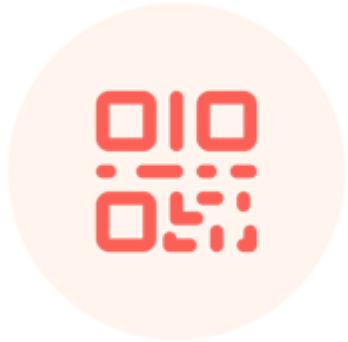


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Finding Common Ground on Child Psychological Maltreatment



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The California
Professional Society
on the Abuse of Children
Strengthening Practice Through Knowledge

CATTA

Child Abuse Training and Technical Assistance Center
working with communities to prevent child abuse

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Section 1 Child Psychological Maltreatment

DISCRIMINATING BETWEEN POOR PARENTING AND CPM

US Child abuse laws

CAPTA was passed in 1974 and reauthorized ever since.

CAPTA provides general definitions, states have specific ones.

Most US state statutes define PM as a form of harm to the child.

We presented a definition that focuses on the caregiver behaviors that cause psychological harm to the child. States almost all require evidence of harm or high likelihood of endangerment

California Law: Neglect (300.b)

- **The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness,....., or by the inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse.**

California Law: Emotional Damage (300.c)

- The child is **suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian** or who has no parent or guardian capable of providing appropriate care.

California Law: Cruelty (300.i)

- ▶ The child has been **subjected to an act or acts of cruelty by the parent or guardian or a member of his or her household**, or the parent or guardian has failed to adequately protect the child from an act or acts of cruelty when the parent or guardian knew or reasonably should have known that the child was in danger of being subjected to an act or acts of cruelty.

Psychological Maltreatment Definition

(Hart, Brassard, Baker, & Chiel, 2017)



Psychological maltreatment is defined as a repeated pattern or extreme incident(s) of caretaker behavior that thwart the child's basic psychological and developmental needs and conveys that the child is worthless, defective, damaged, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.



The definition and forms of PM presented here are the result of a long history of accumulated research and expert opinion.



There are other definitions and there is much overlap between them.

Six Types of Psychological Maltreatment

10

Spurning

Terrorizing

Isolating

Exploiting Corrupting

Denying Emotional Responsiveness

Medical, Mental Health and Educational Neglect

Spurning

11

Verbal and nonverbal caregiver acts that reject and degrade a child



Spurning: Examples

12

- Cruel nicknames
- Saying “I hate you”
- Looking disgusted
- Mocking child for being sad, angry, hurt, or scared
- Treating one child significantly worse than siblings
- Denigrating the child’s loved ones (friends, family, pets)

Terrorizing

13

Caregiver behaviors that threaten to or do hurt the child or the child's loved ones



Terrorizing: Examples

14

- Threatening to abandon, expel or disown the child
- Allowing a child to witness the parent harming him/herself or others
- Purposefully frightening the child or playing mean tricks on the child
- Telling the child that someone will hurt them when this is not true
- Expecting perfection and rejecting the child for failing to meet the standard

Isolating

15

Caregiver acts that consistently and unreasonably deny the child opportunities to interact with others



Isolating: Examples

16

- Locking child in a small space
- Leaving a child unattended in the crib/playpen for extended period
- Interfering in the child's appropriate friendships
- Placing unreasonable restrictions on the child's interactions with family members.

Exploiting/Corrupting

17

Caregiver acts that encourage the child to develop inappropriate behaviors and attitudes



Exploiting /Corrupting: Examples

18

Prostitution:

- Having child witness it
- Forcing child to engage in it

Pornography:

- Watching it in front of child
- Inviting child to watch
- Giving it to child

Criminal Activity:

- Engaging in it in front of child
- Forcing/asking child to engage in (steal, join gang)

Substance Abuse:

- Doing it in front of child
- Inviting child to join in
- Leaving it around for child to find

Violence:

- Exhibiting violence in front of child
- Inviting child to engage in violence
- Inciting child to engage in violence

Truancy:

- Allowing the child to be truant
- Forcing the child to be truant

Emotional Unresponsiveness

19

Caregiver acts that ignore the child's needs for affection and attention



Emotional Unresponsiveness: Examples

20

- Being too busy, bored, depressed, high, self-involved to pay attention to or respond to child
- Ignoring child's pleas for help
- Not spending regular quality time with the child
- Rarely if ever saying "I love you," hugging, or praising the child

Medical, Mental Health, and Educational Neglect

21

- Not allowing or supporting the child's need for therapy
- Not allowing or supporting the child's need for academic/educational assistance
- Not allowing or supporting the child's need for medical care

Section 2

Child Psychological Maltreatment

22

HARM CAUSED BY CHILD PSYCHOLOGICAL MALTREATMENT

Harm by CPM Falls into 6 Broad Categories

23

- Depression and suicidality
- Social anxiety disorder
- Conduct disorders
- Thought problems
- Cognitive decline in infancy and low cognitive functioning
- Physical health problems

Harm Type 1: Depression and Suicidality

Depression, suicidality, and non-suicidal self-injury are more closely linked to psychological abuse and neglect than other forms of CAN.

Harm Type 2: Social Anxiety

25

Social anxiety disorder and rejection sensitivity are more closely linked to psychological abuse and neglect than other forms of CAN.

Harm Type 3: Conduct Disorders

26

- ▶ Conduct disorders (delinquent behavior) are causally linked to co-occurring psychological abuse and physical abuse.
- ▶ Substance abuse and co-occurring depression and anxiety are specifically tied to severe psychological abuse.
- ▶ Sexually risky behavior is specifically linked to severe psychological abuse.

Harm Type 4: Thought Problems

27

Thinking problems, such as dissociation, hallucinations and diagnosed psychosis, have also been specifically tied to psychological abuse (including verbal abuse and witnessing domestic violence) and psychological neglect.

Many experts consider these reactions part of the trauma response to maltreatment.

Harm Type 5: Declines in IQ and Low Cognitive Functioning

28

Psychological neglect is related to significant declines in cognitive functioning in early life – moving from average IQ at age 12 months to well below average at 18 months.

Psychological neglect, with co-occurring physical neglect, is tied to low cognitive functioning, including poor academic achievement and low occupational attainment.

Harm 6: Physical Health Problems

29

Hearing impairments are significantly predicted by verbal abuse, but not physical abuse, of mother while an infant is in utero

Reduced adult height is significantly predicted by childhood psychological and physical abuse

Childhood psychological abuse is specifically linked to self-report of diagnosed asthma in young adulthood

Takeaways on Harm from PM

30

- ▶ PM research extensive, international, high-quality and supports the existence of a causal relationship between PM and negative outcomes.
- ▶ There are 6 main domains of uniquely greater harm.
- ▶ PM is an adverse childhood experience.
- ▶ PM is not treated as seriously as other forms of maltreatment in policy and in practice and it should be.

We have reviewed the APSAC endorsed definition of CPM and California and state statutes on CPM. Now we want you to read and then vote on whether you think the following vignettes are:

- A) adequate parenting
- B) poor parenting but not PM
- C) Reason to suspect PM
- D) Definite PM

If PM, then what type(s) do you think are present?

Vignette 1: Tito

Tito's mother kept him out of school 1-2 days a week because she was lonely & wanted company while she drank.

Tito, age 9, made sure his mother had a cold beer, would laugh at her boozy jokes, would rub her shoulders to relieve tension, & would make sure she had a comfortable cushion to support her bad back. Over time, Tito's mother encouraged him to drink beer to keep her company.

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?



Vignette 1: Tito, age 9.

Is this...?

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Vignette 1: Tito, age 9

If PM, which type(s)?

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Vignette 2: Rita

Rita was an active baby. At 14 months her foster mother still kept her strapped in a portable car seat most of the day, most days because she would get underfoot when she was loose.

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?



Vignette 2: Rita, 14-month-old.

Is this...?

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Vignette 2: Rita, 14-month-old.

If PM, what type?

- ① Start presenting to display the poll results on this slide.

Vignette 3: Sonny

Dad was angry that Sonny Jr. (age 14) was getting mouthy, coming in late at night, and getting into fights at school. Dad slit the throat of Sonny Jr's. pet cat, Ruby, and threw her corpse on his bed with a note reading “This is what happens when boys get out of line.”

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?



Vignette 3: Sonny Jr., age 14

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 3: Sonny Jr., age 14

If PM, what type?

