

jumping mouse

CHILDREN'S CENTER

Fall 2011

Looking Beyond Diagnosis *By Dott Kelly*

Parents often wonder what a diagnosis means for their child. Why is it necessary? How will it be used? As parents seek help for their child, a confusing mishmash of labels starts to appear: conduct disorder, reactive attachment disorder, Asperger's, autistic spectrum, and most prevalent, ADHD. What are we to make of these definitions?

We who work and play with children might consider a more apt phrase when we discuss best practice: developmentally vulnerable children. Although a diagnosis may help the adults in a child's life understand the child's neurology, what the child really needs is to be known and understood. Because a child's understanding of self is created through relationships with the people who know and love her, we must take the time to build a relationship with the child and her family. A sensitive appraisal of the child's history must include her environment over time, her past and present relationships, and her current challenges and talents — along with an understanding about her primary caregivers.

Assessment of a child's mental health is therefore a sophisticated skill. Rather than making a diagnosis solely by assessing the child's symptoms, we must first explore the *meaning* behind the child's behavior, and her family situation. Depending on a variety of factors, including age, temperament, and history, any symptom always points toward several diagnoses. For example, the following symptoms, in varied combinations, might indicate trauma, abuse, attachment disorder, ADHD, Asperger's, or anxiety:

- stealing (cannot see difference between wanting and taking)
- hypervigilance
- impulsive and unpredictable behavior
- inability to follow direction from A to B to C
- lying (simplified understanding and perceptions of a situation)

- low self-esteem
- physical contact (wanting too much or too little)
- difficulty learning cause and effect; poor problem-solving capacity

In our hurry to resolve a complex situation, we bundle symptoms together and reach for a name. But sometimes our interventions, however well-intentioned, don't help. Instead, we need to take the time to learn what events in a child's life have nurtured or hindered his trust in others and his confidence in himself. If we focus on understanding a child's experience, rather than just reducing symptoms, we will recognize what he is expressing through behavior. And this understanding is vital to a child's well-being.

DIAGNOSIS FACTS

In the US, approximately 5.4 million children ages 4 to 17 have been diagnosed with attention deficit/hyperactivity disorder (ADHD).

The American Academy of Pediatrics recently endorsed medication to treat children as young as 4 for ADHD if short-term behavioral therapy is unsuccessful.

Source: Center for Disease Control and American Academy of Pediatrics

Aiden was five and the youngest of two when he came to Jumping Mouse. He had an unstable home life and two people important to him had died. He seemed unusually bright. His ability to remain emotionally connected to any adult, however, was deeply compromised, and he appeared to be unable to interact for any length of time. "Too much" of many, many things caused meltdowns.

In play with his therapist, Aiden's choices were ritually repetitive. He put toys together in solemn fashion, without enjoyment. Emotions were missing, yet he was advanced in his language skills. Aiden had been assessed and diagnosed on the autistic spectrum. When he entered school, this diagnosis was fine-tuned to Asperger's. A primary aspect in this diagnosis is impairment in learning how to relate to

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others and how to read the many cues that we all share between us.

Children require relationship for survival; without it, they feel unbearably unlovable. Knowing this, Aiden's therapist focused on attachment and on practicing the interpersonal cues that connect us to one another. She accepted the tug and pull of sudden mood shifts and Aiden's ever-present rigidity. Being with Aiden felt like playing hide-and-seek with a very intelligent foreigner who spoke a difficult language.

In response to his therapist's efforts to understand, Aiden gradually began to describe very primitive, black-and-white insights about other people, such as "She's my best friend" and "He's my worst enemy." Over time, this developed into "He's my best friend because he likes what I like" and, regarding his therapist, "I thought about where you live and I was wondering, because we *are* friends, you know!"

To support Aiden's growing acceptance of healthy relationship, Jumping Mouse therapists also coached his family in a number of areas. Aiden's parents learned skills for responding to their child's unique style of revealing himself. The family radically reduced time spent playing video games, while increasing play dates and interpersonal time. And they took greater risks in their connection with Aiden, which is crucial to helping a child whose people skills are so tenuous.

As Aiden explored these ongoing relational supports, his experiences at school also evolved. His curiosity about others' feelings created more tolerance. He became more motivated to understand and then reveal his own very deep feelings about people. At closure, Aiden wrote to his therapist, "Thank you for believing you could solve my problems. You have now taught me how to have a good life."

