, difficulty seeing another’s point of view
6-12	Industry vs Inferiority	Social needs - feel important and needed within a group	Concrete Operational - able to solve concrete, hands-on problems logically. Understands conservation, classification, seriate, and reversibility.
12-18	Identity vs Identity Diffusion	Ego Needs - feel that their hard work is taken seriously	Formal Operational - solve abstract problems logically, more scientific, develop concerns about social issues and identity.

Reviewing each theorist, it becomes apparent that their theories correspond generally with the (1) Biological capabilities, (2) Interpersonal relationships, and (3) Environment described previously. The general connection to the theorists is as follows:

- Piaget’s work carefully organizes the sequence of cognitive abilities available to the developing individual. Through experimental observation, he has shown what abilities are present and at what general age. The abilities described are equivalent to the problem solving abilities discussed earlier. Piaget demonstrates that any problem solving which does not correspond with the developmental abilities must be delayed until those abilities exist.

* The author does not claim an exact fit, but proposes to use these theories as general support for the present work.

In the same vein, physical tasks, which do not match physical ability, cannot be performed successfully (Piaget, 1985).

- Erikson's theory demonstrates the conflicts faced by a developing individual in interpersonal relationships. While relationships are complex, Erikson offers central elements as conflicts to be problem solved in each stage. The manner of solution produces a healthy or unhealthy individual ego structure. This structure allows or disallows needs to be met individually and socially (Erikson, 1987).
- Maslow's theory combines biological and interpersonal elements, defining the basic individual needs that must be solved, beginning at birth. His theory represents the environmental problems to be solved. He recognizes that each successive stage must be built on the foundation of the one preceding it. While he appears to reach into the interpersonal arena in his later stages, he views the process as one of individual needs. For our explanation, this viewpoint makes his theory environmental (Maslow, 1941).

Representing these theorists' work in a single developmental table helps describe what the biological capabilities are at any age, and what the defined stressors (problems to be solved) might be. In the first six years, a developing person spends most of his or her time with a few primary caretakers, either at home or at daycare. Reviewing **Table 2**, one finds that trust, autonomy, initiative, physiological needs, and safety needs are paramount. These needs represent stressors that are present and require some degree of problem solving using sensory motor and preoperational thinking skills. In the second six-year range, school becomes a major environment with teachers and classmates. In this time frame, one sees social acceptance needs and industry as stressors with concrete operational thinking available. In the final six-year range, high school and work environments appear with dating, sexual relationships, and authority outside the home present. This span includes identity formation, and ego needs. In this period, an individual has formal operational thinking at his or her disposal. The problems presented and the biological capabilities present dictate that developing individuals are constantly pressured to problem solve a variety of simultaneous stressors.

Problem Solving Categories

If one examines the early developmental process for problem solving categories, care and safety are dominant. Care involves the physical (assuring food, shelter, cleanliness) and emotional (assuring trust) needs of the developing child. Safety (assuring safety, autonomy, and initiative) involves insuring that events, objects or dangerous situations are controlled during development. The control is directly related to the developmental level. For example, young children put everything into their mouth. A safety conscious caregiver must ensure that nothing harmful can be swallowed. This action may involve safeguarding the kitchen cabinets with childproof locks or having a child safety gate at the top of stairs. Each act required for safety depends on development and experience level. While it may be assumed that safety is only environmental, this issue may also be relational. A caregiver must watch a child to ensure that older children or adults do not harm them. As the problem solving categories are placed into action, the developing individual learns from the action what the care and safety level is for the relationships and environments in which they live - they form a pattern for it.

A second problem solving category is boundaries and support. Boundaries are an extension of the safety efforts presented earlier. The outcome is that the caregiver now wants to see a developing person demonstrate the learned behaviors as his or her own. Environmentally, these issues include concepts such as safety (e.g., crossing streets, staying away from strangers, or not touching hot stoves). In the relationship arena, boundaries include when to leave mom or dad alone. The developing person learns what to do when a caregiver gets angry, how to handle emotions, and what behaviors will be accepted or rejected. As the boundary knowledge is learned, the caregiver must maintain a consistency within the boundaries by reinforcing appropriate child responses to a specific boundary.

Support is an extension of care. Support involves recognizing what is needed to challenge the developing person versus what is beyond present capabilities. Using good caregiver judgment about when to allow exploration and when to maintain deliberate "lock step"

behavior constitutes adequate support. Support within the growth arena changes with age. A young person will need to have their hand held crossing streets, but a caregiver would have a hard time convincing an adolescent that an adult should accompany them on their first date. By that first date, modeled behaviors have become accepted patterns.

As with all pattern categories, support is both environmental and relational. It is environmental when the caregiver allows resources within the family to pass to the developing person. For example, the caregiver supports environmentally by paying an allowance, paying for chores, or keeping young person's room ready in case college is too difficult. Support is relational when the caregiver talks through problems with the young person, offers solutions based on broader experience than the developing person possesses, or assists with a job interview/introduction.

With time, these categories form into ranges that can be expected and predicted between the caregiver and developing individual. These are caregiver patterns taught to a young person (this teaching is generational, and can be explained using patterns, but is beyond the present scope). As a developing individual problem solves how to get along in the world with the caregiver, he/she applies that learned behavior to succeeding environments and people that he/she encounters. These categories are dynamic, not fixed occurrences. Rather, they are consistent ranges. The described range for care/safety travels from arbitrary to excessive. In arbitrary care/safety, the care or safety given is not sufficient for the needs of the developing person. On the excessive end, the caregiver "over" cares to the point of projecting caregiver needs onto the developing individual and minimizing the developing individual's own needs. Neither end of this spectrum is desirable or productive. Both extremes impact the level of discomfort/stress needed for learning and have the effect of preventing the development of normative problem solving. In one instance the control is too limited to offer adequate protection, and in the other the protection is too great to allow normal exploration and learning. The simple truth is that adequate care/safety allows the developing person to experience typical

stress and problem solving and thus maximizes learning potential. This is consistent with the previously discussed notion that learning takes place optimally when stress is moderate. Just as care/safety operate within a range, boundaries/support involve a range of potential behaviors, which can vary from arbitrary to excessive. Both arbitrary and excessive boundaries/support teach the developing person that there are no solid limitations in the world. The developing person does not get a "sense of" what adequate limitations are and therefore reacts to limitation from outside sources as either arbitrary or excessive. When a person receives adequate boundaries/support, he/she is able to understand how to fit into groups and knows what acceptable responses in different environments are.

