

The NEATS: A Competency-Based, Ecological Assessment for Children and Families

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Case Studies

Two cases illustrate how to use the NEATS. The first is the case of Alan, 11. Alan's case is presented in outline form. It includes information about his mother and father as well as Alan. It shows the interconnections of the elements of the NEATS and also shows how parents' behaviors influence children's development. Danette Jones, clinical supervisor at St. Paul Youth Services, Maplewood, Minnesota, contributed to this analysis.

The second case is that of Eric, age 12. It is a more traditional case description interspersed with a NEATS analysis. Susan Keskinen, an independent consultant from St. Paul, Minnesota, contributed to the case study narrative.

A Case Analysis Using the NEATS: Alan, 11, and His Family

The analysis is organized using the five categories of the NEATS and includes the focal child as well as other family members and systems that affect Alan and his family.

N (neurobiology)

All family members are of average or above average intelligence. Alan's capacities have been profoundly affected by his experiences with his mother who is diagnosed with Borderline Personality Disorder (BPD). He has numerous easily triggered hot buttons that appear to have been encoded in his brain circuitry as schemas or inner working models (IWMs) that bypass the neocortex, characterized by intense emotional-behavioral responses that are disengaged from executive functions. Mom may have had a genetic predisposition for BPD. Mom does not possess the capacities to help Alan develop his executive skills and develop more high road responses. He now needs to take medication in an attempt to compensate for his lack of executive function and self-regulatory skills. Dad has the capacities to facilitate the development of executive skills in his son. He also appears to be emotionally and psychologically available to his son.

E (executive function)

Alan's problematic executive (EF) skills result from pathogenic care/attachment that his mother provided. He has profound issues with attention, rule following, impulsivity, anticipation of consequences, planning, and problem solving. Dad is able to model healthy E.F. and provide the structure needed for Alan to develop executive skills. He and his wife have been open to the needed support and psychoeducation in order to provide for Alan's

significant needs. Dad's good E.F. has made it possible for him to acquire and access crucial resources/services.

A (attachment)

Alan did not receive the sensitive, responsive, nurturing caregiving required to provide a foundation for the development of secure attachments and the qualities that develop from secure attachments. Quite the contrary, his mother's mental illness caused her to be inconsistent in her care and in many ways psychologically unavailable. Consumed by her own needs and issues, she could not participate in the mutually contingent interactions that lead to secure attachments. Her responsiveness was non-contingent in regard to her son's behavior. Alan was exposed to his mother's extreme and intense and unpredictable emotions and behaviors. She was unable to soothe his and foster re-regulation of his aroused state. He thus appears not have internalized capacities for self-soothing and self-regulation. Mom was consumed by her own needs and issues, giving Alan inconsistent, conflicting care. Her disorganized/unresolved attachment style is indicative of Borderline Personality Disorder. Alan's attachment style reflects his mother's. He has the diagnosis of Reactive Attachment Disorder (RAD), Withdrawn/ Inhibited Type. The source of security was also the source of fear.

Dad seems to have a secure attachment style, for the most part. Alan has had difficulties trusting his father, however. Alan's IWM appears to involve expectations that parental/authority figures are not only untrustworthy but threatening and unpredictable. Alan's mother has been an all-powerful presence in his life. She undermined his relationship with his father and any other person she viewed as a threat. She has manufactured scenarios of Dad being abusive, in order to keep Alan from his father. Mom used Alan's vulnerabilities and dysregulated behaviors as reasons for her to have sole custody, even though she was a significant part of why Alan was unstable. She is intelligent and can be convincing. It is helpful, however, that Alan's psychiatrist recommended no contact with his mother. They may be Alan's hope of any recovery.

After the courts awarded sole custody to Dad and Alan came to live with him and his wife, Dad appeared to be dismissive, wanting a normal childhood for his son. After experiencing Alan's behaviors first-hand, he became open to psychoeducation about his son's disorder. This education increased his capacities to connect to Alan, which reflects a secure adult attachment style.

T (trauma)

Summary: mom's behaviors could have been traumatizing, as could his multiple separations from his father.

Mom's disorganized attachment style is likely based in unresolved childhood trauma as well as perhaps genetics—e.g., how she was “wired.” Losing her birth mother could be an attachment trauma. Maltreatment could have occurred before Mom was adopted. She may have also been abused after adoption. We can only speculate. If her BPD is part of her

genetic make-up, this condition could make even typical childhood challenges more difficult to manage than for children who do not have predispositions to strong emotional reactions with limited neurological capacities to manage them.