- ① Start presenting to display the poll results on this slide.

Vignette 4: Pari

After her close friend disclosed that she and Pari, both 10, had been sexually abused by Pari's 19-year-old brother, CPS ordered Mom to bring Pari into a Children's Advocacy Center (CAC) for an evaluation.

In front of Pari, Mom started the conversation with the forensic Investigator by deriding the girlfriend as slut and a disgusting liar who just wanted attention and would do anything to get it. "My son would never do that!" she insisted emphatically.

Pari refused to speak to the forensic interviewer

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?

What S?



Vignette 4: Pari, age 10.

Is this...?

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Vignette 4: Pari, age 10.

If PM, what type?

- ① Start presenting to display the poll results on this slide.

Vignette 5: Lenah

Lenah, age 5 is in your kindergarten class. She recently stopped playing with other children and you observed her enacting the death of a baby doll, saying “everything would be fine if you were never born.” Her mother has confided that her marriage is failing, and she blames Lenah and the demands of parenting on the breakup. At pickup you observed her tell Lenah that if she had not caused so much trouble her parents would be happy and that she should have been aborted.

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?



Vignette 5: Lenah, age 5.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 5: Lenah, age 5.

If PM, what type?

- ① Start presenting to display the poll results on this slide.

Vignette 6: Darryl

Mom was going on saying extremely disparaging things (lots of profanity) to the worker about 9-year-old Darryl. If he wasn't going to have a more active role in his diabetic management "if he dies that is on him. If he loses a leg that's on him. That's not my problem. I don't care. I hope he dies."

Is this?

- A. Adequate parenting
- B. Poor parenting but not PM
- C. Reason to suspect PM
- D. Definite PM

If PM, what type(s)?



Vignette 6: Darryl, age 9.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 6: Darryl, age 9

If PM, what type?

- ① Start presenting to display the poll results on this slide.

Vignette answers



Vignette 1: Tito, age 9.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 1: Tito, age 9

If PM, which type(s)?

- ① Start presenting to display the poll results on this slide.



Vignette 2: Rita, 14-month-old.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 2: Rita, 14-month-old.

If PM, what type?

- ① Start presenting to display the poll results on this slide.



Vignette 3: Sonny Jr., age 14

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 3: Sonny Jr., age 14

If PM, what type?

- ① Start presenting to display the poll results on this slide.



Vignette 4: Pari, age 10.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 4: Pari, age 10.

If PM, what type?

- ① Start presenting to display the poll results on this slide.



Vignette 5: Lenah, age 5.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 5: Lenah, age 5.

If PM, what type?

- ① Start presenting to display the poll results on this slide.



Vignette 6: Darryl, age 9.

Is this...?

- ① Start presenting to display the poll results on this slide.



Vignette 6: Darryl, age 9

If PM, what type?

- ① Start presenting to display the poll results on this slide.

J. Helen Wyman MD, MATS

Child and Adolescent Psychiatrist
Independent Consultant & Clinician

Diplomate, American Board of Psychiatry and Neurology

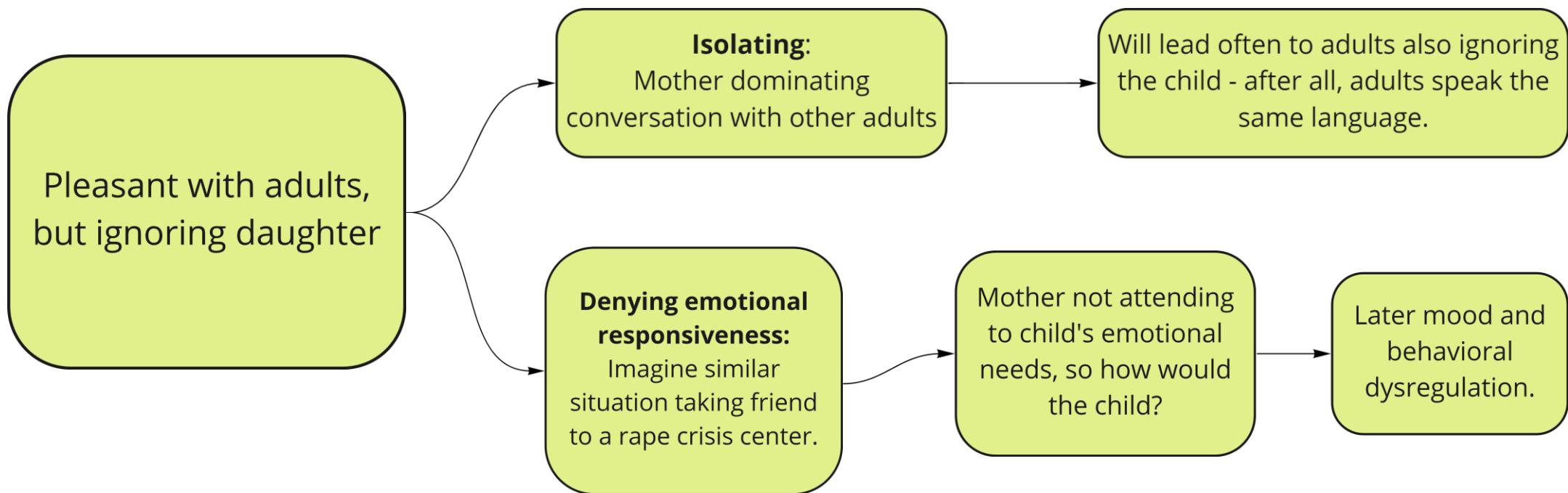
A closer look: Elena

From perspective of CAC worker:

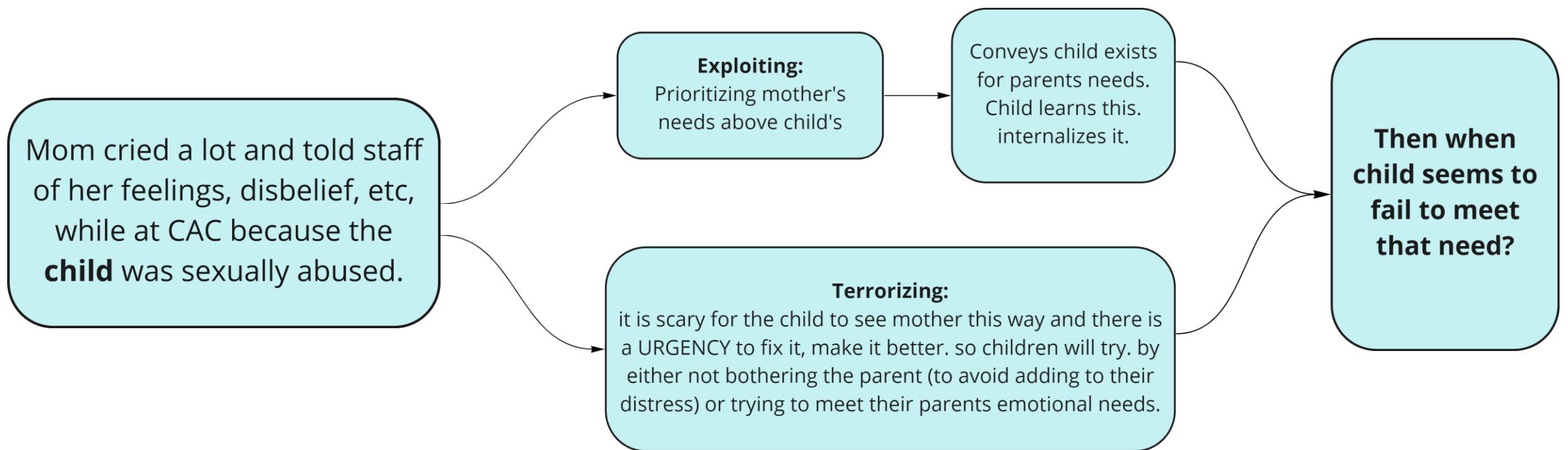
Sometimes we get parents coming in here angry and ready to yell at us. But this mom was rather pleasant and interacted well with the staff. As staff began to talk to her, Mom started crying a lot. She was having a tough time. She was saying “How could such a horrible thing happen to my daughter? Why my daughter? Why me?” And then I noticed it was like her daughter wasn’t even there.