Major Patterns

Over time, two major patterns emerge. Both demonstrate the developing person's enhanced ability to control the environment and relationships using a recurrent, systematic, strategic process for negotiating life stress. If one refers to these two patterns as goals, in the problem solving sense, he/she would be accurate, but rarely is the developing person completely aware of the creation of these patterns as goals. More often, it is merely what happens as the patterns within a life form. Both major patterns traverse all the developmental stages and are repeated with each successive environment and new relationship. The two major patterns are environmental control and relationship predictability.

When development presents new environments, the developing person organizes his or her experience into a systematic way to meet needs within the presenting environment. As the environment moves from home to school, the demands require different problem solving to ensure academic success. Environmental control is the function of problem solving environmental issues (places and things) for success. The second major pattern is Relationship Predictability. Similar to Environmental Control, Relationship Predictability is a learned control pattern, allowing a person to recognize and integrate the cues that require behavioral adjustment into his or her social system. Socially, it may be the difference between having a meal with one's

family at home versus attending a state dinner with people from other nations. The relational requirements are uniquely different. The relational system involves understanding what is acceptable and unacceptable, and what will allow inclusion and what will cause exclusion by the people in the environment. Relationship predictability is equally critical because in the earliest stages an infant has minimal patterns and no real "sense of" the world. The adults in his or her world connect (bond) with the child to provide the foundations for the growing relationship patterns.

Creating A Pattern

For our purposes in Pattern Theory, the pattern process is circular and represents a developmental loop, which follows a predictable pattern itself and is described as follows: Events happen (both anticipated and unanticipated occurrences). The events that are close to the developing person cause feelings (any physiological or emotional response to an event, which may be specific or non-specific). These feelings create a stress reaction that requires problem solving (organizing the event/feeling to "make sense" of it). The problem solving ability level is dependent on a person's developmental level and biological capabilities when the event occurs. The problem solving behavior formulates into a response to that particular event/feeling. When an action/behavior response produces mitigation of the stress, it becomes the problem solution to the problem faced. Problem solving is dependent on the ability of the individual, on biological capabilities, developmental level and limited or expanded by the environmental and relational interactions. When the action/behavior response works successfully, the outcome is elimination of the stressful event or feeling. The behavior/action response can be observed. If the observed behavior/action is specific, consistent, and supported within the environment and relationships, it reduces the stress felt. When this stress reduction is based on self-created problem solving, the "sense of" stress relief caused by the actions becomes reinforcing and increases behavior/action use, resulting in pattern creation.

This simple explanation regarding pattern creation holds a broad set of explanatory concepts. First, it operates developmentally as the person moves through the environments and relationships described previously. Second, it indicates that pattern development is purposeful, and operates as a mechanism for understanding events, increasing confidence, developing behavioral responses, and ultimately reducing stress and eliminating unwanted events or stressors. This explanation, in conjunction with the developmental theories, provides a unique paradigm for better understanding of the developmental process.

Using a simple interaction diagram the author will construct operational patterns and demonstrate the transfer of patterns between a developing individual and caregiver. This explanation will include the process of modeling, and behavioral reinforcement systems. The steps in this dynamic patterning process are:

1. event/occurrence - either specific or non-specific,
2. stress perceived or felt requiring focused action,
3. problem solving or decision making regarding what action to take,
4. response creation - producing a focused response after problem solving is completed,
5. status change when the stressful event and feeling abates.

Figure 3 shows the pattern development sequence (Mauldin, 1986).

Figure 3

Pattern Development Sequence

Event -> Feeling (Stress) -> Decision (Problem Solving) -> Responsibility (Response Creation) -> Elimination

In the early developmental stages (infancy), the developing individual does not recognize unique events, have the problem solving ability or response ability to perform elimination of stressors. The caregiver must intervene. This intervention produces modeling, problem solving experience, reinforcement and stress elimination strategies. The aforementioned developmental problems are initially solved by cooperative interaction with the caregiver. The caregiver's patterns offer the developing person the first glimpse of how to transfer non-specific events into

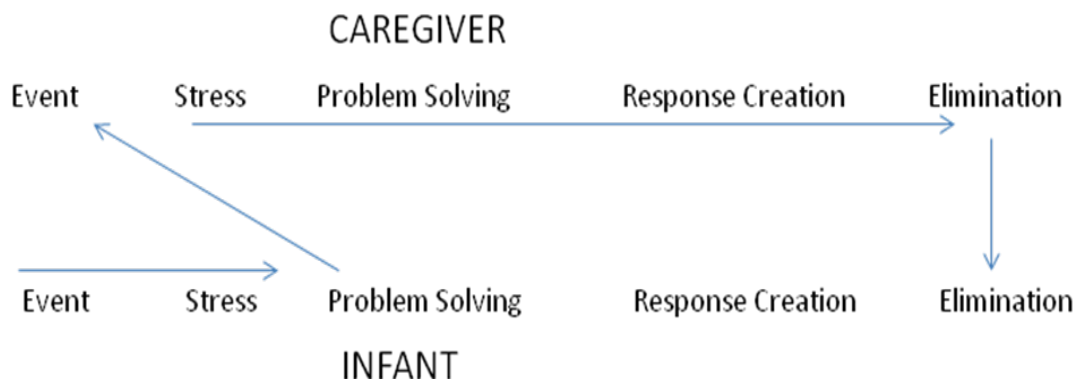
specific patterns. This transfer is an interaction and can be seen in the relationship processing using the pattern development sequence.

As stated previously, development is rife with events that are non-specific. In fact, in the earliest stages few events are considered specified. For that reason, many occurring events create stress requiring problem solving. The relief of this stress is produced by the caregiver.

Figure 4 depicts this situation.

