

A COURSE IN INTERVENTION STRATEGIES IN CHILD ABUSE AND NEGLECT

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GENERAL INTRODUCTION

During recent years in the United States, and also in Western European countries, considerable emphasis has been placed upon the identification and reporting of families where child abuse or neglect is suspected. As a consequence, we have had, in the United States, an astronomical increase in the number of substantiated cases of child maltreatment. Unfortunately, we have not seen a comparable increase in treatment services and personnel. By and large practitioners in Child Protective Services have all they can do, and sometimes more, to investigate reports and provide emergency intervention to protect the child. Practitioners in treatment agencies, outside the Child Protection System, who could and should be providing ongoing treatment to families where abuse and neglect have been identified, have been slow to respond to the problem. Further they feel their skills are inadequate to meet the needs of these families.

As a response to this dilemma, we have developed a course called Intervention Strategies in Child Abuse and Neglect designed to be useful both for Protective Services workers and for other mental health practitioners. We have taught it to second year masters level students in social work and have opened it up free of charge to practitioners already in the field of child abuse and neglect. Most of the students were concurrently doing field placements with families and/or children, but not necessarily with maltreating families. Therefore, we felt that our bringing in practitioners would enhance our capacity to relate directly to the problems of child abuse and neglect. In addition, of course, it provided an opportunity to impart new skills to practitioners. To further anchor the course in the real world of treatment, we had as guest lecturers four persons involved in practice with abusive and neglectful families.

An essential characteristic of the course was that it was experiential. Because it was a "how to" course, it required that the participants try out what they were learning. Thus class sessions included role play of the strategies being taught, and course assignments were to employ the methods with clients and bring in tapes or written material demonstrating these efforts.

We chose to expose our students to five different approaches. The first uses linguistics as a therapy base and demonstrates how language can be a tool for therapy. The Structure of Magic, Vol. 1 and 2, 1975 by Richard Bandler and John Grinder served as the text. Our goal was to have their approach form an overarching framework because it can be utilized regardless of the therapist's theoretical proclivity.

As for the remaining four approaches, we took what we regarded as some major hypotheses about the kinds of family malfunction which lead to child abuse and neglect, and addressed these with currently practiced therapies. An important criterion for the therapies chosen was that they be useful in short-term intervention. In the United States, delivery of services to families suspected of abuse and neglect generally mandates time-limited involvement, ranging from three months in some states to a maximum of about two years in others. While in actual practice, cases are often open longer than the Child Protection Program specifies, clearly we are in a situation where there is no support for such long-term methods as psychotherapy. Moreover, the bulk of population presently being identified in our country does not have the verbal skills nor the motivation to commit themselves to long-term psychotherapy.

A second criterion for the therapies that we taught was that they have an interpersonal, rather than an intrapersonal, orientation, and that they be methods which are especially useful within a family context. The rationale for such a choice is that if one is to have an impact within a brief period, one must include as many of the relevant actors as possible.

The first hypothesis we considered is that child abuse and neglect is a consequence of maladaptive family interaction and chose family systems therapy as a strategy to address the diagnosis. Second, we looked beyond the family per se to the hypothesis that a major factor in child abuse and neglect is the social isolation of the family and dealt with this issue by teaching network therapy. Third, we took Ray Helfer's (1975) formulation of the War Cycle (the world of abnormal child rearing) and taught our students how to use Transactional Analysis to break the cycle. Finally, taking as a hypothesis that parents who abuse and neglect their children have had a poor learning history for parenthood and thus do not know how to nurture, we used some methods based upon behavior modification.

Perhaps, before moving to more detailed descriptions of the intervention strategies, it should be noted that while these hypotheses are overlapping, they do represent different points of view about what leads to child abuse and neglect. However, rather than seeing the teaching of such diverse analyses as inconsistent, we viewed it as reflective of the fact that the crucial dynamics of causation vary considerably from case to case. Thus the clinician must do a careful assessment during the initial stages of involvement and choose a therapy which speaks to the critical problems of the family. We also counselled flexibility of mind on the part of our students, encouraging them to have ready more than one approach for dealing with a particular problem. But we cautioned them that when they switched strategies, they should be clear that they were switching models of therapy as well.