The girl seemed like she was handling things much better than the mom and mature for her age. I talked to the girl and asked how she was doing. She said she was fine and was mostly worried about her mom. Even while talking to me, she was looking over at mom like she was checking on her. Then they got called for the sexual abuse exam, the girl grabbed some tissues for mom and then tried to hug her. But the mom just crossed her arms and shrugged her off. The girl backed off and you could see she was really hurt, and Mom just left and started following the nurse leaving the girl trailing behind.

Ignored daughter



All about mom



Mature for her age

The girl seemed like she was handling things much better than the mom and mature for her age.

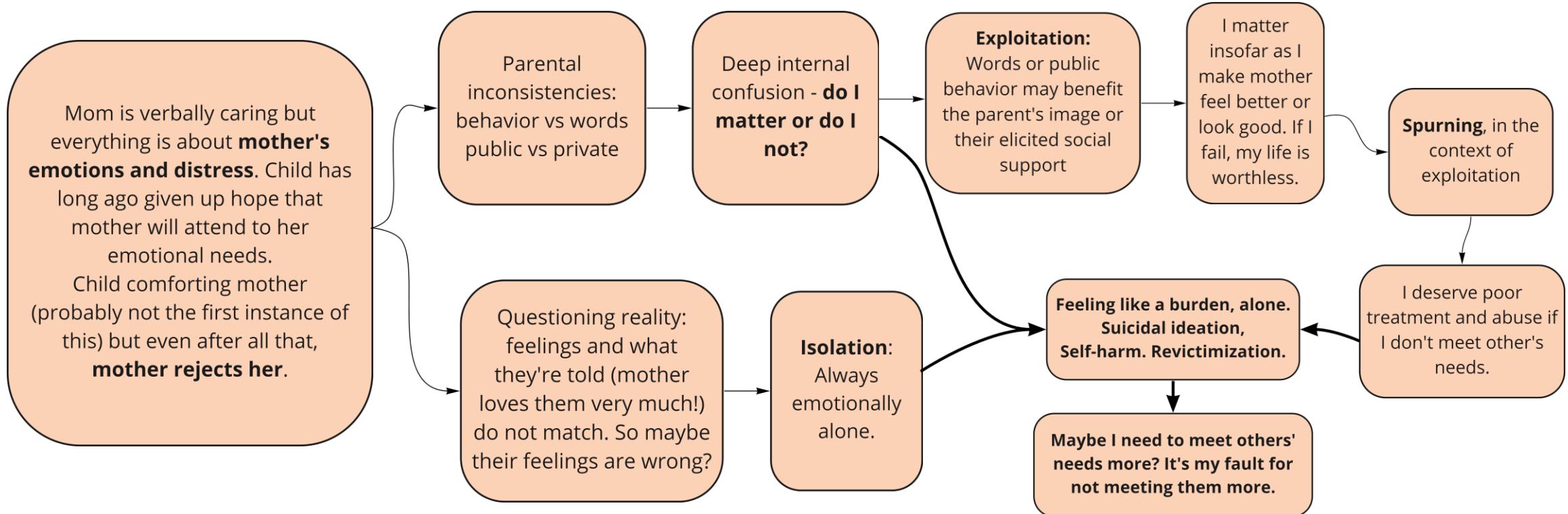
Exploitation:
Appearance of "maturity" of a child especially if such maturity is in relation to other *own parents/caregivers*, should raise some concern for ***emotional parentification***

Often when asked how they feel, children who are emotionally parentified will start talking about their parents emotions, stress, and their concern about parent(s)

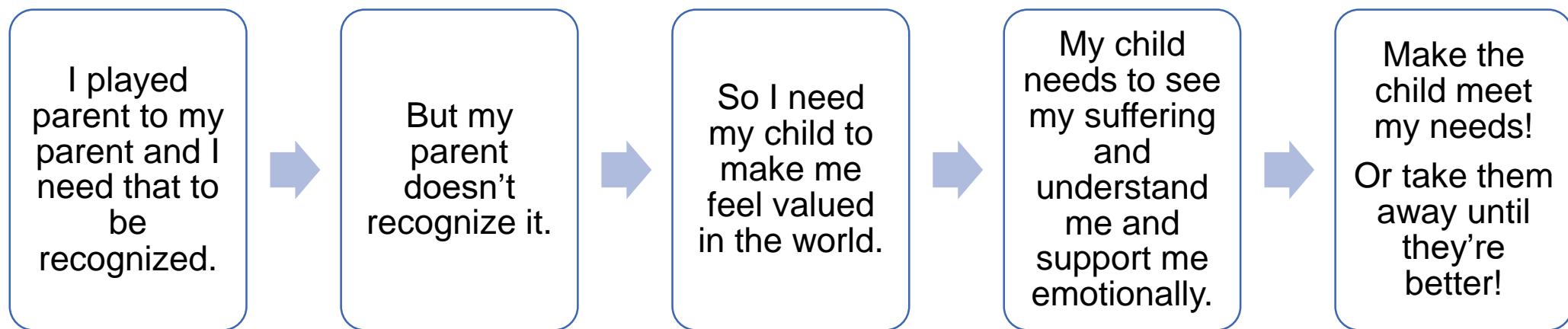
But ... how did the child feel? what were their thoughts?

Sometimes they have trouble even identifying their own feelings because they were never recognized as real.

Do I matter or do I not?



Common path for parent with own CPM



When we don't identify CPM

When it occurs alongside other forms of abuse/neglect

- May miss part of the picture
- In sexual abuse, mothers with emotional abuse/neglect of child long after end of sexual abuse

Referral for mental health services without identifying PM

- Iatrogenic harm
- Pattern of self-blame, revictimization
- Suicidality, self-harm, substance use

Rethinking mental health diagnoses

- Many mental health diagnoses do not describe etiology
- Children
 - Have more environmental factors not in their control
 - May not have words or brain maturity to communicate distress, stressors, or lack of support.
 - They typically have little sense of the “norm” apart from their own experience.
 - Vulnerable and particularly malleable period of development, more so if child has suffered harm from CPM

When we do identify PM

Child's
experience
validated

- Designate responsibility appropriately to adults across generations
- Foster self-compassion, resilience, hope
- Empower child to speak up

Foundational
Intervention

- Across generations
- Across systems

How do we identify PM?

Remember power differential always in favor of adults

- Must interview child/teen separately. Preference is child/teen first even in clinical settings
 - Otherwise easy to become primed with whatever we are told by adults, and children are surprisingly perceptive if we have “already heard the official story”

Events with high emotional / behavioral disruption are typically part of a pattern.

- If did something (or failed to do something), consider what options child may have had, why other options might have been untenable (past experiences may have conditioned them to know other options will not go well).

Words can do a lot, but they are not everything.

- Not: “Did she say she hates you?”
- Children might minimize own abuse: “I don’t care.” “You get used to it.” “It’s not a big deal.” But then they went on to cut themselves.

Narratives

- Increase contextual information
- Minimize misinterpretation of language
- Make it your assessment, not theirs
 - Identify **trigger/changes** rather than asking patient “did something change around that time?”
 - *Children who are accustomed to a pattern of CPM may have difficulty identifying triggers and feelings that led to a behavior because they second guess themselves.*
 - How did you feel? **Locate feelings in timeline**
- Avoid the risk of inadvertently contributing to a pattern of denying children their reality (gaslighting)

Eliciting the narrative

If regarding specific event:

- Tell me why you came to talk to me today.
- Possible **follow-ups**
 - I heard things have been hard for you. Tell me about that.
 - I heard you talked to X, went to the hospital, etc.

Presenting concern follow up:

- You said [event]. Tell me everything that happened.
- You said [feeling/symptom].
- Tell me everything that happened the time you were the most [feeling/symptom].
- **Follow up with invitations:**
 - What happened NEXT
 - Tell me MORE about
 - What was the first thing that HAPPENED?
- Wh- questions only after all invitations

Adaptations from Tom Lyon's 10-step interview
<https://works.bepress.com/tomaslyon/>

Steps 1-5: Instructions

Steps 6: Narrative practice
rapport building

Step 7: Allegation phase

Step 8-10: Open-ended
follow ups.

Relationships

Tell me what you **like** about your __(parent, other family member).

Tell me what you **don't** like about them.

Follow up with Invitations: *Happened, Next, More*

Then Wh- including How did you feel? Think/say/do?