Figure 4

Dependency Interaction Pattern

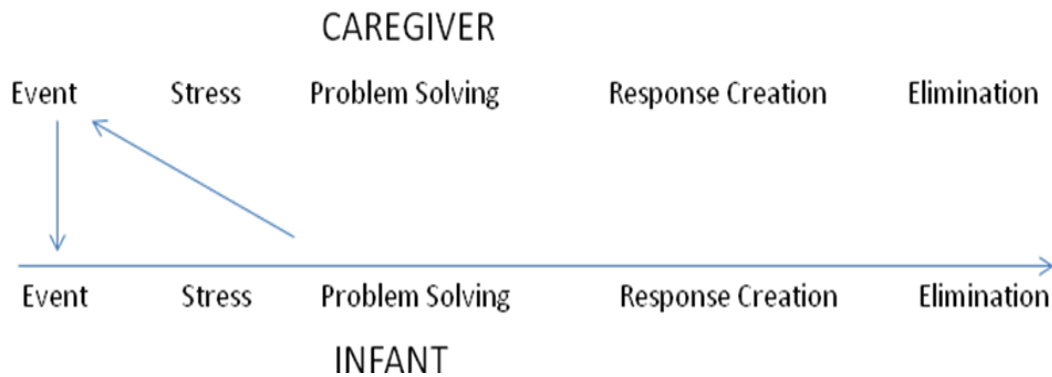


In Figure 4, the developing individual feels the stress of an event notifies the caregiver and the caregiver solves the problem, is able to respond, and the stress is eliminated. Developing individuals do not problem solve the stress for themselves and learn no response pattern that reduces their stress (other than notification or the caregiver). This general response is very appropriate when the stressful event is beyond the biological capability of the developing person to solve, either because of developmental level or limited environmental/relational experience. While it would appear that physical age would stop this interaction, it may not be the case if the caregiver maintains this model of interaction. The dependency fostered by continued uses of this model can result in extreme dependency or resentment because of forced dependency.

Figure 5 depicts the caregiver ignoring the developing individual's notification of stress.

Figure 5

Ignored Interaction Pattern

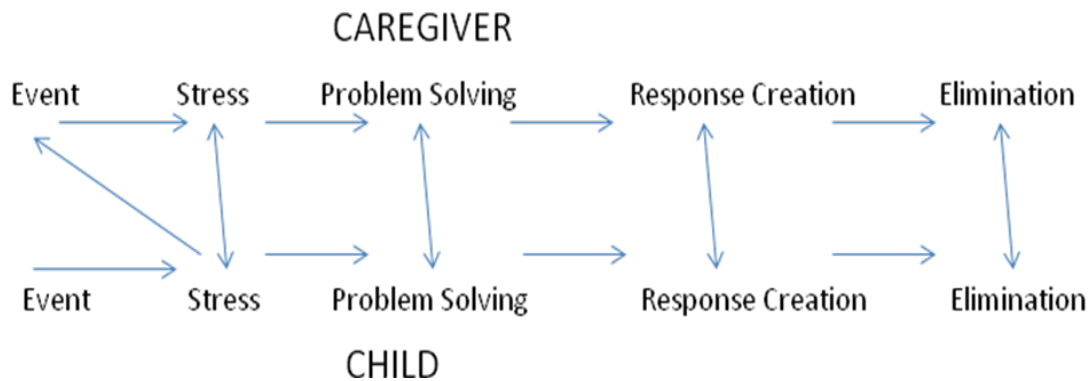


The notification goes unheeded for a multitude of reasons. Basically, it is a position of low stress for the caregiver and therefore low problem solving responsiveness. Without appreciation for the stress a developing child is experiencing, caregiver response is minimized, compounding the stress of the event because of the failure to mobilize the caregiver to the need of the infant. At older ages, the result is that the developing individual has an opportunity to develop other sources for response information or invent, discover or develop his/her own response. Development of response independent from their caregiver will improve self-reliance, but may place the developing individual at risk either environmentally (physical harm) or interpersonally (conflict with caregiver pattern or inappropriate solutions for individual or social relations). For the infant, this response is dangerous and chaotic, at best, producing mild neglect and at worst resulting in analytic depression or death (Spitz, 1945). This interaction is the basis of the "good enough" parenting. (Winnicott, 1958).

Figure 6 depicts the caregiver working with the developing individual to formulate and train them in appropriate responses and problem solving that will transfer into appropriate self-control patterns.

Figure 6

Problem Solving Pattern



During this interaction, the caregiver is aware of the developing individual's perceived stress. The caregiver guides the developing individual through the problem solving process to resolution (perhaps offering multiple solutions that are equally acceptable to the caregiver and letting the child problem solve). The resolution may not be a fully completed pattern, but it performs the stress reduction function needed. The newly problem solved response may be revisited and adjusted when biological capability advances, or circumstances change producing related non-specific stressors. When it is revisited the problem solving response is reprocessed and changed to fit individual needs.

At this point, the caregiver models appropriate and improved solutions, while supporting correct behavioral approximations that the developing individual implements. In this way, even partial problem solving that builds toward a stress-relieving pattern is accepted. In many instances, the developing individual will work out the answer to stress reduction without major parental intervention, and a caregiver must be careful not to over solve the problem for the developing individual. Such as the following example: a child comes to his mother asking, "Where did I come from?" After a few nervous moments, the mother launches into an explanation of sex to which the child responds impatiently. As she stops for a breath the child

says, "But where did I come from?" The confused mother says, "What do you mean?" The child promptly responds, "Billy said he came from Ohio, where did I come from?" Developmental capability and cognitive ability limits what problems are solved at a given developmental level.

Often, the result is surprising. A developing person may make "sense of" many experiences and reduce their own stresses by modeling others and problem solving without caregiver intervention. Therefore, it is critical to let the developing individual struggle and observe their efforts before intervention. This type of "safe" risk for the developing individual helps him/her to stretch and incorporate broader problem solutions than they would otherwise. Learning and problem solving happens in all cases and the ones diagrammed above are simple examples of how the interaction produces a pattern. Almost any interaction can be diagrammed using this process, and each diagram illuminates the critical variables of pattern formation. (While it is beyond the scope of this paper, it is also possible to take existing patterns and extrapolate the beginning interactions.)

The three critical issues in pattern formation are:

1. converting non-specific events causing stress into specific events which reduce stress,
2. interaction with the responses (environmental or interpersonal) until a consistency of outcome is understood,
3. and, gaining support or non-support (environmental or relational) during development.