Reactive Attachment Disorder is found in severely maltreated children (as is BPD). Alan's mother appears to have been the source his attachment trauma, if attachment trauma is a good description of his condition. Alan may have also been maltreated in other ways we don't know about. In addition, Alan also was separated from his father many times.

Dad's initial dismissive attachment style could indicate childhood attachment problems. This dismissive style could have contributed to him marrying a woman with BPD, which he still minimizes at times. He did leave eventually and marry a more stable woman. Not recognizing the possibility that being with Alan's mom could have been traumatizing to him led to him dismissing her effect on their son.

Dad is now the secure base by which Alan may be able to process and rework his IWMs and perhaps learn to manage his trauma. Many of his dysregulated "low road" responses may be transformed into more frequent "high road" responses.

S (self-regulation)

BPD is a disorder of dysregulation. Since Mom had difficulty with self-regulation, she provided neither the care nor the modeling that led to Alan's internalization of capacities for self-regulation. Alan appears to have experienced persistent distress in response to his mother's distressing behaviors. She typically could not help him re-regulate, and she typically was the source of the stress.

According to Alan's psychiatrist, Mom's diagnosis of BPD and disorganized behaviors sent mixed messages to Alan. These led to difficulties in forming a secure IWM of self and others and without strong executive skills. Without these IWMs and executive skills Alan has been unable to make sense of and manage his thoughts, feelings, or behaviors. These in capacities fit the definition of dysregulation. Alan attempts to re-regulate through antisocial (aggressive verbally, physically and sexually toward others), self-destructive (banging his head on the floor), and inappropriate (screaming/ tantrums) methods, although with structure, warmth, and rewards he shows some capacities for self-regulation. Alan institutes requires needs a safe environment and secure base to do this, which is at times a psychiatric hospital, where he resided at the time this analysis was done, usually his father's home. Since living with his father, without contact from his mother, this is the first hospitalization in two years.

Recommendations

Alan requires on-going living arrangements with his father in a safe, structured, and loving family and supervised weekly contact with his mother. In addition, he will require special education in a small classroom where teachers provide structure, safety, and warmth. When Alan re-experiences his trauma and dysregulates, both his family and school

personnel are to ensure that he does not harm others or himself. They do not leave him alone. When he is re-regulated, family and school staff talk to Alan about what was going on for him before he acted out so as to identify for Alan the situations that trigger his difficult behaviors. Over time, it is hoped that Alan will be able to internalize the structure that family and school provide and that he will be better able to self-regulate.

Alan and his family would do well to have weekly in-home family services where the family processes the week's events and does problem solving. In addition, the family therapist can provide the family with psychoeducation about dealing with children with problematic behaviors.

Alan requires on-going contact with a pediatric neurologist who can monitor his medication and his neurological issues and can also provide guidelines to his father and stepmother about how to help Alan manage.

Finally Alan would benefit greatly from trauma-specific therapy such as EMDR. Family participation is vital since what Alan deals with in therapy must be understood by his family so that they can deal constructively with the issues that arise in therapy.

A Case Analysis Using the NEATS: Eric, 12, and His Family

Eric was nine years old when he sexually abused two neighborhood girls, ages four and seven, on multiple occasions for about a year. The abuse involved vaginal and anal penetration. The abuse took place at Eric's home and at the home of the girls, out of sight of the parents who were at home at the time of the abuse.

Eric was remorseful about his sexual abuse of the two girls and was distraught when confronted with the allegations. He cried and said that he knew what he did was wrong. He said, "It's not good for little kids to do that."

Patricia, the mother of the two girls had provided childcare to Eric since he was a toddler. After the sexual abuse came to light, the Patricia wrote a note to Eric's father Gerry expressing her concerns about her daughters and Eric. She also talked to Eric about the abuse, assured him that she didn't hate him, and that she was very concerned about his welfare. She also continued to provide care to Eric, but she closely supervised him and made sure he was never alone with her daughters.

Patricia told social service professionals that Gerry didn't adequately supervise Eric and that he wasn't getting Eric the help he needed and wanted. Gerry told social services that he was concerned about Eric's sexual misconduct and worried that his daughter's boyfriend may have sexually abused Eric.

Gerry thought the abuse was not totally Eric's fault. He asked "If it was that bad, why does this mom let the girls play with him? He still plays with them. I'm not putting this all on

him.” On the other hand, Gerry appeared interested in following through on referrals for a psychosexual evaluation for Eric, but he did not.