Screening for abuse

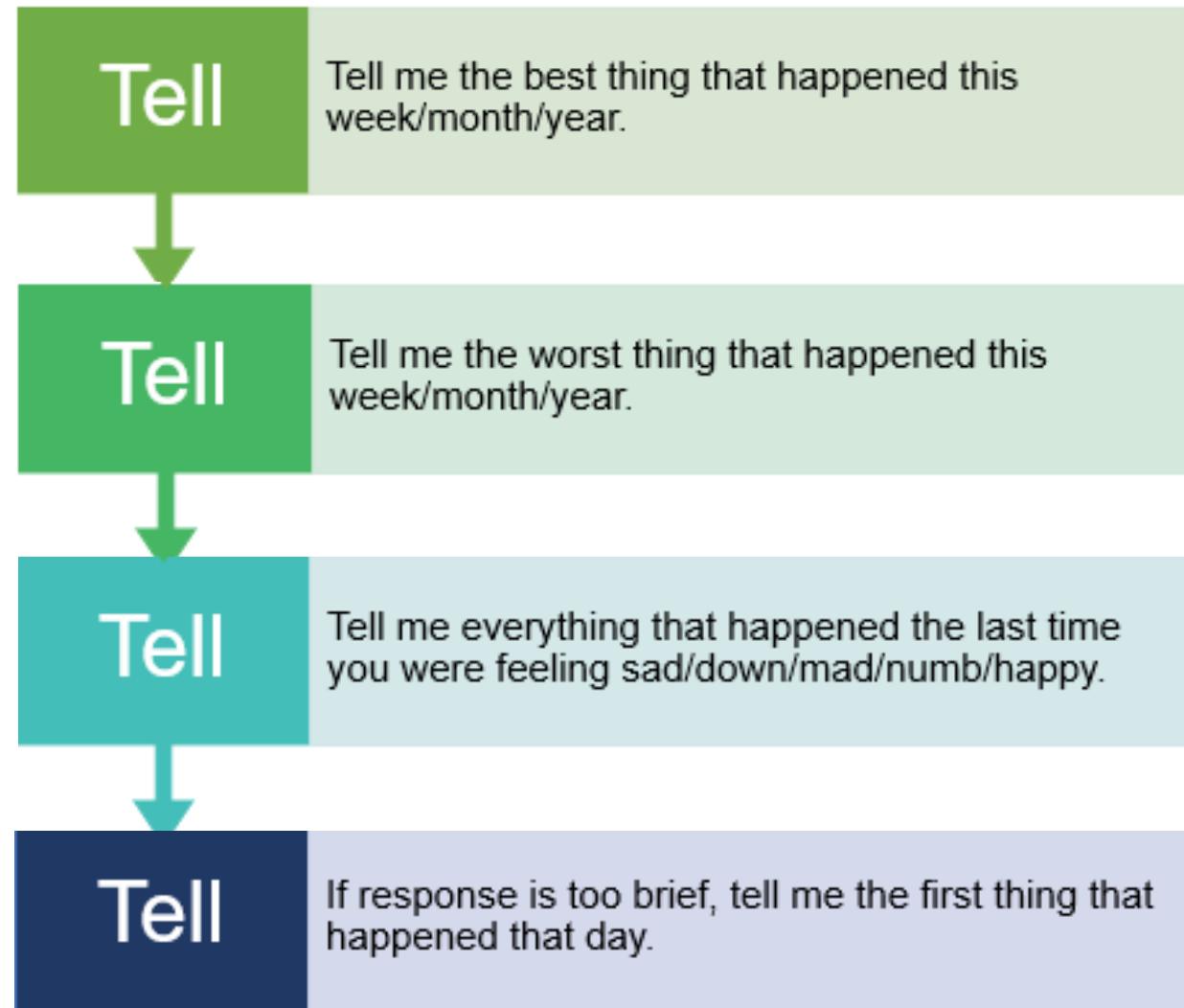
- NOT “do you ever get spanked?” Do they ever hit you?

Instead:

What does your __ do when they get mad at you (or the other parent)?

- Follow up: What's the worst thing that happened when they got mad?

Getting a sense of the terrain



Linking emotional damage to parental conduct

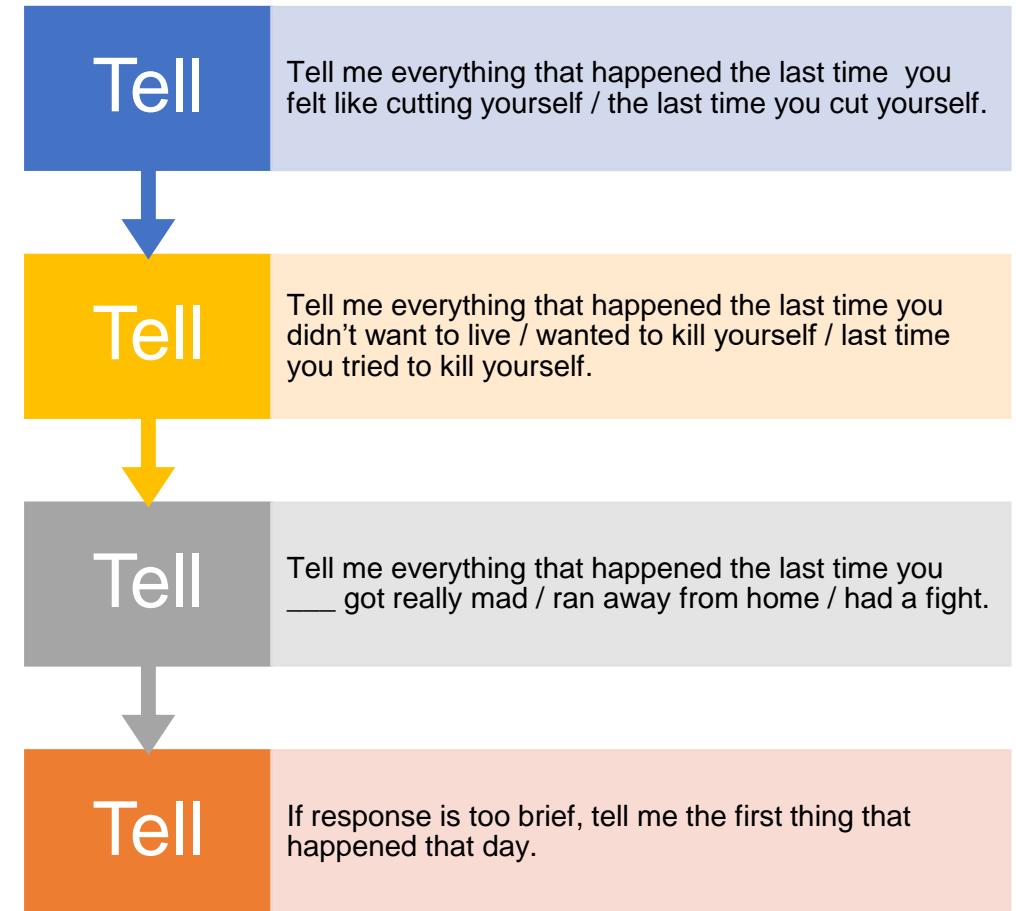
Sometimes they link it for us, but we tell them to stop blaming their parents. Well, their parents may tell them that, and we reinforce it.

To assess intent after suicide attempt or self-harming behavior:

NOT
Were you trying to kill yourself?