Walking through a simple developmental occurrence may help to show the process. In the first level (1st six years), a developing person will be faced with multiple events. At an early age, one of those events would be a wet diaper. The act of clearing one's bladder is not painful unless some biological problem exists. The event itself is rather pleasurable because there is a stress associated with a full bladder. Since no restrictions are made on infant bladder emptying, the problem solving is a natural biological function. The response is to urinate - relieving the stress, i.e. elimination. The learning continues and is now shaped by the attention of the caregiver. If the caregiver is busy and does not routinely check the diaper, the nice warm feeling quickly turns cold and uncomfortable. Again, we have event and feeling, but here the problem

solving is different. The child, having no control over the diaper, cannot change it (or toddler learns to drop it where it lands). This new problem is not self-relief, but relief provided by another. The interaction presents the child with a new problem, one of notification.

Notification can take many forms, and is the beginning of a pattern that the child will use for notification once a successful combination is found. In all cases the problem solving is done to relieve stress and produce a predictable outcome. It has a clear purpose and standard outcome. Later, urination has a socially acceptable process which is different from the "go in the diaper" pattern. This new stressor "toilet training" is a unique problem to be solved.

The Effect of Trauma on Patterns

Once a pattern strategy is employed successfully, it is used continually. The 911 terrorist attack exemplifies a group taking advantage of a systematic, known pattern of airport security. Had the security level not been patterned and understandable, with its strengths and weaknesses known, the terrorists could not have exploited it. But what happens when a pattern, which is trusted, is exploited as in this case? Predictably, people, horrified by the attack, were questioning their trust of air travel. They needed time to problem solve the event. Feelings were broad ranging – from denial to aggression. But what about air travel? With the pattern traumatically attacked, people instinctively questioned whether or not to fly. The result was a drop in air travel that was short lived as the stress abated.

Any time a trauma occurs, it redefines the problem and solution, challenging previous assumptions (Janoff-Bullman, 1992). It causes a regression in the development level and starts the pattern definition process again. Trauma can stop a trusting, autonomous person from responding typically. The final outcome is a newly problem-solved event that can be life altering. Because trauma forces pattern rethinking, it is one of the critical factors taken into account in a Pattern Assessment.

Pattern Assessment

The assessment of patterns must measure:

1. the range of early developmental dilemma (stress due to excessive or arbitrary treatment),
2. the application of learned problem solving,
3. the range of relationship predictability and environmental control,
4. the range of existing trauma experienced,
5. the range of available coping mechanisms,
6. the existing potential of psychopathology patterns.

The present test is designed to determine an individual's experiences during his or her formative stages and how those experiences affect the behavioral organization and belief structure. The test is not attempting to establish conclusively the memory of the life experiences. Rather, it is attempting to gather a person's "sense of" what was impressed on them and how he/she expresses it presently. It is this "sense of" feeling that the test attempts to uncover and interpolate into understandable patterns.

The test is formulated to ask general questions about life experiences. It offers a series of Yes/No questions that reflect developmental life experiences in both positive and negative statements. For each question, the answer is clear regarding the correct developmental response. The author designates correct responses as life experiences producing maximum physical and emotional health for a developing person. Other items reflect stressors and stressful life events. These items are included to determine if the person has experienced events that would reduce their developmental success in environments or relationships. A set of coping questions offers information regarding the individual's coping abilities. The scoring determines problem solving skill sets both environmentally and interpersonally. It examines early historical events to determine trauma and to evaluate overall sense of care, support, safety, and boundary development.

The questions about life experiences are derived by taking all the environments that a developing person might experience (history) and determining what relationships (people) are available in those environments. For example in the birth home environment, interactions might occur with parent(s), siblings, or relatives.

While it is not possible to formulate a complete list, the general possibilities provide enough information for question development. The author also derived many questions from clinical experience in multiple work settings (hospital, rehab, community mental health, and private practice).

The questions encompass the areas discussed above (Care/Safety, Boundary/Support, Relationship Predictability, Environmental Control) and sixteen other areas related to stress or trauma. The computerized test format allows a question in the general test to trigger subtest questions. For example, a general question about abuse would trigger a pop-up subtest of abuse questions that determine severity, intensity and duration. Each major area and subtest score is organized into five levels based on percent correct score. The major findings are discussed in detail in the summary report.

The summary report is not intended to replace clinical judgment. On the contrary, the report is intended to offer a concise starting point for treatment. It reduces intake time and allows a therapist to begin treatment quickly by reviewing the summary report with clients. The information offers the basics about individual patterns and the concise nature of a problem. Acting as a springboard for therapy, this is a fluid/dynamic assessment tool that blends with most treatment modalities.

To further elucidate the assessment process and how it operates within Pattern Theory, the author offers two examples of different tests that are available in the Mauldin Pattern Assessment (MPA) series. The two test examples chosen show the patterns within the same family - a mother and daughter - and represent the pattern exchange and general pattern operation for both individuals. The mother completed the Family Systems Test and the daughter completed the MPA 1219 (the entire test summary for both individuals is in Appendix A).

Briefly, the Family Systems Test assesses the individual's perception of the present family situation for the factors of Social Support, Resilience, Family Support, Parenting, and Independence with subtest factors including Parent's Childhood, Housing, Transportation, Finance, Physical Health, Drama, and Employment. The MPA 1219 assesses adolescents age 12 to 19 for Care, Support, Safety, Boundaries (Rules), Coping, Relationship Give & Take, and Violation of Rules. The care, support, safety, and boundaries are equivalent to the factors discussed in the paper above. The last three areas were not discussed in the paper and will be defined here.

In Pattern Theory, coping is the ability to tolerate stress while problem solving, and while continuing to function in the world and relationships. Give and Take in Relationships is the ability to be flexible in relationships, both giving and taking control in an interactive process as necessary, and Violation of Rules is the potential that the individual will break the existing rules in some way, either by refusal, direct opposition, or acting out. These three additional factors were isolated during statistical analysis and add insight into a client's existing patterns.