In fact, Patricia was correct. For three years, Gerry had one reasons after another for not following through on referrals for an evaluation of Eric. Eric was too young to be charged with a crime, and social services did not take the case.

Gerry did enroll himself and Eric in a voluntary program we will call EXCEL designed to provide supportive services such as recreation and psychoeducation groups for children and sometimes for parents. This agency case managers attempt to form relationships with families and children, make appropriate referrals, and advocate for the family and children in schools, courts and other social service agencies. The case managers, however, have no legal authority and therefore could not get the court to order an evaluation for Eric. Instead, Gerry gave permission for Eric to participate in several different psychoeducation and recreation programs that EXCEL provided, such as groups on emotions, peer relationships, and sexual abuse prevention and trips to ball games, movies, and bowling.

Analysis

N (neurobiology)

So far no information.

E (executive function)

Eric appeared to have issues with executive function. On the one hand, he sexually abused the girls, and on the other, he was remorseful. This suggests that he did not anticipate the consequences for himself or the two little girls, whom he had known all this life. His judgment was inadequate.

Gerry’s executive function may be impaired because he did not see that Eric needed help and that Patricia was being extremely kind and generous. His statement that he is not putting this all on Eric casts doubt on his understanding of what his son requires in order to develop in healthy ways. Gerry did not follow through on evaluation and treatment for his son.

Patricia may have good executive skills because she continues to include Eric in her family life and closely supervises Eric when he is in her care.

A (attachment)

Two attachment figures mentioned: Patricia, the child care provider, and Gerry, Eric’s father. Patricia appeared both committed and attached to Eric and appropriately concerned about Gerry’s parenting. Gerry stated concern for his son, but did not follow through. This suggests a dismissive parenting style. So far there was no mention of Eric’s mother or other attachment figures.

No information on Eric's attachments to the child care provider, his father, or his mother.

T (trauma)

No information on trauma for Eric, his father, or Patricia. The response to being found out as sexually abusing the two girls probably traumatized Eric.

S (self-regulation)

Eric appeared not to have capacities for regulating his sexual behaviors. He acted out sexually which suggests that some powerful emotions were driving him, but he was also remorseful afterward, which suggests that he was not able to control his drive to act out.

Here there is no information on the self-regulation capacities of Gerry or the child care provider.

We'll now return to the case narrative.

Possible Child Neglect

There had been concerns among neighbors that Gerry did not provide adequate supervision of Eric. Eric was often out at night by himself. It is the type of neighborhood where families know one another, parents keep an eye on their neighbor's kids, and kids play together in yards and on the street. Eric's family has lived in the neighborhood since Eric's birth.

Analysis

E (executive function)

This lack of supervision raises questions about Gerry's judgment about Eric's safety.

A (attachment)

Lack of supervision raises questions about Gerry's attachment style. Given his apparent inattention, his attachment style could be dismissive.

We now return to the case narrative.

Some Family History

Eric is a Caucasian child who lives with Gerry in their own home in a middle-class neighborhood. His parents were law-abiding, had no criminal history, and no history of drug and alcohol problems. Eric's mother Alice died of breast cancer when Eric was four

years old. Gerry works full-time, earns a good income, and keeps a clean house, but also admits to being depressed since his wife died.

Gerry's marriage to Alice was his second. He was seventeen years older than Alice and did not want more children. At the time of the marriage, he had a 12 year-old daughter from his first marriage, which ended in divorce. He agreed to have a child with Alice to please Alice.

Alice's pregnancy with Eric was uneventful, but there were problems at delivery and during the neonatal period. At birth Eric had meconium aspiration, which typically is not serious but in Eric's case it was. Meconium is a mixture of amniotic fluid and the baby's feces that when aspirated can block the baby's breathing. Eric was in a coma for six weeks during which he was hospitalized. The pediatrician told Gerry and Alice that Eric might never run or walk. With physical therapy while still an infant Eric did gain in motor strength and development, but was still delayed. Gerry was so pleased with Eric's progress that he said, "He's my miracle child." Eric otherwise was healthy.

Analysis

N (neurobiology)

Eric may have experienced some insult to his brain as a result of his difficult birth and neonatal period. His difficulties in physical development could be related to a possible brain injury.

E (executive function)

There is questionable judgment for both Gerry and Alice about the wisdom of having a child when the father agrees to it only to please his wife. Gerry's work history and income suggest good executive function in his work life and care of the family home. Both parents, however, provided the best of medical care to Eric, which shows good judgment.