LINGUISTIC ANALYSIS

The major concept that we attempted to convey in presenting a linguistic approach is based on the idea that human beings do not operate directly on the world. Instead, they build a map or model which they use as a basis for their behavior. In addition, individuals' models of the world determine how they experience the world and what choices in life they perceive as being available. People have difficulty when they have models of the world that are too limited to deal with reality. By listening to a person's language, an assessment can be made of a person's model of the world and its limitations. Then appropriate interventions can be selected.

Three major mechanisms that people use to limit their models of the world were covered in the course. These were generalizations, deletions, and distortions. Generalizations refer to the process by which single elements or parts of a person's experience come to represent an entire category of experiences; e.g. a hot stove which causes a burned hand leads to a generalization that all stoves are hot and all kitchens dangerous. Deletion refers to the process of selectively paying attention to certain sensory experiences and excluding others; e.g. noticing the child has a sore leg, but not being aware the child has two broken bones in the leg. Distortion is the process which happens when a person reinterprets sensory data to correspond with his model of the world; e.g. a person may maintain low self-esteem by stating to self the positive comments about behavior were "just made to make me feel better."

Students were taught to recognize and confront these mechanisms in interview situations with the use of role playing exercises. We have found that these exercises improve the interviewing skills of students and enhance their assessment ability and the clarity of their communications with clients.

FAMILY SYSTEMS INTERVENTION

Readers who have a working knowledge of family therapies which regard the family as a system know that, in fact, we are talking about several different schools of family therapy. To have tried to teach students all of these approaches would have confused them and inhibited them from trying anything, particularly in a course where they were learning other therapies as well. Thus, we were selective in what we chose.

First we presented material to help students understand what is meant by viewing the family as a system of interacting parts. Students learned how to redefine the presenting symptom, for themselves and the family, as a family problem. In abuse and neglect the difficulty is usually viewed by the family as a parental deficit or child misbehavior. We focused on

strategies which elucidate the contributions of other family members to the symptomatic behavior.

We also spent a fair amount of time on how to assess and intervene in the power configuration in the family system. Power is a very salient issue in maltreating families. In abusive families we see fixation on the need to control. Neglectful families often present with signs that family functioning is out of control or that parents are failing to exercise power. We defined power in two ways: the ability to influence the behavior of another individual and control over family decisions. Within the context of power we deal with scapegoating.

Recognizing the difficulty of diagnosing power, we offer students several different strategies to be used concurrently: 1) Evaluating sources of power; 2) Using an assessment instrument which examines family's decision-making processes and division of labor; 3) Observing the process of family interaction.

With reference to the first strategy, we noted that every family member has some power, but that parents usually have the preponderance. We took as a starting point French and Raven's (1968) five bases of social power: reward power, coercive power, legitimate power, referent power, and expert power. We concentrated on elaborating sources which are coercive, as these are the most heavily relied upon in maltreating families. Their willingness to use physical force is one obvious basis of power, but there are others as well. In fact we regard this source as part of a larger class we have called the willingness to engage in deviant behavior.

Research on normal families (e.g. Blood and Wolfe, 1960; Safilios and Rothchild, 1971) cites bringing money into the household, the ability to provide services, and the ability to find an alternate living arrangement as important sources of power. In maltreating families these are relied upon in a coercive manner; in the first two instances family members overtly or covertly threaten to withhold these things in order to control others' behavior. With the third instance they threaten to leave the home or become uninvolved in order to control.

The assessment instrument we used is one based on protocols employed in studies of many different types of families in the United States and abroad (e.g. Blood and Wolfe, 1960; Centers, Raven and Rodriguez, 1971; Heer, 1962; Herbst, 1952; Olson and Cromwell, 1975; Safilios-Rothchild, 1971). It examines how family members say decisions are made and labor is distributed in the family, and how they would like these things to be done. Four areas of family functioning are covered: economic, child-related, homemaking, and recreational.