Each summary report is separated into five areas: demographic information, factor scores, test outcome, subtest outcome, and recommendations. The demographic information tells general data about the client, date of testing, etc. The factor scores describe how the client scored on each factor using a numeric percent (below 65% is considered unhealthy). The test outcome describes how the individual scored on test factor areas, and the subtest factor outcome offers the same information about subtest areas. The recommendations are offered for every subtest area scoring below 65%. On the summary report, factors scores range from 0% to 100% for each factor. The scores demonstrate the individual's "sense of" each factor. Scores below 65% indicate unhealthy patterns and fall in the very severe range. Healthy scores fall between 70% and 90%. Any factor score above 90% is considered in the fake good range indicating purposeful deception or fantasy on that factor.

Case 1

This individual is a middle aged woman who was referred with her family for assessment using the MPA series. She was married having five children ranging in age from 5 to 17. Her husband is disabled and the family lives on his disability with government assistance. She does not work presently. She had a four year drug habit that resulted in her presenting problem, but reports not using drugs in the past two years, when her children were taken into the foster care system. She is completing a case plan to have them returned.

The mother completed the Family Systems Test. On this instrument, she scored as follows:

Social Support	Resilience	Family Support	Parenting	Independence
19%	69%	38%	67%	62%

There are three levels to pattern understanding, plus pattern theme determination. First, the factors scores relate the level of general functioning in the specific factor areas. Second, the report content under each factor depicts the client's reasoning for the factor score. And, third the trained therapist uses this information to infer the stress levels, existing patterns, and pattern themes using the Event-Feeling-Decision-Responsibility-Elimination process.

The factor scores only demonstrate a very severe problems in relationships, both social and family. In addition, there are moderate problems with Resilience, Independence, and Parenting. After reviewing the scores for general trends, as shown above, the therapist reads the content of the report to locate information that explains the factor scores.

In the report content, the mother relates leaving her family and breaking connection with them early in her adolescence because she got married. She describes making "mistakes" early in her life. These mistakes include drug use, limited independence, unemployment, and allowing another to handle her money that resulted in a general dissatisfaction with life. On the subtests,

she relates that during childhood she was neglected, and abused mentally and sexually. With this information, the therapist begins to make pattern connections using the theory. First, abused children experience stress and stress limits problem solving. During her stressful childhood, she needed a way to control this stress and did so by escaping the source of the stress - her family and its drama. The events are her abuse and family drama. Her feelings are limited affection, safety, support, and boundaries producing helplessness to stop or change the environment or relationships. Her decision was to withdraw emotionally and physically when the stress reached excessive levels. By withdrawing, she was able to limit her contact with the stressful events. And finally to eliminate the events, family drama and abuse, she left the home permanently.

The patterns are her present responses (observed behaviors) and the ability she has to maintain them. These outcomes are readily seen in the testing report. First, she consistently does not engage others in relationships, which is seen in the following: she dislikes groups; she feels her actions caused a separation from the family, as when she says "past behavior hurt family relationships"; she did not enjoy her parents; and she engages in high levels of drama. Second, she is unsuccessful; dissatisfied with her life; and feels generally unaccepted. Third, she has no consistent independence nor strategy to achieve it. Fourth, she has difficulty with the responsibility of parenting. These are the behaviors and thinking that are patterned in this person's life. The seasoned therapist takes one more step using the above pattern information and extrapolates the pattern theme, a pattern theme being a simple statement that sums up the decision that the person made to reduce their stress that began the pattern process). In the mother's case, this statement might be - "reject others before they can reject me". This decision explains every pattern in her life and her avoidance of responsibilities that might entangle her with others. It even shows why parenting is problematic because she must engage little individuals who, as they grow, can reject her. What pattern theory explains is that her basic decision to secure care by getting married, and secure safety by leaving an abusive and neglectful environment, is in reality the behavioral outcomes to a decision that controls the stress of the treatment she received growing up, and it became the basis for ongoing life events,

repeating itself in future environments and relationships, ultimately becoming the recurrent, systematic, strategic process for negotiating stress in her life.

Case 2

This adolescent is the oldest child of the woman described above. She demonstrates poor performance in school, oppositional behavior in the home, and acting out in the community. She has run away on several occasions with older men and been gone for as long as a month. She refuses to go to school, will do no work in the home, refuses to find a job, and is physically and verbally abusive to her siblings. She completed the MPA 1219, and on the master test she scored as follows:

Care	Support	Safety	Rules	Vio Rules	Give&Take	Coping
50%	54%	50%	27%	36%	57%	21%

Reviewing the factor scores, we find that this child's patterns reflect severe emotional and behavioral problems. Her "sense of" care, support, safety, and boundaries (rules) is deficient. She feels a strong likelihood that she will break the rules, and generally has little regard for rules. She is more likely to be rigid than flexible in relationships, and she has very limited coping abilities.

Reviewing the report text shows the origin of these problems. The daughter reports limited trust for parents, a rejection of parental control, living under arbitrary and inconsistent rules, a painful trauma in her life, abusive parental relationships, inability to handle stress, excessive worry, an emotionally tough facade, acting out with sex and drugs, and poor flexibility in relationships. On the subtests, she relates impulsive responses to frustration, virtually no coping skills, severe anxiety and depression, moderate abuse, very severe potential for violence, very severe drug use, ongoing very severe conflicts, strong desire to control her life, a recent death of someone close to her, being victimized, and emotional disequilibrium.

Forming this report into response patterns produces the following: the daughter feels intense distrust of people who want to control her, she has learned to stay guarded and emotionally tough in relationships, she escapes from the home using outside relationships, she relieves her stress using drugs, she is impulsive and makes poor judgments while engaging in risky behavior. To ensure that she has control, she creates an ongoing conflict cycle with her parents or authorities, withdraws, and runs away when she cannot achieve what she desires. Her pattern theme may be "you don't want me so I will go find someone who does".

Using the Event to Feeling to Decision to Responsibility to Elimination loop, the therapist sees the events reported by this child being a chaotic lifestyle where the parents were self absorbed with their drug abuse and were poor at parenting, sometimes becoming abusive, while the daughter was shuttled to foster families who consistently could not handle her behavior. Her feelings were abandonment and loneliness. Her decision was to seek some person who would provide the care, support, safety, and boundaries she was denied from her parents. The response was all the patterned behaviors above where she showed over and over that she was dissatisfied, wanted someone to take care of her, and was willing to challenge any barrier to achieve her care and safety. Finally, she eliminated the parents, and other authorities, as controls in her life and proceeded to seek what she wanted on her own.