A (attachment)

Gerry's reluctance to become a father again suggests that he may not have developed a strong attachment to his child during the pregnancy, at birth, and into his toddlerhood and beyond. Alice may have been very attached to her son, as she wanted a child. Gerry was proud of his son's progress in motor development and cared enough about his son to provide the best of medical care, as did Alice.

T (trauma)

The birth issues and the need for intensive neonatal care must have been traumatizing for Alice, Gerry, and Eric, although Eric would have no memory of his first months of life.

S (self-regulation)

No information.

We now return to the case narrative.

Case Narrative

Eric was very close to his mother. When he was two, she was diagnosed with breast cancer and died within a year. Although Alice and Gerry arranged child care, Eric spent a great deal of time with his mother during her illness. She was clear about her love for him and her sadness that she had to leave him.

Gerry reported that Eric's relationship with his mother had been "great for a three year old" and that Eric was "sad" when his mom died. He said that Eric "wishes his mom was alive" and that Eric talks about his mom all the time.

Eric and Gerry camp, hunt, fish, paint, and build things together. Eric's school social worker talked about a camping trip she took some kids on where Eric got homesick. She called Eric's dad who picked him up, stayed overnight with him, and dropped him back at the camp the next morning. The worker said that Eric just needed a "dad fix."

Analysis

A (attachment)

Eric may have had a secure attachment to his biological mother. She appeared to have done as much as she could to be sensitive to Eric as she was dying. Eric's sadness at her death and his wish that she were still alive are understandable responses. That Eric talks to Gerry about his mother suggests that Gerry has some openness to his son's grief and could be providing the support and care that Eric would need to work through the trauma of the loss.

Eric's desire to see his father while on a camping trip suggests that Eric has anxiety about attachments, and Gerry responded appropriately by going to the camp site and spending time with Eric. Gerry did a good job of serving as a secure base.

On the other hand, there are indications that Gerry was sometimes dismissive toward Eric. Not only did he resist getting Eric evaluated, but, as indicated earlier, Gerry admitted to feeling depressed since his wife's death, which suggests that he was psychologically unavailable at least some of the time.

The attachment between Gerry and Eric appears to be through "guy" activities, which could be a considerable source of enjoyment and connection if Alice had not died. With the death of Alice, both Gerry and Eric had deeper psychological needs for comfort, which they are unlikely to have had.

T (trauma)

The loss of Alice was a major trauma for Eric and Gerry, although Alice's sensitivity to Eric might have softened the blow. The trauma could have been intensified if Gerry had developed a dismissive attachment to Eric.

We now return to the case narrative.

Case Narrative

Gerry's daughter Martha had a baby when she was 14, two years after Eric's birth. Gerry filed a police report, charging the baby's father with sexual assault because Martha had not reached the age of consent.

After living with her biological mother for four years, Martha and her infant moved in with Gerry and Eric. Soon afterward, Martha's boyfriend moved in, too. His stay was supposed to be short-term, but he simply stayed on. The boyfriend was a drug dealer with a spotty work record. He had one conviction for criminal sexual conduct against children aged five to nine. Eric was six and his niece was four when Gerry added three people to the household.

Analysis

E (executive function)

Gerry had poor judgment when he allowed the boyfriend to move in. He should have inquired about the boyfriend's criminal history and career history.

It is unclear whether Gerry had the good judgment to help Eric through these major household changes.

A (attachment)

Gerry's filing of charges about the father of Martha's baby suggests that he cared about his daughter enough to take action. Martha's moving in with Gerry suggests that she had some attachment to her father. The quality of the attachment between father and daughter is difficult to assess with the information provided. Whether and how Gerry prepared Eric for this major change in household composition is unknown.

It is hard to know how Eric thought of his older sister. Her presence could have aroused anxiety about having another mother figure in the home, or awakened hope that he would have a secure attachment with her. How he responded to his niece and Martha's boyfriend is unknown. It is likely that he became very confused with these changes.

T (trauma)

These household changes could have triggered traumatic memories for Eric related to his mother's death.

We now return to the case narrative.

Case Narrative

Shortly after the boyfriend moved in, Martha brought her daughter into the emergency room with unexplained injuries. Child protection did an assessment, but no maltreatment was found. A few months later, the mother brought the child to the emergency room with multiple bruises. The child died.

Eric was home when the boyfriend beat the niece for the last time. The boyfriend said Eric did it. For a while, Eric thought he did kill his niece because he sometimes hit her.

