



Appropriate Interventions for Chronic Neglect

PRESENTED BY

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Defining Child Neglect

- ▶ Most state statutes define child neglect as a failure of caregivers to meet a list of children's basic needs, for example, food, shelter, clothing, medical care, supervision, etc.
- ▶ Some states, including Washington State, utilize a general definition of neglect, i.e., as "negligent treatment or maltreatment that endangers a child's health, safety or welfare."

Washington State Exceptions

- ▶ Washington State law exempts alleged educational neglect from CPS investigation unless educational neglect is combined with other neglect allegations.
- ▶ Washington State is one of the few states in the country with a homelessness exemption, i.e., an allegation of homelessness is not grounds for a CPS investigation.
- ▶ Washington state law explicitly states that DV witnessing is not a sufficient basis for a CPS investigation.

Sources of information re the decline in child maltreatment

- ▶ Between 1995-2012, there was a large decline (55-65%) in substantiated cases of physical and sexual abuse, but only a small decline in neglect, as reflected in NCANDS data.
- ▶ NIS-4, a national study based on “sentinels” knowledge of child abuse and neglect cases, not CPS reports or substantiations, found the same magnitude of decline in physical and sexual abuse.
- ▶ Community surveys in a few states have found the same decline in physical and sexual abuse.

Why have physical abuse and sexual abuse declined since the mid-1990's?

- ▶ There is no agreed upon scholarly answer regarding the causes of the decline in child maltreatment.
- ▶ Possible causes include:
- ▶ Changes in the way child welfare agencies categorize allegations of child maltreatment
- ▶ Criminalization of serious physical abuse and sexual abuse
- ▶ Ineffective services for neglect
- ▶ Strong social norms prohibiting physical abuse and sexual abuse vs. weak social norms re child neglect

Neglect is the most recurrent type of child maltreatment

- ▶ Recurrence of child maltreatment is measured by:
- ▶ Rates of CPS re-report
- ▶ Rates of multiple substantiations on a single family
- ▶ Rate of reentry into care following reunification

Why is neglect more recurrent than physical abuse or sexual abuse?

- ▶ Enmeshment of neglect with severe poverty
- ▶ Associated with parental substance abuse, mental illness and DV
- ▶ Ineffective interventions
- ▶ Multigenerational in some families; higher rates of intergenerational transmission for neglect than for physical abuse

Typology of Neglect

- ▶ Situational – 1 or 2 reports over 4 years
- ▶ Sporadic – 3-5 reports over 4 years
- ▶ Chronic – 6 or more reports over 4 years
- ▶ Chronic maltreatment – multiple reports of neglect plus allegations of physical abuse and/or sexual abuse

Practice guidelines for situational, sporadic and chronic neglect

- ▶ Situational neglect, sporadic neglect and chronic neglect require different assessment and case planning practices.
- ▶ Situational neglect – focus on allegations in the CPS report; give information, warnings and/ or brief services, poverty related services
- ▶ Sporadic neglect – assess for substance abuse, mental illness, DV with referral to treatment services when needed; crisis intervention; build on parental strengths
- ▶ Chronic neglect – assess patterns rather than alleged incidents of neglect; identify underlying causes; assess emotional/ developmental harm to children and refer children for remedial services; work in case management teams

Dynamics in Neglect

- ▶ Two main dynamics in neglecting families:
- ▶ (1) the erosion or collapse of parenting standards under the pressure of poverty, drug/ alcohol addiction, mental illness and or DV
- ▶ (2) the gradual loss of self efficacy
- ▶ These are the two dynamics as neglectful parenting develops from situational to sporadic to chronic

Depression and Neglect

- ▶ Depression has been described as the common cold of mental health conditions.
- ▶ However, Major Depressive Disorder is a seriously disabling condition.
- ▶ Major depression has a cognitive component, i.e., the belief that x (whatever the overt cause of depression) is hopeless
- ▶ Hopelessness quickly leads to helpless behavior.
- ▶ Hopeless/ helpless equals demoralized.