One of the interesting aspects of patterns is the generational transfer. In most cases, the therapist can quickly see that the daughter is following the same route to control that the mother used - the elimination of the family. Even the ages when this strategy started are equivalent. The major difference is in the decision. The mother decided that she could not get the care, support, safety and boundaries she needed, found a safe/supportive relationship, and escaped to a semi-dependent life. The daughter still seeks the full relationship package (care, support, safety and boundaries) and will not give up her search until she has exhausted every interaction she can find. The daughter has not found the relationship she seeks, but still seeks it impulsively and independently. The difference in the decision theme is a basic difference

between seeing the parents at fault (daughter's viewpoint) and feeling personal fault (mother's viewpoint), but the pattern creation is similar.

Summary and Research Implications

The present work offers a combination of dynamics and patterns in a developmental behavior framework. The framework is idiosyncratic to its creator and performs a necessary service by "making sense" of the world the individual inhabits. This habitation involves three related issues – relationships, environments, and biological capabilities. By applying biological capabilities to the relations and environs, a developing individual creates patterns. Patterns are systematic actions for negotiating life stress that produce recurrent observed behavior. The formation affects biochemical and behavioral operations and serves as solutions to life problems. The basic life problems, which are solved, are ensuring care, support, safety, and boundaries. The present paper offers a different paradigm regarding individual assessment and possible intervention points for treatment. To measure this paradigm, the author has created a web based evaluation instrument to test the theory. At the present time over 3000 assessments have been completed.

The future may allow developmental assessment of functional patterns, and, as future test development occurs, the definition of adaptive patterns. In addition to adaptive pattern definition, the author desires to discover interventions specific to particular maladaptive patterns. At present, the assessment is used with children, adolescents, and adults. The outcomes are offering new insights into developmental pattern formation and may demonstrate new treatment combinations for individual patterns.

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Appendix A

Case 1

MPA Summary

Report Date:

Organization:

Name:

Test: Family System Test V1

Test Taker: Client

Clinician: Mauldin, John

Date of Birth:

Age: 38

Date Administered:

History Chart

Below are charted test factor scores reported by the client. The percent score below indicates the percent "correct" score based on questions answered for each specific factor.

Social Support	Resilience	Family Support	Parenting	Independence
19%	69%	38%	67%	62%

Test Outcomes

(These perceptions should be evaluated based on her current life situation)

XXXXX indicates that Social Support is a **very severe problem** for her at this time.

Issues include: She has no close friends in the area. She has poor relationships at work. She has not maintained friendships from high school. She does not feel open or outgoing. She has no close friends she trusts with her children. She has no parenting support system. She has no support network of friends. She is not in reciprocal relationships with friends. She has no friends who provide an emotional outlet. She dislikes social groups.

XXXXX indicates that Resilience is a **moderate problem** for her at this time.

Issues include: She feels unsatisfied with her life. She admits making bad mistakes growing up. She feels successful. She does not feel generally accepted. She dislikes talking to other people. She uses the emergency room for routine illness.

XXXXX indicates that Family Support is a **very severe problem** for her at this time.

Issues include: She has no family back up in an emergency. Her family is not there for her. She has limited family ties. She feels high levels of drama in her life. She left home before age 17. She felt abused growing up. Her past behavior hurt family relationships. She did not enjoy her parent(s).

XXXXX indicates that Parenting is a **moderate problem** for her at this time.

Issues include: She had a hard childhood. A government agency sent her to a parenting course. She finds parenting hard.

XXXXX indicates that Independence is a moderate problem for her at this time.

Issues include: Other people handle her money. She dislikes where she lives. Another person pays her bills. She is unemployed. She uses community programs for financial support.

Subtest Outcomes

FS-Parent's Childhood (39% Very Severe Problem)

Critical Issues include:

She was neglected. She had a mentally ill caregiver. She had an alcoholic caregiver. She had a drug abusing caregiver. She had limited fun as a child. She felt unsafe in her family. She was sexually abused. She learned to distrust others while growing up. She felt abandoned. She witnessed domestic violence. She was mentally abused.

FS-Housing (87% Very Mild Problem)

Critical Issues include:

She does not own a house. She had DFCS called on them.

FS-Drama (50% Severe Problem)

Critical Issues include:

Her first sexual relationship was before age 15. She married before age 18. She was a parent by age 16. She saw sexual acts when young. She experienced sex before she was ready. She feels excessive drama is in her life. She had an affair. She makes poor relationship choices. She recognizes a pattern of picking the same personality type in relationships.

FS-Financial (72% Mild Problem)

Critical Issues include:

She does not have a checking account. She paid off a court fine. She paid child support. She does not know her credit rating.

FS-Physical Health (80% Very Mild Problem)

Critical Issues include:

She has or had a drug problem. She is impatient. She has a weight problem. She has neurological symptoms.

FS-Employment (60% Moderate Problem)

Critical Issues include:

She does not have the right clothes for her job. She does not have the correct tools for her job. She has a variable job history. She "floats" between jobs. She was not gainfully employed before age 18. She did not advance in her job to a supervisory role. She unable to keep a job.

Risk Areas/Recommendations

Listed below are the risk areas/recommendations reported by the client. The percent score next to the risk areas indicates the percent "correct" score.

Risk Areas: *Areas of concern (below 65%)

FS-Parent's Childhood 39%

Recommendations:

- ➔ Assessed for PTSD
- ➔ Assessed for Counseling
- ➔ Consider parenting training
- ➔ Consider domestic violence assessments

FS-Drama 50%

- ➔ Discuss personal boundaries

Case 2

MPA Summary

Report Date:
Organization: **Clinician:** Mauldin, John
Name: **Date of Birth:**
Test: MPA 1219 **Age:** 17
Test Taker: Client **Date Administered:**

History Chart

Below are charted test factor scores reported by the client. The percent score below indicates the percent "correct" score based on questions answered for each specific factor.