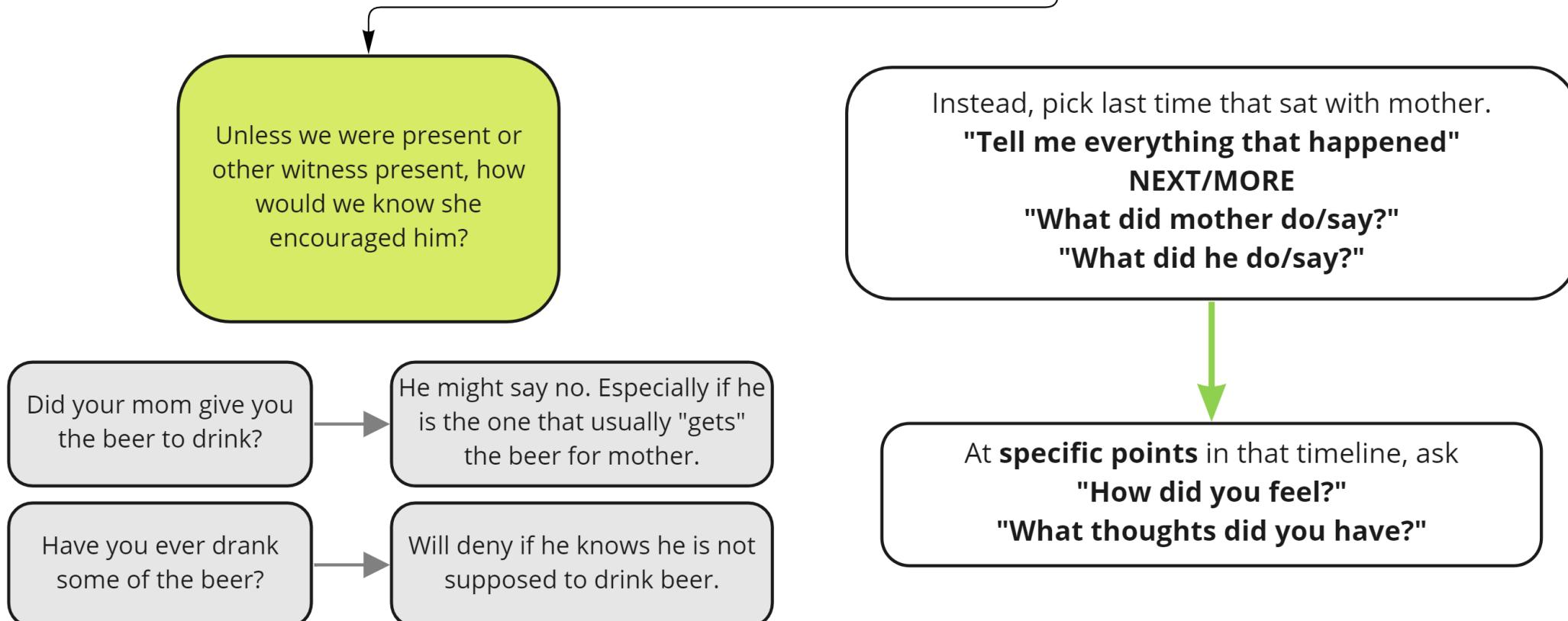


What thoughts were you having?
What were you going to do?



Tito

Tito's mother kept him out of school 1-2 days a week because she was lonely & wanted company while she drank. Tito, age 9, made sure his mother had a cold beer, would laugh at her boozy jokes, would rub her shoulders to relieve tension, & would make sure she had a comfortable cushion to support her bad back. Over time, Tito's mother encouraged him to drink beer to keep her company.



Tito

Tito's mother kept him out of school 1-2 days a week because she was lonely & wanted company while she drank. Tito, age 9, made sure his mother had a cold beer, would laugh at her boozy jokes, would rub her shoulders to relieve tension, & would make sure she had a comfortable cushion to support her bad back. Over time, Tito's mother encouraged him to drink beer to keep her company.

"Boozy jokes" per whose account?
How do we read "loneliness" of mother?

What happened the last time
Tito did NOT do what was
expected/desired (left
mother alone, didn't pay
attention to her jokes, said
he was too tired to rub her
shoulders)

If says that never happens, then
last time **someone else** (e.g.
sibling) didn't do as expected?

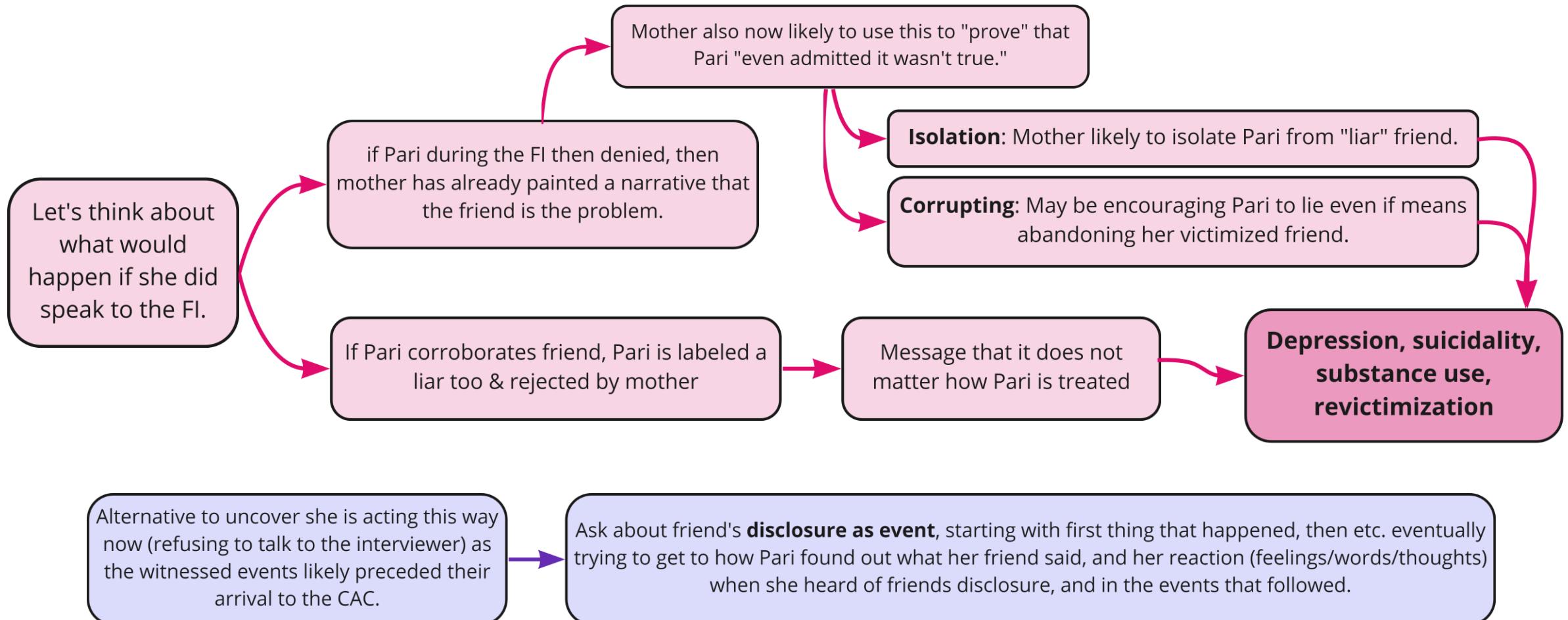
Mother may not need to even ask
him to do these things anymore.

Once a year for 30 seconds,
or daily for 30 minutes?
How does Tito feel?

Time/frequency questions not
advised especially for children.
But if elicit narrative of his
sitting with mother on 2-3
different occasions, can get a
sense of this.

Pari:

After her close friend disclosed that she and Pari, both 10, had been sexually abused by Pari's 19-year-old brother, CPS ordered Mom to bring Pari into a Children's Advocacy Center (CAC) for an evaluation. In front of Pari, Mom started the conversation with the forensic Investigator by deriding the girlfriend as slut and a disgusting liar who just wanted attention and would do anything to get it. "My son would never do that!" she insisted emphatically. Pari refused to speak to the FI.



Modeling approach recommended by Thomas Lyon in context of retractions

Your turn!

- You'll be assigned to groups with one of the subtypes of CPM.