The boyfriend was convicted of murdering Eric's niece and received a life sentence. Besides the sexual abuse conviction mentioned earlier, while in jail on the murder conviction, the boyfriend used a sharpened pencil as a weapon and forced another inmate to perform oral sex on him.

Analysis

E (executive function)

That the boyfriend's judgment was seriously impaired is without question, not only because he killed a child but that he accused another child of the crime.

Eric, as a child, did not have capacities to understand that he did not kill his niece. The accusation and the fact that he sometimes hit her was enough to make him think that he might have killed her.

T (trauma)

The death of his niece was a major trauma. The boyfriend's accusation that Eric had killed her added to the trauma. That Eric thought he might have killed her made the trauma even worse.

S (self-regulation)

The boyfriend obviously did not have capacities to self-regulate his behavior and emotions. No one may ever know what was going on with him that he beat a toddler and eventually killed her, but his is an extreme case of dysregulation or lack of self-regulation.

We now return to the case narrative.

Case Narrative

Gerry said that Eric ‘reacted not real well’ to his niece’s death and he thinks Eric has ‘stuffed’ those emotions. He stated that Eric does not talk about his niece at all. Gerry believes “the person who killed her may have [sexually] abused Eric.”

When a school social worker asked Eric who hurt his niece, Eric responded, “No one hurt her. I don’t know how she died”. When the police officer asked Eric if he blamed himself for her death, the officer said that “Eric fell apart” and admitted he believed he was to blame.

Even after this traumatic event Gerry did not seek professional help for himself and his son. She said that he doesn’t have the two or three hours that it takes for therapy. He said he wants Eric to “move on” and doesn’t want to put him through any more.

Analysis

E (executive function)

Gerry had the judgment to know that Eric was affected by his niece’s death, but he made no move to get psychological help and guidance for himself and his son.

A (attachment)

Gerry is aware of how Eric reacted to the death of the niece, but he did not seem to understand how this trauma on top of the trauma of losing his mother may have been more than any child could possibly handle without a lot of comfort and attention and love from a parent. That Eric did not talk about his niece suggests that Gerry did not know how important this is, nor did he know how to create conditions where Eric would feel safe enough to express his feelings.

S (self-regulation)

Eric and Gerry probably “stuff” their feelings, neither acting out in anti-social ways nor being self-destructive. With the degree of trauma that both father and son had suffered, the “stuffing it” method of self-regulation is ultimately self-destructive because the emotions and meanings are “stuck,” not moving through a natural course through resolution and acceptance.

We now return to the case narrative.

Case Narrative

Eric has an individual educational plan (IEP). When he was in the fourth grade, he was reading at a first-grade level. The school social worker said that unless there is a dramatic improvement in his reading, he will have to go to another school where he will get the intensive special education that he needs.

Despite his difficulties with reading, the teacher said Eric is very smart. Eric can design and build anything. He is very hands-on. He did an outstanding job on his science fair project and got a blue ribbon.

His math skills are excellent. In an incentive program that rewards children for excellent work, Eric keeps the books for the tasks accomplished and the amounts of the award.

The school social worker said that Eric is a bit impulsive and struggles with social skills. Recently he has talked more with the school social worker about his mom and has seemed to want more guidance from female staff. According to the social worker he appeared to be “missing his mom”. The social worker considers Eric a “good kid... a treat” and said, “I love him to death”.

Analysis

N (neurobiology)

Eric’s reading difficulties could be neurobiological in origin. He has good brain functioning in terms of math and design skills.

E (executive function)

Eric’s issues with impulse control and social skills could be a matter of judgment and anticipation of consequences.

A (attachment)

Eric must be an appealing child for the school social worker to consider him a “treat” and to “love him to death.” Also, he may have a secure attachment to the social worker because he talked to her about his mother and appears to want some guidance from women staff.

S (self-regulation)

Self-regulation is part of executive function, and he probably does not manage his emotions well, which in turn affects his behavior.

We now return to the case narrative.

Case Narrative

Eric acted out sexually when he was 11, about one year ago. He was on a camping trip with his day care provider and the other children in the day care program. The day care provider knew Eric had sexually acted out when he was seven. The day care provider had Eric share a tent with an eight year-old boy. Eric asked the boy to take his clothes off. The younger boy refused and ran out of the tent.

The day care providers had a long-term attachment with Eric and were concerned with his history of multiple losses. They allowed him to sleep alone with the younger boy because they did not want to make Eric to feel different in any way.

The day care providers did not tell the younger boy's parents about Eric's attempted sexual abuse for several days. When they did tell them, the parents then realized why their son had refused to sleep in the same bed with his older boy cousins when they went on a family visit. In the past, he had enjoyed sleeping with the other kids. This time he cried, displayed a great deal of anxiety, and insisted on sleeping with his parents.