Indicators of Hopeless/Helpless

- ▶ Poor self care
- ▶ Indifference to conditions in the physical environment
- ▶ Apathy in the face of threat
- ▶ Resistance to offers of help despite urgent needs; glass always half empty rather than half full
- ▶ Deep sense of shame
- ▶ Accepts negative attributions of others
- ▶ Despair
- ▶ Lack of initiative

Factors that sustain morale in difficult conditions

- ▶ Good health
- ▶ Material resources
- ▶ Social support
- ▶ Religious faith
- ▶ Developmental assets; i.e., social skills, talents
- ▶ Sense of meaning and purpose
- ▶ Hope in a better future
- ▶ Proactive coping style
- ▶ Emotion regulation

Rules of engagement

- ▶ How can caseworkers go about engaging neglectful parents in services?
- ▶ Persistent outreach
- ▶ Joining to need
- ▶ Recognizing and affirming strengths
- ▶ Combining offers of assistance with an insistence that parents do something on their own behalf
- ▶ Rewarding baby steps in early stages of engagement

The Lookout

- ▶ The movie, *The Lookout* (2007) is about a young man who has everything going for him, i.e., looks, brains, athletic ability, prospects, popularity, until he is the driver of a car involved in a fatal accident. He loses everything; and has traumatic brain injury from the accident. He is working the night shift in a bank when a criminal gang befriends him to acquire his help in a bank robbery.
- ▶ How does the gang go about engaging this depressed, hopeless young man in their criminal plan?



Scenario – Dental Neglect

- ▶ A dentist's office calls in a CPS referral regarding Devon, 4 years old, who has numerous cavities. The child's parents, Jim and Jennifer Moore, have failed to follow up on two dental appointments. According to the dentist's office, the child is likely to have a significant amount of pain on both sides of his mouth.
- ▶ The parent's missed a Friday appointment without even a phone call. On the following Monday, the mother called to say they had car problems and no money for a taxi. She promised to reschedule when the car is fixed.
- ▶ The dentist's office made the CPS referral on Wednesday of the same week.
- ▶ This is the 11th CPS report on this family in the past 3 years.

Allegation of Incidents and patterns in chronic neglect

- ▶ According to Anthony Loman's research, any single CPS report or allegation of neglect is like the tip of an iceberg, or a single frame in lengthy movie.
- ▶ In chronic neglect, any single allegation (or set of allegations) contained in a single CPS report is not likely to predict types of maltreatment contained in future reports.
- ▶ Chronic neglect tends to be pervasive, i.e., involves all child-care domains.
- ▶ Loman maintains that multiple CPS reports are indicators of risk regardless of CPS "findings," i.e., every report increases the likelihood of a future substantiated report.

Patterns in CPS referral histories

- ▶ According to research published by Melisa Jonson-Reid, Brett Drake and Diana English, CPS reports of chronically referring families that contain allegations of neglect of young children are usually followed by CPS reports that contain allegations of both neglect and physical abuse or sexual abuse.
- ▶ The more CPS reports there have been on a family, the more likely there will be allegations of both neglect and physical or sexual abuse.

Parent-child conflict in chronically referring families

- ▶ Loman's study, *Frequently Encountered Families*, found that parent-child conflict becomes endemic in chronically referring families by the time children enter school, and sometimes in the preschool years.
- ▶ Jonson's Reid's research found that family crises and visits to emergency rooms associated with children's mental health problems are common in chronically referring families.

Implications for practice in chronic neglect

- ▶ Early intervention is essential to increase the effectiveness of services. Interventions that are delayed until neglectful parenting has become a way of life are unlikely to be effective.
- ▶ Early interventions can be skilled base, include poverty related services, and focus on parent-child interactions.
- ▶ Developmental screening of children should be a standard element of interventions no later than the third CPS report.