Each group:

- Choose a note taker (to submit answers to poll) and a reporter to share one example to the whole group

Notetaker go to slido.com or scan the QR code →

1. Example of the assigned subtype of CPM you've seen in your work
2. Questions you might ask to elicit details



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Section 3

Child Psychological Maltreatment

85

INTERVENTIONS FOR SUSPECTED OR OBSERVED CPM

Stuart N. Hart

Principal of Strategic Initiatives

**International Institute For
Child Rights and Development**



*Professor Emeritus
School of Education
Indiana University- Purdue University- Indianapolis*

Section 3 Psychological Maltreatment

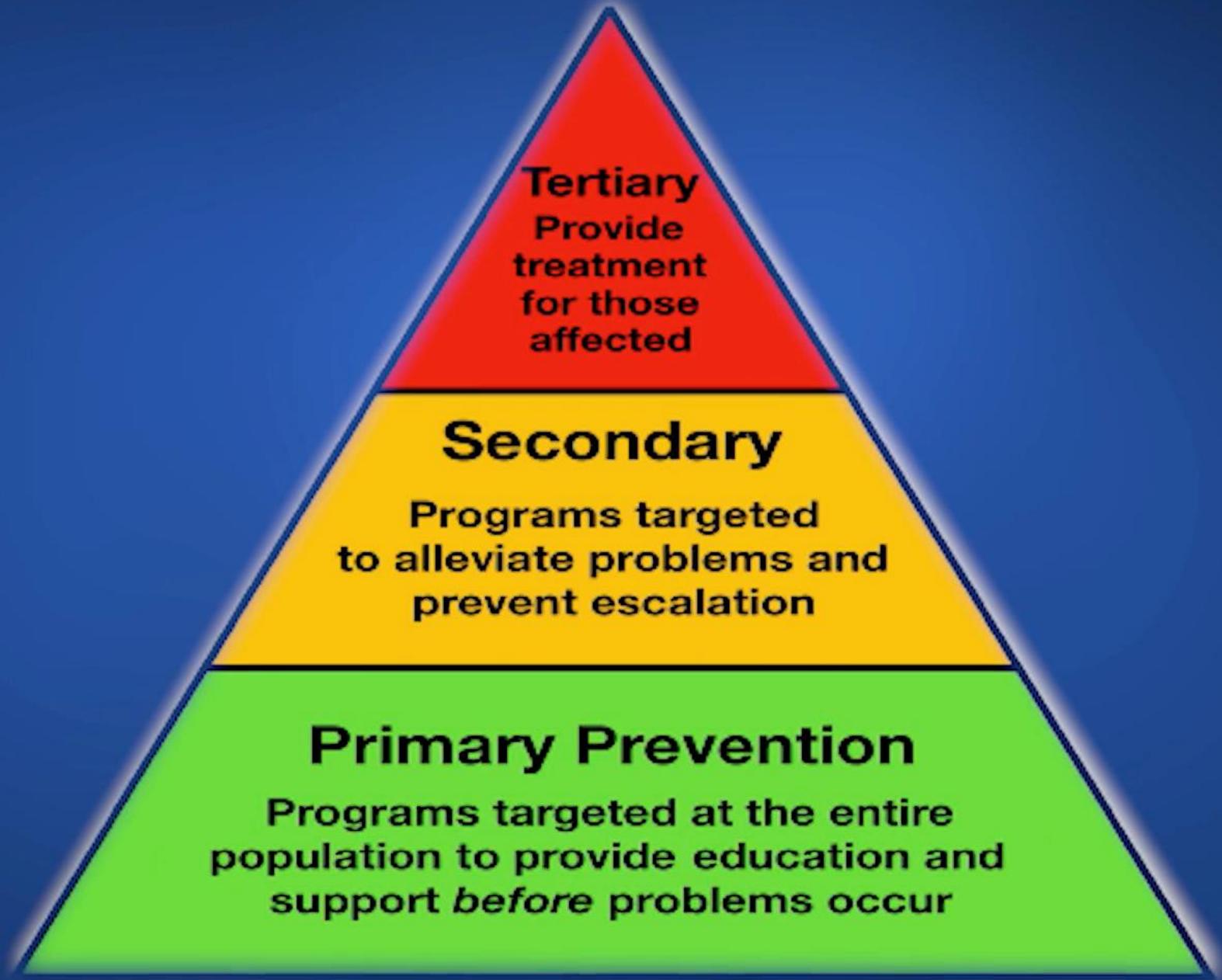
INTERVENTIONS

A BROAD CONCEPT; INTENDED TO COVER ALL ACTIONS IN SERVICE OF THE CHILD'S BEST INTERESTS TO PROMOTE GOOD CONDITIONS AND PREVENT BAD CONDITIONS; TO REDUCE NEGATIVE INFLUENCES/RISKS, AND TO CORRECT MALTREATMENT AND ITS HARM.

IF YOU COULD CHOOSE JUST
ONE INTERVENTION GOAL:

SECURE ATTACHMENT!

What do Experts Recommend?





Interventions That Fit Across All Tiers

92

- Establish and support child caregiving expectations that promote child safety, resilience and well-being
- Establish the child's right to freedom from all forms of violence (i.e., physical psychological and sexual)
- Assure good quality human relationships for children
- Promote reflective thinking and compassionate empathy to guide decisions and actions for all child caregivers
- Promote assets/strengths approaches in child caregiving

Primary Cross-Cutting Strategies

Advance child safety & wellbeing by applying strategies:

- At both intra-individual/interpersonal and social systems/norms levels
- That promote respectful supportive communication and relationships (relationships – relationships ...)



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PROMOTE SECURE ATTACHMENT

TEACH RESPECT BY BEING RESPECTFUL

BE PROACTIVE – ANTICIPATE, PLAN & ACT

ENGAGE IN REFLECTIVE PARENTING

USE EMOTION COACHING TO TEACH EMOTION
REGULATION

BE ENCOURAGING

USE POSITIVE DISCIPLINE STRATEGIES

PROMOTE SECURE ATTACHMENT

101

The 5 conditions necessary for raising a child with secure attachment

1. The child feels SAFE. As a parent, first and foremost, you want your child to feel PROTECTED.
2. The child feels SEEN and KNOWN. ...
3. The child feels COMFORT, soothing and reassurance. ...
4. The child feels VALUED. ...
5. The child feels SUPPORTED to explore (ACT & DEVELOP).

How do I create a secure attachment with my baby?

- Hold and cuddle your baby. ...
- Make eye contact. ...
- Watch and listen to your baby. ...
- Comfort your baby every time she cries. ...
- Speak in a warm, soothing tone of voice. ...
- Maintain realistic expectations of your baby. ...
- Practice being fully present. ...
- Practice being self-aware.

Is Promotion of **TRUST** a Central Principle ACHIEVED THROUGH SUPPORTING CHILD'S

- SAFETY, COMFORT, NUTRITION, AND EXISTENCE
- EXPLORATION AND CAPACITY BUILDING
- RELATIONSHIP BUILDING IN AND OUTSIDE THE FAMILY
- REASONING, DECISION MAKING AND CHOICES

FOUNDATIONAL

PROMOTE TRUST OF OTHERS – TRUST OF SELF – TRUST OF LIFE

FOUNDATIONS & ESSENTIALS FOR RESPECTFUL SUPPORTIVE COMMUNICATION AND RELATIONSHIPS

Empathy

Cognitive, Emotional, and Compassionate Empathy (i.e., empathic concern)
- at the foundation for the golden rule and human rights and their realization

Positive Self-Talk

Prayer, poetry, interpretation, encouragement, guidance by our best critical thinking, optimistic, and courageous self

Social Support

3 or more members of a circle of caring who are dependably available

Soft Start-Up

Respectful, caring, sensitive beginnings to communication on important issues needing resolution to encourage further communication and cooperation toward desired advances

APPLY ASSETS/STRENGTHS APPROACH IN INTERVENTIONS

Help caregivers & peers identify, celebrate and build on child's strengths

Employ Gottman's magic ratio for positive communication and the obverse of PM

Model and promote “positive self-talk”

Promote positive parenting practices

Apply appreciative inquiry to parenting/caregiving behaviors (use video feedback)

Survey child safety and wellbeing to establish social norms at population, sub-group & individual levels

Become an “UPSTANDER”

105

An Upstander (“Mobilized Bystander”)

DOESN'T WALK AWAY - DEGRADE -- PUNISH -- TAKE A SUPERIOR “I KNOW BETTER POSITION”

An Upstander

- **Recognizes need** *in stressful, problematic human interactions*
- **Reflects on the options** *for intervening*
- **Chooses to engage** *in a respectful and sensitive manner*
- **Communicates understanding, empathy and caring**
- **Focuses on the needs of both parties** (*all parties*)
- **Emphasizes assets and strengths and possibilities** (**APPRECIATIVE INQUIRY**)
- **Helps de-escalate negative emotions**
- **Provides encouraging perspective – FRAMING & REFRAMING**
- **Provides guidance** *if engagement is successful and time allows*

Two Doable Interventions

UPSTANDER: SOFT START-UP TO INTERVENTIONS

SOCIAL NORMS ADVANCES: “NO HIT ZONES”



Successful Engagement The Critically Important First Step Toward Being Helpful

Harsh start-up contrasted with soft start-up
communication in approaching a problem, need, or opportunity.