Diagnosis is a necessary and sometimes useful tool to better understand challenges and best treatment. However, any diagnosis of a child must be understood in the context of the child's history of relationships, development, and current perceptions. We in the helping professions have an obligation to use our own defining terms with compassion, discretion, and meaning. We can never decide who a child is by virtue of diagnosis alone.



At the beginning of therapy, toys are rigidly placed and they define Aiden's frightened and unbending feelings.

Later in therapy, Aiden's use of a family reflects his growing sense of safety and connection.



DIAGNOSIS FACTS

One million to 1.5 million Americans have been diagnosed with an autism spectrum disorder.

Since the mid-1990s, the number of children diagnosed with bipolar disorder has increased by 4,000 percent.

Source: Center for Disease Control and American Academy of Pediatrics

Find someone's Wish List



Our wish list is on Amazon!

Search for "Jumping Mouse" on Amazon's Wish List page (www.amazon.com/gp/registry/wishlist/ref=wish_list) to buy art supplies and other gifts that will be shipped directly to Jumping Mouse.

A Place to Grow

By Brigid Mosher, *Jumping Mouse intern therapist*

Since our founding in 1999, we have trained 32 therapists in our unique model of long-term, in-depth therapy. They commute from all over the Puget Sound region for a one-year commitment. Current intern Brigid Mosher from Seattle shares her experience at Jumping Mouse.

I waited for a year to come to Jumping Mouse Children’s Center as an intern/extern, because there was no equivalent opportunity for training as a child therapist in Seattle. During that year I worked with children in another clinical setting, constricted by budget cuts and the burdens on the foster care system. That experience made me all the more eager to come to Jumping Mouse, where the child’s healing process is the absolutely central concern.

This is exactly the foundation for becoming a child therapist I was seeking. The in-depth therapy we are able to afford each child is ideal. When we enter into the psychic struggle of a child through play, what can be accomplished for the child and the adult he or she is to become goes far beyond what most counseling services offer.

What I could not have imagined before coming to Jumping Mouse Children’s Center was that, through persistence and a community’s greater understanding of how children are supported in their growth, this kind of therapy could be made available to any child in need. I am grateful for the experience, the modeling, and the work of this extraordinary group of practitioners and staff, and the vision they have realized for children and families.

Thank you to the children for their courage.

Our training program makes it possible to see up to 25 additional children and families annually.

We are grateful to the Port Townsend Food Co-op and others who have supported this program.



Looking for a meaningful gift to give for the holidays?

Make a gift to Jumping Mouse Children’s Center in someone’s honor and we will send a special holiday card letting him or her know of your generosity.

Jumping Mouse Children’s Center

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Jumping Mouse is inspired by a Native American legend of a small creature who dreams of a new way. He journeys into the world beyond the familiar, with compassion and awareness. He grows, discovers his strengths, and transforms into Eagle. Like the myth, our children’s center is about offering the tools that will assist each child in meeting the challenges of daily life.



Five new trustees joined the Jumping Mouse Children's Center Board of Directors during 2011. New trustees' names are in bold.

Back row (l to r): **Joe Mattern**, chief medical officer and physician at Jefferson Healthcare, Port Townsend; Bob Slater, Aldryth O'Hara

Front row (l to r): Chris Pierson; **Sharon Kuznetsov**, occupational therapist at Uptown Physical Therapy, Port Townsend; **Jan Garing**, real estate agent and proprietor of Windermere Port Townsend; Teresa Janssen

Not pictured: **Ann Emineth**, licensed mental health counselor, private practice, Port Townsend; **Chris Riffle**, attorney at Platt Irwin law firm of Port Angeles, Sequim, and Port Townsend

Autumn Acoustics with George Rezendes & Joe Euro

Two performers sharing their own brands of solo, acoustic guitar.
A benefit for Jumping Mouse.

Sunday, November 6, at 4 p.m.
First Presbyterian Church
Port Townsend
\$20 suggested donation



Jumping Mouse Children's Center is a 501(c)(3) nonprofit organization and all contributions are tax deductible to the full extent of the law. Donations are accepted directly to JMCC.

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Healing through play therapy
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