When does Poor Parenting cross the line into Child Psychological Maltreatment?

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What is CPM and why is it so harmful?

When does caregiver behavior cross the line from poor parenting into CPM?

How to effectively intervene in the moment when observing poor parenting that might be CPM.
WHAT IS CHILD PSYCHOLOGICAL MALTREATMENT?
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 present 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.
Emotional injury occurs when a child has an observable, identifiable, and substantial impairment of his or her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member.

- These acts may include the following:
  1. **Implied or overt threats** of death or serious injury of the child or others;
  2. **Implied or overt threats** in the form of pet or animal torture; and/or
  3. **Constant** denigration.

- Failure to act may include the following:
  1. Extensive emotional or physical isolation;
  2. Confinement; and/or
  3. Severe lack of engagement or stimulation.
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

Spurning
Terrorizing
Isolating
Exploiting Corrupting
Denying Emotional Responsiveness
Medical, Mental Health and Educational Neglect
Spurning

Verbal and nonverbal caregiver acts that reject and degrade a child
• 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

Caregiver behaviors that threaten to or do hurt the child or the child’s loved ones
Terrorizing: Examples

- 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
Caregiver acts that consistently and unreasonably deny the child opportunities to interact with others.
Isolating: Examples

• 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.
Caregiver acts that encourage the child to develop inappropriate behaviors and attitudes
Exploiting /Corrupting: Examples

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

Caregiver acts that ignore the child’s needs for affection and attention
Emotional Unresponsiveness: Examples

• 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

- 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
Takeaways on CPM Forms & Harm

FORMS:
- Six forms exist: Spurning, Terrorizing, Isolating, Corrupting/Exploiting, Denying Emotional Responsiveness and Medical/Mental Health/Educational Neglect
- They occur alone and in combination with each other and with physical and sexual maltreatment.

HARM:
- Extensive, international, high-quality research supports the existence of a causal relationship between CPM and negative outcomes.
- There are 6 main domains of uniquely greater harm: Depression and suicidality; Social anxiety; Conduct disorders; Thought problems; Cognitive decline in infancy and low cognitive functioning; Physical health problems

CPM is an adverse childhood experience.
APPLYING CPM DEFINITION AND STATE STATUTES TO CASES
We have reviewed the APSAC endorsed definition of CPM (caregiver behavior) and Indiana state statute on CPM (emotional harm or substantial risk of emotional harm). 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
Vignette 1: H.

- Baby H. was fed and changed on a regular schedule, but his mom rarely interacted with him. When she did, she changed him or bathed him without any expression of affection. There was no cuddling even during feeding (where he was usually propped up in a carrier), little talking, and no eye contact.

Is this?

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

If not sure, what information would you need to reach a decision?
Vignette 2: P.

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

In front of P. 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.

P. 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 not sure, what information would you need to reach a decision?

What S)?
Vignette 3: S. Jr.

Dad was angry that S. Jr. (age 14) was getting mouthy, coming in late at night, smoking pot, and getting into fights at school. Dad slit the throat of S. 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 not sure, what information would you need to reach a decision?
L., 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 L. and the demands of parenting on the breakup. At pickup you observed her tell L. that if she had not caused so much trouble her parents would be happy.

Is this?

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

If not sure, what information would you need to reach a decision?
When is it CPM?

1. Is it PM?
   - Use research and professional definitions (may not meet state definition)
2. What actions can I take?
   - a) doesn’t meet state definition but clearly poor parenting and possibly PM: upstander (see next section) and/or refer the family for prevention services
   - b) may or does meet state definition – upstander and report it
INTERVENING (NOT JUST REPORTING)
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, strengths and possibilities
  - Helps de-escalate negative emotions
  - Provides encouraging perspective – FRAMING & REFRAMING
  - Provides guidance if engagement is successful and time allows
Positive openings, “soft Starts” to launch conversation

Harsh start-up & soft start-up communication in approaching a problem/need/opportunity.

Communication on important issues needing resolution can begin in ways which impede further communication and cooperation toward desired goals (“Harsh Start-Up”) or facilitate and encourage further communication and cooperation toward desired advances (“Soft Start-Up”).
Intervention through Interpersonal Communication

PM is often (if not always) a direct or veiled expression of harsh, disrespectful, destructive, criticism/rejection.

Examples:
- You never do anything right – you’re stupid (Spurning)
- Stop doing that – it won’t work, you’re just like your father! (Corrupting/Exploiting)
- Go ask someone else to help you, I’ve got more important things to do. (Emotional Unresponsiveness and Spurning)
- I’ll give you something to cry about if you keep whimpering (Terrorizing)

If you were the receiver of this communication – would you respond positively – would life improve?
Harsh start-ups are unlikely to produce good outcomes
Parent to Child
Stop doing that – it won’t work, you’re just like your father!
Let me show you another way that might get what you want.

Intimate Partner – Intimate Partner
You just want to work all the time and never be home with us.
We really miss being with you – could we talk about our schedules?

Nurse to Parent
You’re not holding your child right – you’re making her cry.
The child’s seems to be upset, why do you think that is?
Your next door neighbor, Ruth has a 10 month old infant boy, H. Ruth likes you and trusts you as a friend, with whom she has gone shopping, gossiped, and shared likes, dislikes and concerns – though not lately. You’ve noticed that Ruth has not been going out of the house much, connects with you less, and seems depressed. H is almost always confined to a crib or playpen, with little attention or interest shown by Ruth even when H is crying extensively. But H is fed regularly and clothed properly. H seems listless, inactive, too small for his 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 H, turned to the wall, sits in the corner of a playpen. What might you say or do to help?
Case 1: Ideas

- Emotional neglect could be occurring; attachment style of mom and baby
- Explore the isolation of Cathy and the emotional health of mom – is this post partum depression?
- I notice how well you take care of Cathy; How are you doing with your own self care
- I haven’t seen you in a while, do you need a break from the baby do you mind if I take her on a stroll at the park to give you time to rest
- Understand I’m here as resource for you. Any time you need to get a break text or call
- Are both of you eating well? Do you need any financial assistance or help?
Summary

- CPM is really harmful
- It needs to be addressed when you see it
- It is covered in federal law and that of most US states—reporting is one way to address it
- Intervening as an upstander is another way to address CPM whether or not it rises to a level that is needs to be reported