HARSH START-UP: impedes further communication and cooperation

SOFT START-UP: facilitates and encourage further communication and cooperation

EXAMPLE: OF TEACHER TO PARENT COMMUNICATION

HARSH START-UP

How can I trust you; you never follow through when you say you will.

EXAMPLE: TEACHER TO PARENT COMMUNICATION

SOFT START-UP

I am concerned that, if we come up with a plan to address Jose's tantrums, how can we assure we will follow-through in partnership? Can we talk about what we can do to make this work?

SOFT START-UP VS HARSH START-UP

EXAMPLE: CHILD SERVICES PERSONNEL TO PARENT

HARSH START-UP

You're not holding your child right – you're making her cry.

SOFT START-UP VS HARSH START-UP

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EXAMPLE : Child Services Personnel to Parent

SOFT START-UP

The child seems to be upset, is she trying to tell you something?

Example of Parent-Child

Harsh Start -up

Stop doing that-it won't work, you're just like your father !

Example: Parent-Child

Soft Start-up

Let me show you another way that might get what you want.

SOFT START UP EXERCISE

HERE ARE 8 HARSH START-UP STATEMENTS
SUGGEST A SOFT START-UP ALTERNATIVE

Teacher-Parent

- 1. If you just completed the exercises I sent home, we wouldn't need to be having this conversation.*

SOFT START UP EXERCISE continued

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Case Worker-Parent:

2. You never respond to my phone calls or emails.

Parent-Child:

3. Another C report card? I guess you are just stupid and that's all there is to it.

SOFT START UP EXERCISE continued

Intimate partner - Intimate partner

4. I'm sick of all your emotional moods.

Cathy's Mom

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(Chat: Soft start-up and Intervention ideas)

Your next door neighbor, Ruth, has a 10 month old infant girl, Cathy. Ruth likes you and trusts you as a neighbor friend), with whom she has gone shopping, gossiped, and shared likes, dislikes and concerns – previously, though not lately. You've noticed that Ruth has not been going out of the house much, connects with you less, and seems depressed. Cathy is almost always confined to a crib or playpen, with little attention or interest shown by Ruth even when Cathy is crying extensively. But Cathy is fed regularly and clothed properly. Cathy seems listless, inactive, too small for her age, too thin, and her coloring is pasty. You're concerned, have gone to Ruth's door, and she has invited you in for coffee in a room where Cathy, turned to the wall, sits in the corner of a playpen. What might you say or do to help?

Miss Smith's Scapegoat

(Chat: Soft start-up and Intervention idea)

You teach social studies and Miss Smith teaches math to 4th graders. You're on the same student-family teaching team. Your class room is next door to Miss Smith's. You've seen and heard her scream at a boy, Tim, and tell him he's the worst student in class, that he shouldn't be in the 4th grade, and that he makes it hard for others in the class to learn. She's told the other students they should stay away from Tim or they might become like him. She also has placed his desk in the far corner of the room away from the other students. Tim does relatively well in your class and did well in his math class last year, particularly dealing with long division and fractions. But you've noticed him shifting away from being a happy, eager child to keeping his head down, staying away from others and not making an effort in class. You are going to dinner with Miss Smith tonight. What might you say or do to help?



SECTION 4

No Hitting with Hands or Words
Changing Cultural and Social Norms

Example of No Hit Zone with Hands or Words

ATTENTION

Community Health Network's goal is to provide a healing environment.

We have a Zero Tolerance Policy for any type of aggressive behavior.

Some examples of aggressive behavior include:

- Abusive/offensive language
- Verbal harassment
- Threats of harm
- Physical assault

Failure to comply may result in removal from facility, dismissal from the practice, arrest and/or legal action.

If you see something concerning, please let us know.

 Community
Health Network

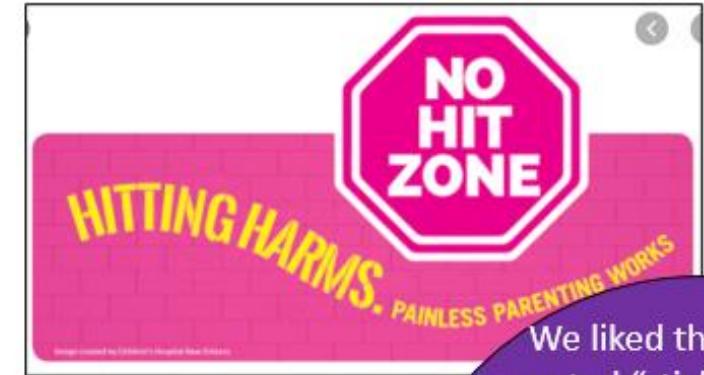
Management of Threatening vs. Disruptive Behavior

Indiana Poster for “No Hit Zone: No Hitting With Hands or Words”

DALIOANNA (AGED 16)
& MARIE (AGED 46)



We analysed existing “No Hit Zone” posters



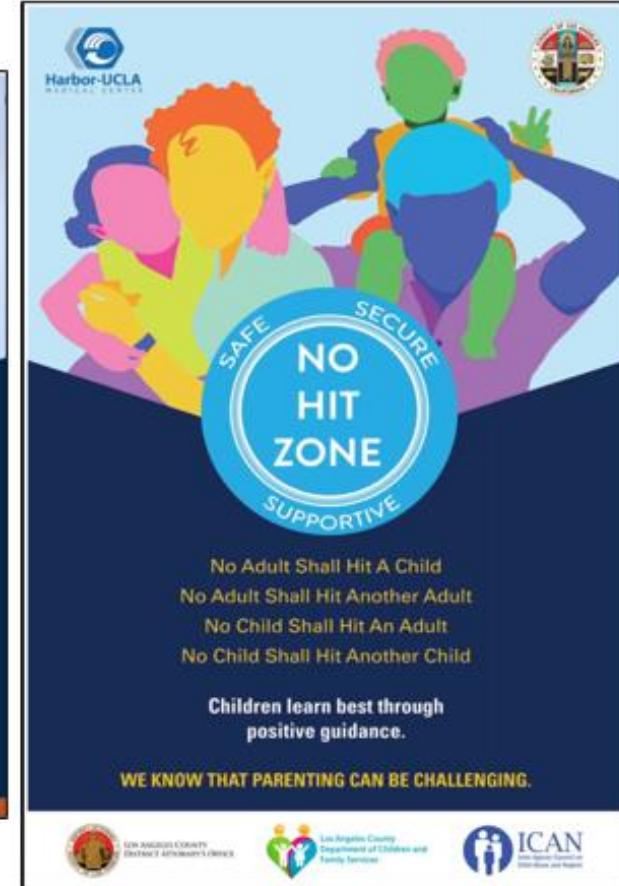
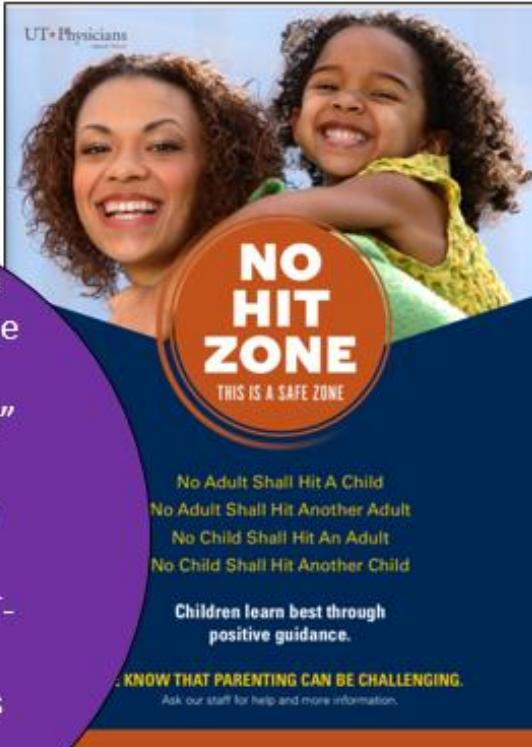
We liked the idea of a central “sticker”: can be used flexibly.

Keep the “No Hit Zone” simple language.

Add “No Hitting With Hands or Words”.

Simplify the 4 x ADULT- CHILD messages.

Pros & cons of photos (representative?) vs. animations.