For our approach to family process we drew upon a substantial body of research on power in small groups (e.g. Cartwright and Zander, 1968; Parsons and Bales, 1954) as well as upon family therapists and researchers who have examined family interaction in normal and abnormal families on a number of dimensions, including power, (e.g. Winter and Ferreira, 1969; Jay Haley, 1969; Strodtbeck, 1969; Riskin and Faunce, 1972; Winter, Ferreira and Bowers, 1973).

Some aspects of the process which we deemed important are who talks the most, who interrupts, who disagrees, who speaks for whom, and who has the final say about matters.

We urged students to use all three of these strategies in a given case because power can be complex. For example, family members may have control in some areas but not others and the power configuration can change. Further, persons may exercise power in an indirect rather than direct manner.

We focus on two general strategies related to the power structure and treatment: 1) How to manipulate the family's current power configuration so that it supports appropriate change; 2) How to alter the power structure, by a variety of means, so that it enhances adequate family functioning.

In our material on scapegoating, we use a broad definition, identifying it as any circumstance where the parent attacks, belittles, or otherwise maltreats the child when her/his real target is someone or something against which s/he feels a sense of impotence. Thus the target of frustration may be a more powerful spouse, but may also be a boss, a job, or a society which fails to provide a job, subsistence, or adequate housing. Based on diagnosis, the therapist might choose from a range of intervention strategies. Some are focused on changes within the family system, such as working on the marital problem or setting up positive interchanges between the scapegoater and the scapegoat. Others are targeted outside the system; for example, teaching the scapegoater how to be assertive with the boss, or assisting the

family in getting better housing, or financial assistance.

A systems approach is one very compatible with the current Child Protection service delivery system and is already being used by some practitioners in the field.

NETWORK THERAPY

When we taught network therapy, we attempted to do two things: to teach how to accurately assess the network and then how to do therapy employing social network members as change agents. The reason for attention to the former is that as we refine our research on social isolation in abusive and neglectful families, we are discovering that to state these families are isolated is an over-simplification. A majority of them have extensive contact with formal network resources, helping professionals and human service agencies. However, often these relationships are uncoordinated, unproductive, and sometimes counterproductive. On the other hand, their contacts with friends, neighbors, and particularly relatives are truncated. In assessing the network, some of the factors which are examined are the number of persons in the family network, network density (i.e., whether members know and have contact with one another independent of the target family), network embeddedness (i.e., whether members are neighbors, friends, relatives, professionals), frequency of contact, geographic proximity, degree of reciprocity between the family and network member, degree of comfort, and degree of obligation the family feels in maintaining the contact.

The network therapy model we teach is one modified from that of Ross Speck and Carolyn Attneave (1972). Its structure is as follows: Persons who participate from the network should be chosen and invited by the family in consultation with the therapists. The therapists want to assure that all family members have allies in the therapy group and that some persons who are peripheral to the family's network are invited (to renew the network). Most should be from the family's informal network but some professionals should also be involved. We recommend 10 to 20 people be invited and that two to three therapists participate. The therapy is short-term, comprised of two to six meetings, but these are spaced about three weeks apart. Between sessions network subgroups are active and there is considerable telephone contact with the therapists. Often the network continues to meet after therapist contact ceases.

The process of therapy is one in which therapists take a very active role in mobilizing the network to help the family with its problems. They deal with conflicting definitions of the problem and with varieties of resistance by members of the group to being involved in the solution. They enrich or create new bonds between network members and loosen others. What the network members do in their efforts is highly variable. This is as it should be because we know that abuse and neglect are symptoms of family malfunction--which can entail a range of problems. Thus the network may take turns visiting a desperate and lonely mother, may provide a drop-in babysitting service, might help a father or mother find employment, may help with transportation, or might provide a home for a rebellious adolescent.

A major asset of this type of intervention is the fact that it creates an ongoing system to augment family functioning, which will persist after professional involvement has ended. Its drawback is that it is a step beyond what traditional agencies see as appropriate modes of intervention. Thus practitioners may encounter agency resistance to its utilization.