Care	Safety	Violation of Rules	Coping	Give and Take	Support	Boundaries
50%	50%	36%	21%	57%	54%	27%

Test 'MPA 1219' Completed On '7/2/2008 6:29:34 PM//

Test Outcomes

(These perceptions should be evaluated based on her current life situation)

XXXXXX indicates that Role Modeling Experience is a **severe problem** for her at this time.
Issues include: She does not know how to gain positive adult attention and is hurt by lack of adult interest. XXXXXX has had negative experiences growing up that convinced her that adults cannot be trusted. She recognizes little caring exists between the people she thinks of as parents. She feels adults parent poorly. XXXXXX rejects the parent's parenting style and uses tactics like the "unfairness" excuse. She feel outraged by inequities, and thinks her reactions, aggressive outbursts, and destructive behavior are justified. She believes adults have a poor sense of right and wrong and show inconsistent judgment. This adult behavior causes confusion, frustration, and anger. She distrusts adult promises. This distrust results in frustration, anger, and rejecting adult control.

XXXXXX indicates that Safety Experience is a **severe problem** for her at this time.
Issues include: She feels that she was abused when younger (see the Child Abuse Subtest score). She may react badly to a real or perceived emotional loss. Recent relationships are problematic and disappointing for XXXXXX. the experience may cause withdrawal, suspicion, or caution in the future. She has suffered a significant, painful, or dangerous event, which is unresolved for her at this time. She has experienced a family death which continues to be on her mind (See the Death Subtest for risk level). She reports many physical accidents. This issue may be a sign of regression in which the child wants adults to take positive physical care of her. She reports violent treatment from others. This treatment may result in trauma reactions including

nightmares, sleeplessness, or depression caused by a sense of helplessness. She was hurt in a previous accident and still suffers physically.

XXXXX indicates that Violation of Rules Behavior is a **very severe problem** for her at this time.

Issues include: She has gravitated to relationships outside the home that are not acceptable to adults. She is sexually active (See the Sex Subtest for risk level). She reports using drugs within the last few months (See Drug Subtest for risk level). She tries to avoid responsibility for her behavior. She may be gifted at fabrication, untruthful reports, and creating stories to avoid consequences. She experiences school as so negative that she wants to withdraw at the earliest time the law allows. XXXXX believes she should be allowed to do whatever she want to do, based on reports or fabrications about other children's freedoms. She may act out, argue and threaten to coerce adults to give in. This manipulative technique is used to receive privileges which are not appropriate for their age. She overuses electronic devices (computer, internet, or video games) to avoid interaction with others. This distraction may become a standard argument used to avoid real problems. For example, the child may stay up at night playing games and sleep in school. The fight over the games does not address the problem of school avoidance.

XXXXX indicates that Coping Abilities is a **very severe problem** for her at this time.

Issues include: She has limited coping and stamina for problems. He/she is quickly overwhelmed by stressful relationships or events. She has worries that are constantly bothering her. She is emotionally guarded, closed, and wants others to stay out of her emotional business. She keeps others at a distance, stopping even positive interventions. He/she demonstrates emotional toughness. She is having a hard time getting through the teenage years. His/Her self-confidence, resilience, and toughness is limited with poor tolerance for criticism. She may overreact to small slights or disagreements, feeling personally challenged. His/Her reaction will vary from impulsive acting out to withdrawing. She feels no restriction in what she must do to get what she wants. He may be sly, demanding, manipulative, or verbally/physically aggressive. XXXXX attended counseling. Information from this therapist would be helpful. She cannot adjust to the stress caused by changes around her. She feels limited goals or direction in her life. She has feelings or experiences that she does not feel are "normal". He/she may or may not be aware that these experiences are inappropriate (See Psychosis Subtest for risk level). She is anxious in new surroundings or with new people.

XXXXX indicates that Relationship Give and Take Behaviors is a **severe problem** for her at this time.

Issues include: She has a belief that leaving parent(s)'s control at home will make her life better. She avoids responsibility or helping out in the home. This avoidance may extend to other settings (school, community, etc). She feels guilt for behaviors, feeling that she is failing people who care about her. She feels that adult(s) are not allowing her to "grow up". The adult response is helping the child to remain immature or irresponsible. She has few negotiation skills and becomes verbally defensive or explosive under adult demands. She sees parental behavior as confusing and inconsistent.

XXXXX indicates that Support Experience is a **severe problem** for her at this time.

Issues include: XXXXX receives criticism about her behavior from adults. XXXXX feels caregivers were self-absorbed and not involved in her life growing up. She reports that her present residence is an uncomfortable place where she cannot relax. She feels highly controlled by caregivers. The protection level may be higher than required for her age because of adult inexperience or fears. She received negative peer treatment. XXXXX's response may be to demean and reject others before they can reject her, or to expect rejection, creating situations where rejection occurs because of behaviors. She has conflicts with adult(s) over an "outside the family" relationship. If this split is about a "first love" or sexual relationship, biological drives may push a child to abandon previously accepted rules.

XXXXX indicates that Rules Experience is a **very severe problem** for her at this time.

Issues include: The rules are inconsistent in the home. She feels grownups do not mean what they say. She discounts or demeans adult's suggestions about rules and behavior, creating her own rules experimentally when away from home. She is aware that she is not doing her best in school. She has academic or behavioral problems in school (See the Education Subtest for further clarification). She is unconcerned about adult or society rules. He/she can be expected to disrupt classrooms, or act out in the community. She feels that adult rules are arbitrary and inconsistent. She recognizes that she violates school rules. Violations may include class disruption, skipping, drug use, bringing weapons, substance use, or belligerent acting out.

Subtest Outcomes

1219 Coping (7% Very Severe Problem)

Critical Issues include:

She worries excessively. She has difficulty handling her stress. She reports sudden explosive anger. XXXXX is determined to have her way. She does not feel confident. She knows that she is not patient. She does not work for what she wants. She is confident that she can avoid or manipulate the rules and takes pleasure in "beating" the system. XXXXX reports frustration with limited coping skills. She feels isolated from her family in hard times. She demonstrates an immature "payback" style of interaction for slights or abuses. XXXXX is "tight lipped" about her problems and does not share personal information with others. She tends to hold grudges. XXXXX acts up to force others to ask what is wrong.