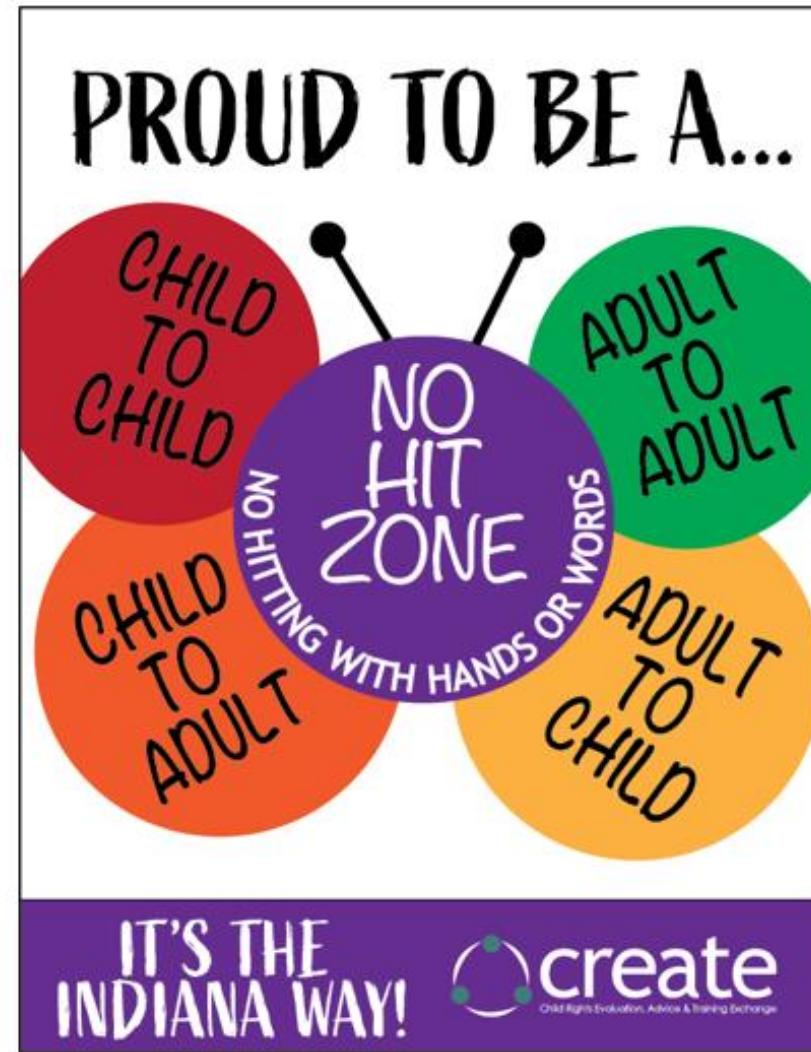




Our proposed
“sticker”.

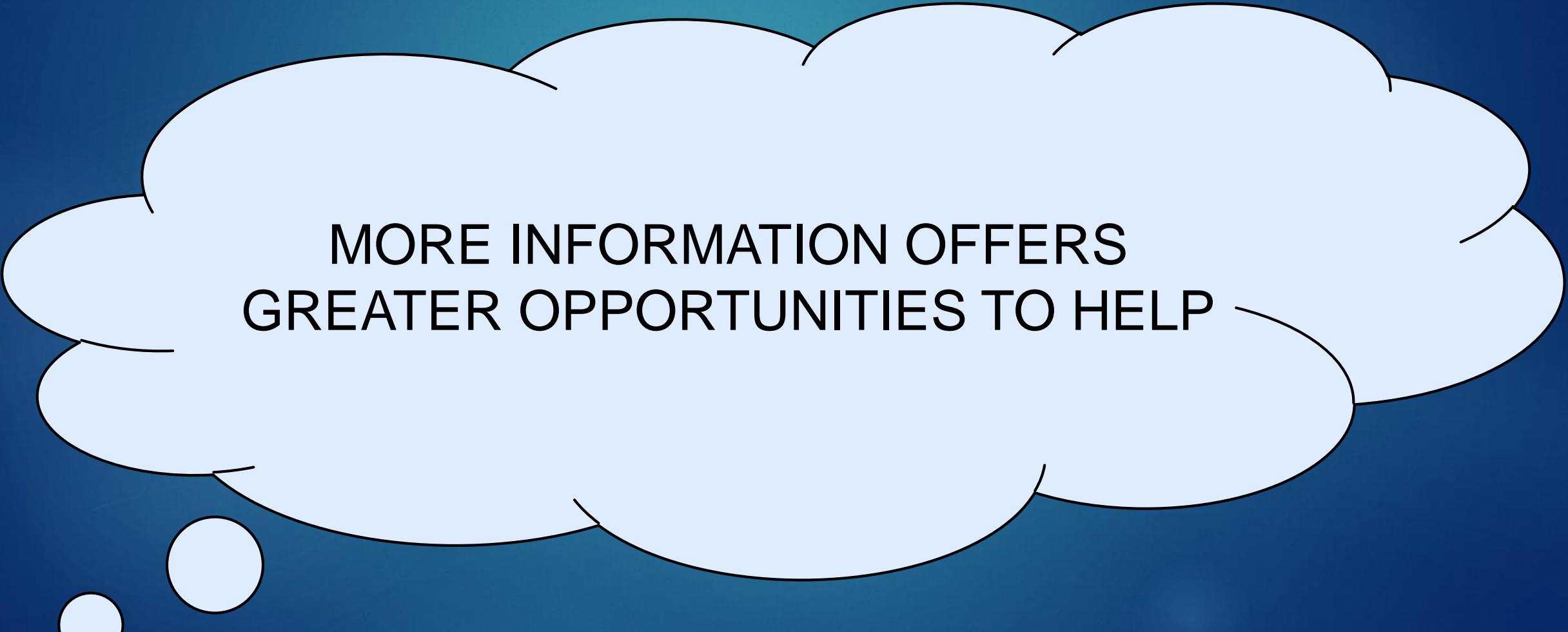
Adapt it to the colour
of your logo/branding.

Use it in isolation
(could be an actual
sticker/decal on a
door/car/handout for
children) or as part of
a wider poster / image
/ message.



PERSONNEL/TEAM UPSTANDER BEHAVIOR IN COMPLEX CASES

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MORE INFORMATION OFFERS
GREATER OPPORTUNITIES TO HELP

Each Group Will Consider ONE CASE

In your group:

- ▶ Select a facilitator (to help move the discussion)
- ▶ Select a reporter (to take notes on major points & report highlights in 30 seconds to plenary)
- ▶ All participants take own notes on opportunities/advances needed for team/system/professionals to better deal with CPM for “Open Mic” Contributions at end.

IN FOLLOWING CASE PROVIDE PERSPECTIVE ON:

- ▶ (a) nature/type/seriousness of CPM
- ▶ (b) Qs to be asked,
- ▶ (c) what could have been done better or could/should have been done that wasn't,
- ▶ (d) potential interventions

- ▶ **AND**
- ▶ **(e) what came to light as changes/capacity needed by Your TEAM/SYSTEM/PROFESSIONALS to better serve deal with CPM.**



Intervention Case

ⓘ Start presenting to display the poll results on this slide.

THE CASE

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- ▶ Alleged CSA perpetrator was mom's BF. Victim was a daughter about 12 years old. The BF was still living in the house. The child told the teacher and the teacher told the school counselor who reported the CSA. Mom only realized report was made after she came to the Administration for Children's Services center. Mom started saying the child had a history of lying and was too stupid to know what was going on – "we all call her stupid at home". She also said the BF was the sole provider for the family, she did not have a job, and she didn't want lose the family's source of income. We finished the meeting, as always, telling the parent not to talk to the children - just have them come for the first interview. But when we walked out mom went straight to her daughter and started screaming at her in front of other families, telling her she was a stupid liar, and that she wished they would send her to foster care. We didn't want other children in the waiting room exposed to this. We could see that other families present were uncomfortable. So as she started yelling, the social worker and I requested Mom to go to another room. She said she was not going to do it. When she refused, our director and more members of our team appeared and the mom was told if she doesn't leave the child and doesn't let us interview the child we will have to call officers to take her downstairs where she will have to wait with others in a controlled waiting environment. I think that kind of shook her a little bit but I was glad that mom was removed from the child because the child had started crying. When mom was removed the girl was too upset to talk about it and would not calm down. We sent them home and scheduled another appointment. They didn't return and when we checked they had moved.



More Info

Psychological Maltreatment Alliance
www.psychologicalmaltreatment.org