

Am I Seeing the Behavior — or the Brain? A Worker Self-Assessment

This tool is not an evaluation. It is a mirror. The research consistently shows that high caseloads, stress, and cognitive overload push professionals toward dispositional judgments — labeling behavior as defiance, manipulation, or noncompliance when it is often a survival response. Use this assessment before supervision, after a difficult case interaction, or as a quarterly check-in.

Section 1 — What the Science Says: A Knowledge Anchor

Before self-reflecting on practice, ground yourself in the neuroscience. This is not background — it is the clinical framework behind every question below.

The 3 P's Framework	Pattern — does this behavior connect to identifiable triggers? Proportionality — is the response disproportionate to the actual situation? Planning — was there strategic forethought, or was the response reactive?
Perry's Arousal Continuum	Calm (cortex online), Alert (hypervigilant — resembles ADHD), Alarm (resistant — resembles ODD), Fear (fight/flight — aggression or escape), Terror (freeze/dissociation — looks like noncompliance).
The Brain Under Threat	When stress is high, catecholamine surges reduce prefrontal cortex (PFC) firing and strengthen amygdala activation. Consequence-based reasoning requires cortical processing that is biologically unavailable in a dysregulated state.
Fundamental Attribution Error	Under cognitive load — which is the baseline for most frontline workers — professionals over-attribute behavior to character (defiant, lazy, manipulative) and under-weight context, system stress, and survival neurology.
Racial Bias in Behavioral Labeling	Research shows Black youth are 2.5x more likely to receive a Conduct Disorder diagnosis than ADHD. Trauma responses are not racially neutral — and neither are the labels we apply to them.

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Section 2 — Behavioral Assessment: How I Responded This Week

Think about your caseload over the past week. For each statement, mark the response that most accurately reflects your actual practice — not your ideal practice. Honesty is the point.

Statement	Never	Rarely	Someti mes	Often	Always
I asked myself what might have triggered this behavior before deciding how to respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I noticed when a client's response seemed disproportionate to the actual situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I paused before labeling a behavior as defiant, manipulative, or noncompliant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I considered the client's trauma history before escalating a consequence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I offered a choice or a calm-down moment before issuing a correction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I recognized signs of dissociation or freeze in a client (flat affect, non-responsiveness, checked out).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I maintained a calm voice and slow pace with someone who was visibly dysregulated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I checked my own nervous system state before engaging in a high-conflict interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3 — Bias Inventory: Who Gets the Label?

The research is clear: behavioral labels are not applied equally. Answer honestly. These patterns are systemic — they do not mean you are a bad worker. They mean you are human working in a system built with bias.

In the last month, have you labeled a behavior as 'manipulative'?

If yes: What evidence distinguished strategic manipulation from a learned survival response (fawn/compliance)? Write it here:

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Have you described a client as 'not motivated' or 'not ready'?

If yes: Did you assess capacity (energy, regulation, executive function) separately from willingness? What did that look like?

Have you responded more quickly or more harshly to challenging behavior from a client of color than a white client in a similar situation?

This is not an accusation. It is a calibration question. If uncertain: what would you need to examine to know?

Did you use a behavioral label in documentation that you cannot operationally define?

Example: 'resistant,' 'manipulative,' 'non-compliant.' Can you describe the observable behavior instead?

Section 4 — Worker State: Am I Clear Enough to See Clearly?

Secondary traumatic stress (STS) impairs judgment in measurable ways: difficulty concentrating, emotional numbing, over-identification, and avoidance of trauma material. If your own nervous system is dysregulated, your read of another person's behavior will be compromised. This section is not optional.

Symptom	This week?	If yes — what did you do with it?
Difficulty concentrating during client interactions	■ Yes ■ No	_____
Feeling emotionally numb or detached from cases	■ Yes ■ No	_____
Intrusive thoughts about a client's story outside of work	■ Yes ■ No	_____
Irritability or impatience that felt out of proportion	■ Yes ■ No	_____
Avoidance of a particular client or case	■ Yes ■ No	_____

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Over-identification — feeling overly responsible for a client's outcomes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____
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Section 5 — After This Assessment: One Next Right Step

This assessment is only useful if it produces a decision. Based on what you noticed above, name one specific thing you will do differently in the next five working days.

One behavior pattern I misread recently:	_____
What I believe was actually happening:	_____
One thing I will do differently:	_____
Who will I tell about this commitment (accountability)?	_____

You cannot see another person's nervous system clearly if yours is running the assessment.

Evidence base: Perry (NMT, 2006–2023) | Felitti et al. ACEs (1998) | Arnsten PFC research (1998–2020) | Academic Psychiatry — Racial Bias in Diagnosis (2019) | ARTIC Scale (Traumatic Stress Institute) | SAMHSA TIC Framework | Hensel et al. STS Meta-Analysis (2015)