1219 Anxiety/Depression (20% Very Severe Problem)

Critical Issues include:

XXXXX reports diminished appetite. She reports difficulty sleeping and is losing sleep that may affect irritability, school performance, or normal relationships. She is having difficulty with emotional regulation problems with overwhelming sadness. XXXXX reports that she is obsessing about issues in her life that interferes with daily activities. She reports that she has a sense of helplessness about the events occurring in her world. She reports that she loses emotional control and becomes angry and verbally aggressive. She relates that she is constantly worried about issues in her life. XXXXX relates that she is behaving in a compulsive manner. She is suffering from extreme levels of anxiety. She reports a deficit in judgment compared to earlier in her life. She states that she bites her nails because of anxiety. XXXXX reports difficulties with focus and concentration.

1219 Child Abuse (67% Moderate Problem)

Critical Issues include:

XXXXX believes that adult reactions to her bad behaviors were excessive. She experienced physical abuse while the caretaker was abusing drugs or alcohol. XXXXX understood when caretakers became dangerous and hid to avoid abuse. She experienced adults who threatened and manipulated her to avoid being exposed for their illegal or abusive behaviors.

1219 Violence (0% Very Severe Problem)

Critical Issues include:

XXXXX has an impulsive temper with limited self control. XXXXX destroys property when angry. XXXXX attacks the person who makes her mad. XXXXX feels her anger smolder for several days. XXXXX feels others will not let her anger dissipate. XXXXX has built a reputation about her anger that produces control. XXXXX fights when angry. XXXXX is proud of verbal aggression.

1219 Sex (80% Very Mild Problem)

Critical Issues include:

XXXXX reports being forced to perform unwanted sexual acts. XXXXX has had unprotected sex.

1219 Drug (29% Very Severe Problem)

Critical Issues include:

XXXXX has paid for drugs for an extended period of time. She used drugs daily for at least one month. She has many friends who do drugs. She took drugs in such quantity and variety that she cannot remember what was taken. XXXXX started using drugs before age 15. She is using drugs to modulate her emotions. She has missed school or work to do drugs. She witnessed parents using drugs to excess more than one time. XXXXX has used multiple drugs at the same time. She has stolen from others to pay for drugs.

1219 Conflict (22% Very Severe Problem)

Critical Issues include:

XXXXX reacts badly to direct or critical feedback. She demeans others and excuses her behavior by projecting

it onto others. She experiences sibling jealousy and rivalry. She fights and argues with friends. XXXXX argues with her parent(s) often. She recognizes that she is designated as the problem child in the family. She considers fighting acceptable as an angry reaction.

1219 School (50% Severe Problem)

Critical Issues include:

XXXXX finds school boring. This response may be present because of poor achievement or true boredom. XXXXX has ongoing discipline problems at school. These problems result in time out of class time, in disciplinary meetings, being suspended or expelled from school. XXXXX reports a learning disorder in math. This report may represent a true problem or a lack of focused effort. XXXXX is staying up at night. He/she may be leaving the house or have days and nights reversed because of staying up too late. Consider a physical to ensure no general physical problems. XXXXX has peers that are in the drug culture at school. His involvement with them may indicate the need for drug testing. XXXXX has peers that are in the drug culture at school. His involvement with them may indicate the need for drug testing.

1219 Personality Disorder (15% Very Severe Problem)

Critical Issues include:

XXXXX feels no one has should control her behavior. XXXXX has symptoms of bulimia. XXXXX participated recently in self mutilation such as self cutting or burning. XXXXX demonstrates symptoms of anorexia. XXXXX feels that others are untrustworthy. XXXXX feels no control or limitation from authorities and is free to behave as she chooses. XXXXX is bright and manipulative, feeling that adults can be side stepped whenever she desires. XXXXX uses a tactic of waiting until adults relax before doing as she chooses. Knowing what to do to get the relaxation from adults, she is confident about how to avoid adult control. XXXXX initiates and participates in fights as a way to establish control within her environment and relationships. XXXXX rejects any authority. XXXXX believes that she can stop others from harming her by reacting negatively to bad treatment.

1219 Death (0% Very Severe Problem)

Critical Issues include:

XXXXX continues to grieve for a person who died. She continues to deny the loss. She is in the bargaining stage of grief. She continues to worry about the lost relationship. XXXXX is obsessed with her lost relationship. She reports loneliness and isolation since the death.

1219 Victim (17% Very Severe Problem)

Critical Issues include:

XXXXX experienced a life threatening trauma at the time of the incident. XXXXX has been physically threatened by a person or group of people. XXXXX experienced helplessness during the trauma. XXXXX obsesses about the incident. XXXXX is losing sleep over the incident.

1219 Psychosis (64% Moderate Problem)

Critical Issues include:

XXXXX reports that ideas go fast within her thinking. XXXXX reports that excessive stress causes memory blanks. XXXXX needs strong emotional control. When stress becomes too great or control is shaken, it produces a disorientation and emotional disequilibrium. XXXXX is having ideas outside her normal beliefs. She is secretive as a way of controlling the ideas due to embarrassment, or fear. XXXXX reports a manic episode within the last year where her mind raced and she could not sleep.

Risk Areas/Recommendations

Listed below are the risk areas/recommendations reported by the client. The percent score next to the risk areas indicates the percent "correct" score.

Risk Areas: *Areas of concern (below 65%)

1219 Coping 7%

Recommendations:

→ Coping Skills Classes

1219 Anxiety/Depression 20%

- Individual Counseling
- Mental Health Assessment
- Psychiatric Consultation

1219 Violence 0%

- Mental Health Assessment
- Duty to Warn - Specific Victim
- Notify Law Enforcement

1219 Drug 29%

- Drug & Alcohol Assessment

1219 Conflict 22%

- Conflict Resolution Classes
- Group Therapy

1219 School 50%

- Educational Evaluation
- Psychological Testing
- Contact Educators
- Referral to SST

1219 Personality Disorder 15%

- Mental Health Assessment

1219 Death 0%

- Mental Health Assessment
- Grief Counseling
- Grief Support Group

1219 Victim 17%

- Individual Counseling
- Victim Support Group