How to recognize families at risk for chronic neglect

- ▶ Early intervention requires the ability to recognize families at risk for chronic neglect before there are multiple CPS reports.
- ▶ CPS reports should be viewed as opportunities for assistance.
- ▶ Allegations of neglect across multiple child-care domains, or that include combinations of neglect and abuse, are an early warning sign.
- ▶ At-risk families will have substance abuse, mental health or DV issues.

Use of child-care programs

- ▶ Preschool children in at-risk families should be enrolled in high quality child-care programs whenever possible, and when parents are willing to accept child-care on a voluntary basis.
- ▶ When children remain in the parents' home after multiple CPS reports, minimizing developmental harm to children should be a case planning goal, on par with protecting children viewed as UNSAFE.

Typology of chronic neglect (1)

- ▶ Most, but not all, chronic neglect involves co-occurring substance abuse and mental health disorders. However, possibly a quarter of chronic neglect cases have other characteristics and dynamics:
- ▶ Parents have antisocial attitudes and behaviors and are more likely to be angry and hostile than depressed.

Typology of chronic neglect (2)

- ▶ Severe poverty combined with social isolation, sometimes including geographical isolation; parents have had severe histories of early and prolonged trauma
- ▶ Chronic mental illness without substance abuse
- ▶ Severe cognitive impairments, sometimes accompanied by mental illness

Practice guidelines

- ▶ Co-occurring disorders – engagement of parents in services should be the emphasis; “join to need”, reward baby steps toward self sufficiency; these parents will need an advocate, someone they trust.
- ▶ Anti-social – develop clear expectations re parenting practices and treatment and apply structure fairly without regard to how much you like or dislike the parent. Do not be “conned” and do not react emotionally to insults or attempt to teach the parent a lesson.
- ▶ Chronic mental illness – develop support system for family; assess child’s emotional reaction to the parent’s condition; assume that periodic relapses will occur; assess best and worst functioning of the parent.
- ▶ Severe poverty with geographical isolation – approach the parent with great care; offer choices; determine whether any person in the family wants out.
- ▶ Cognitive impairments – provide ongoing case management (possibly for years) with concrete assistance.

The Science of Neglect

- ▶ *The Science of Neglect* (2012) summarizes several decades of research re the effects of neglect on early brain development.
- ▶ According to *The Science of Neglect*, infants and other young children need frequent “serve and return” interactions, i.e., emotionally responsive parenting to develop normally.
- ▶ Early severe neglect compromises children’s immune systems and leads first to physiological dysregulation and then emotional dysregulation.
- ▶

Severe early neglect and trauma

- ▶ Severe neglect has the same emotional/ developmental effects on children as physical trauma, i.e., creates distrust of caregivers and leads to difficulties with emotion regulation. Severely neglected children are likely to be unusually susceptible to “meltdowns” and will often be unable to stop “meltdowns”, once the process has begun.
- ▶ Example from Bruce Perry's, et al, *The Boy Who Was Raised As A Dog* (2006).

Helping children vulnerable to meltdowns

- ▶ Caregivers need the skills to help children avoid or reduce the intensity of extreme “meltdowns”:
- ▶ Slow breathing – 6 breaths per minute, breathe in through the nose and out through the mouth; works for all ages
- ▶ Teach an emotional vocabulary that offers a narrative to child behavior (the three A's and four R's)
- ▶ ‘Time in’ rather than ‘time out’
- ▶ Help children learn to feel and think at the same time

From *The Boy Who Was Raised As A Dog*

- ▶ Severely neglected and traumatized children need to feel safe; to this end:
- ▶ Establish predictable structure
- ▶ Give children some degree of control, choice.
- ▶ Reduce stimulation
- ▶ Gradually extend tolerance for novelty and the unknown

Attachment Styles

- ▶ By age 1, infants have developed an attachment style which is a survival strategy.
- ▶ Secure attachment – child trusts the caregiver to be available and responsive as needed.
- ▶ Avoidant attachment – child feels he/ she is pretty much on their own; does not turn to caregivers for help when hurt, tired or insecure.
- ▶ Ambivalent attachment – child sticks close to the caregiver at all times; does not trust caregiver to be attentive as needed.
- ▶ Disorganized attachment – combines discordant/ inconsistent approaches to caregivers such as extreme hostility followed by babyish dependence, i.e., child wants to be held and cuddled following a tantrum.