TRANSACTIONAL ANALYSIS

Justice and Justice utilized their knowledge of Transactional Analysis to understand and work with parents who had abused and neglected their children. (Described in their book The Abusing Family, 1976.) One of their major hypotheses is that a pattern of unresolved symbiosis is a contributor to abuse in families. Transactional Analysis, trisects individual functioning into parent, adult, and child states. Symbiosis occurs when two individuals transact in such a way that one person functions in the adult and parent state and the other in the child. This pattern, learned in the family of origin and perpetuated in the existing family, is one in which either the spouses are tightly bound together, one parent is fused with the child, or the husband or wife is still intensely bound up with the family of origin. Generally the person fused with is seen as the major source of gratification. In these families there is considerable competition over who will be nurtured. The winner gets taken care of and the others have to resort to extreme behavior to obtain nurturance. The family's symbiotic pattern can be identified by analysing transactional patterns and/or obtaining information from observation and interviews on how care and attention are obtained and provided for by members of the family.

We presented basic information about theoretical concepts from Transactional Analysis in order to teach three strategies for intervening in a symbiotic family:

- 1) A symbiosis exists when persons are not using all their ego states. Identifying ego states being excluded is the first step. The second step is to encourage the use of the excluded ego states.
- 2) In symbiotic relationships one may need to recognize and confront forms of passivity. People may engage in passivity to avoid autonomous response to stimuli, options or problems. In so doing they meet their needs or reach their goals within the structure of unhealthy relationships. (Schiff and Schiff, 1971.)
- 3) Discounting may be present and need to be addressed by the therapist. There are four levels of discounting people use to minimize or ignore some aspects of themselves, others, or the reality of the situation. (Schiff, 1975.)

Transactional Analysis may offer a useful interpretation of relationships and behavior in both abusive and neglectful families, particularly those preoccupied with their families of origin.

BEHAVIOR MODIFICATION

Experts in the field of abuse and neglect will know that behavior modification, particularly in the form of child management, is currently being utilized as an intervention strategy with abusive and neglectful parents (e.g. Epstein and Shainline, 1975). In this case the hypothesis is that these parents' upbringings did not afford them an adequate child rearing experience. It is assumed that one learns to parent primarily from one's own parents, and thus maltreating parents have deficient skills and few options in methods of controlling their children because of their own rearing. Strategies we used included teaching parents to use positive reinforcement with children and each other. We taught several behavioral strategies. First students learned how to get parents to use positive reinforcement with children. For example parents learn to employ concrete rewards (such as toys, money, or food) and privileges contingent upon good behavior, in order to increase the likelihood of the behavior happening in the future. Similarly parents are taught to praise and hug their children when children are good. Parents also learn about less punitive methods, such as "time out" (short-term isolation) to control or diminish unacceptable behavior.

In addition, because marital difficulty is a common presenting problem in child maltreatment, we taught behavioral marital contracting, utilizing the structure developed by the Oregon Research Institute (Patterson et al., 1970). In this model parallel independent contracts are developed for each spouse.

When we teach students how to utilize behavioral strategies, we emphasize that didactic explanations are insufficient, even when accompanied by a written plan and arrangements for monitoring. For such intervention to be effective, the therapist must model the expected behavior and relevant family members must practice perhaps several times in the therapist's presence. Great care needs to be taken to specify when, where, and how the methods should be used, and initially the therapist will have to call daily to see how the intervention is progressing.

Although students were instructed in behavioral contracting and how to use monitoring forms with families and couples, emphasis was placed upon simplicity. We advocated the use of the least complicated and most compatible intervention feasible. Such an approach greatly improves the likelihood of its permanent impact on family functioning.

CONCLUSION

All courses taught at the University of Michigan School of Social Work are evaluated by students taking them, and this course got excellent ratings. Nevertheless we would like to note some of the ways we will teach the course differently next year. First, we have attempted to cover too much material to treat in-depth in four months. Therefore we will not teach so many different models of therapy, probably eliminating Transactional Analysis and Behavior Modification. Second, although a substantial proportion of class time was spent practicing techniques, more time should be so allocated. We will endeavor to offer a lab for additional credit which will be devoted to practice and stimulation.

In conclusion, we hope that this description of our work will stimulate and inspire others in

the field to attend to the treatment of families suspected of abuse and neglect in innovative yet feasible ways.

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