Gerry continued to be reluctant to get Eric into therapy. He said, "I don't see the value in rehashing this. It upsets Eric. It's hard for him to think about so he doesn't want to."

The school social worker said about this second assault, "Eric had tons of shame about it. He couldn't even talk. They wouldn't even do sex specific treatment in that normal way with Eric because he's so far from being able to go there. He's got all that other grief and loss stuff that needs to be addressed therapeutically before they even get to that acting out."

The family support service provider felt that it was a disservice that Eric had never gotten grief counseling related to his prior multiple losses and traumas. They believed that if they had been able to persuade Gerry to get help years earlier, Eric would not have acted out sexually with the younger boy.

As of today, every time Eric hears a siren he thinks it is the police coming to arrest him. His attempt sexual abuse was reported, but so far the police have not investigated.

Analysis

E (executive function)

The day care providers showed poor judgment in allow Eric to be alone in a tent with a younger boy. The day care providers showed poor judgment in not informing the younger child's parents about Eric's attempted sexual abuse.

Gerry continues to show poor judgment in refusing to provide Eric with the professional services that he requires.

Once again, Eric did not consider the consequences for himself and the child he victimized. Had he received therapy for his grief, loss, and sexual issues, he would have learned that he could no longer be alone with younger children. Gerry would have had professional help as well and he would have been clear to the day care providers not to let his son be alone with other children.

S (self-regulation)

Eric showed an incapacity to regulate his own behavior. Eric's sexual behaviors so upset the younger boy that the younger boy had difficulty regulating his own behavior.

We now return to the case narrative.

Case Narrative

After a few months, Gerry agreed to allow Eric to have a psychosexual evaluation. When the psychologist asked Gerry where Eric has learned about sexuality, Gerry said "I haven't got a clue, maybe at school." Gerry obviously had not talked to Eric about sex and sexuality. This is particularly troubling given Eric's history of sexual acting out and the probable sexual abuse by his sister's boyfriend. In addition, the compound traumas that Eric had experienced required professional help.

Analysis

E (executive function)

The father finally realized that Eric needed help. In this he finally had good judgment.

He had poor judgment in not providing his son with a good sex education. Children with sexual behavior issues are in special need of sex-specific education. That he refused grief, loss, and trauma counseling for his son was a serious disservice. Had Eric received these services earlier in life, it is unlikely that he would have acted out with the younger boy on the camping trip.

T (trauma)

Once again, Eric experienced trauma resulting from another sexual abuse incident. One of the signs of trauma is his terror when he hears police sirens.

Summary

The NEATS assessment has pinpointed many serious issues related to neurobiology, executive function, attachment, self-regulation, and trauma in developmental and ecological perspective. At each point in Eric's life where he experienced a crisis and would have benefited from professional services, the NEATS clarified the issues.

Each issue identified can be dealt with through professional services. The NEATS helped identify the services needed.

N (neurobiology)

Eric needed a neurological evaluation as soon as any learning problems surfaced. The neurologist could have recommended remediation for his reading difficulties. He may have issues related to motor functioning. A neurological evaluation could clarify that. From

this neurological evaluation would come a series of recommendations that would help Eric function better.

E (executive function)

There are many instances where Eric and Gerry showed poor judgment. Professional services could have helped them developed better decision-making, planning, and problem-solving skills.

A (attachment)

Eric had some capacities for secure attachment, and Gerry at times behaved appropriately in terms of attachment. Overall, however, Gerry failed to understand his son's need for serious grief and loss work to help him deal with a serious loss of his mother, a primary attachment figure. In addition, for years he denied that Eric needed help with his sexual issues.

T (trauma)

Both father and son experienced multiple traumas. Both need extensive psychological help if they are ever to form a secure attachment between themselves and if they are ever to develop good executive function and self-regulation capacities.

S (self-regulation)

Gerry probably regulated himself through "stuffing" his feelings and through denial. The result is that he kept his son from the professional help the son needed. The son once again acted out sexually, but his may have provoked a crisis that helped Gerry to realize that denial is only making things worse.

This is a case that is full of tragedy. Gerry certainly did the best he could, but his refusal to get help for his son beyond the services that EXCEL provided, contributed to his son's difficulties. Now that Eric is in treatment, the EXCEL case managers have suggested that Gerry get his own therapy or join some sort of support group. To date, Gerry has refused.