The goal of caregiving

- ▶ Severely neglected and traumatized children need to learn to use caregivers to calm down. Premature independence and stoicism in a young child is an indicator of development off track.
- ▶ Caregivers need to reach out to young children who do not reach out to them.
- ▶ Harsh reactions to clingy child behavior are counterproductive.

Resources for foster parents, adoptive parents and caseworkers

- ▶ *Nurturing Adoptions* (2007) by Deborah Gray
- ▶ *Developmental Repair* by Anne Gearity
- ▶ *Collaborative Treatment of Traumatized Children and Teens* (2007) by Glenn Sa. xe, et al
- ▶ *Trauma and Recovery* (1992) by Judith Herman
- ▶ *The Boy Who Was Raised As A Dog* (2006) by Bruce Perry and Maia Szalavitz

Adverse childhood experiences

- ▶ Adverse Childhood Experiences (ACE) studies were first done by Kaiser Permanente in San Diego.
- ▶ These studies found a relationship between the number of early adversities and physical health and mental health into adults' 50's and 60's.
- ▶ Relationship between ACEs and diabetes, obesity, heart disease, some cancers, gastrointestinal problems, smoking, suicide rates, substance abuse, sexually transmitted disease and early death

How does ACEs affect health?

- ▶ One common pathway is for early neurodevelopmental problems to lead to various unsafe behaviors which compromise both health and mental health.
- ▶ Smoking, drug use, unsafe sex, overeating, reckless behavior, self punishment show up in ACE studies of adults with multiple adversities in childhood.

Protective factors

- ▶ ACE studies do not identify protective factors.
- ▶ However, there is a large research literature on resilience, i.e., the capacity to overcome adversity.
- ▶ Resilience turns out to be common rather than uncommon; associated with developmental assets

Sources of resilience

- ▶ Judith Herman's, *Trauma and Recovery* has a concise description of Vietnam veterans who were able to quickly recover from PTSD. These veterans:
 - ▶ Were able to affiliate with others when in danger
 - ▶ Had good emotional control, i.e., did not go 'berserk' in combat
 - ▶ Retained a moral foundation even in war
 - ▶ Had a proactive coping style
- ▶ In addition, resiliency is strengthened when a child or adolescent has a prosocial talent that brings recognition and opportunity, for example athletic talent, musical or artistic ability, skill with computers or with horses, or has first rate academic ability.

Multiple types of child maltreatment

- ▶ Social norms around parenting in families engaged in chronic maltreatment, i.e., neglect combined with physical and/ or sexual abuse and emotional abuse/ neglect have often eroded to an extreme degree or collapsed.
- ▶ In some of these families, virtually any type of harmful parenting practices is possible.
- ▶ These families constitute the most difficult therapeutic challenge in child welfare.

Where to start?

- ▶ Chronically maltreating families have too many challenges to address in a single case plan.
- ▶ Services must be sequenced, i.e., delivered in stages.
- ▶ There is no research-based rule for how to sequence services with parents who have co-occurring disorders.

Guidelines for case planning

- ▶ Absent good reason to do otherwise, the parents' understanding of their most important needs should guide initial case planning.
- ▶ The needs of every person in the family should be considered in identifying the best opportunity for delivering effective services.
- ▶ Do not be surprised if available services have little or no effect on a chronically maltreating family.

Placement Guidelines

- ▶ Separate placement decisions into (a) issues related to immediate danger, i.e. safety threats, or (b) issues related to the cumulative developmental and emotional harm of chronic maltreatment.
- ▶ Do not place behaviorally troubled school age children out-of-home due to the cumulative harm of maltreatment unless there is a high-quality therapeutic resource for the child or youth, i.e., kinship family, foster home or residential care facility.
- ▶ At least “do no harm” unless there is an immediate safety threat that can not be controlled through an in-home safety plan.

