

A Child Has Exceptional Needs

Introduction

Jessica is 6 weeks old. She weighed two pounds at birth. She was born 3 months premature. She was in the hospital for the first month of her life. When Jessica was born, she was not breathing continuously to get oxygen. Her central nervous system (brain and spinal cord) that controls breathing was not yet mature enough to allow nonstop breathing. The medical condition is apnea of prematurity.

Jessica's breathing abnormalities began 2 days after she was born. Even though she is now at home, it is anticipated that the condition will exist for up to 2 to 3 months. So, she was discharged with an apnea monitor.

Jessica's mother is Mona. Mona is a single 28-year-old mom. Mona is a former foster child and has had a long history with child welfare services. Mona has two other children; she relinquished rights on one child; the father of the other child was granted full custody. Mona has a history of drug use and currently uses marijuana and alcohol. A concern has been raised about her pumping breast milk for Jessica given the substance use. Mona has conflicted relationships with her mother and sisters. She is currently involved in a relationship with Barry and is focused on spending as much time as she can with him. She is not motivated to behave differently with respect to her parenting responsibilities despite the obvious needs of her infant. Mona reports sometimes feeling overwhelmed and wishing to escape. Within days of Jessica going home, Mona began handing her around to others so she could be with Barry

alone. Yesterday she missed a doctor's appointment for Jessica so she could go fishing with Barry.

The safety threat we consider this month is concerned with the child who has extraordinary needs. When these extraordinary needs are not attended to diligently and in a timely manner, the child is in a state of danger.

This threat is concerned with caregivers who are not meeting these needs because they don't understand the significance of the child's needs; or they don't perceive the child's needs as exceptional; or they do not have the capacity or ability to meet the child's needs consistent with the demand for attention; or they will not meet the child's needs because of preoccupation with their own needs.

This does not include children with extraordinary needs whose caregivers understand and know the need must be met; are motivated to provide necessary care, are capable, and want to meet their special child's unusual needs—*but*—need assistance to do so.

Exceptional Needs

Exceptional need is the key issue here. Remember that we've already covered the safety threat concerned with inappropriate or distorted perceptions that caregivers have about kids (September 2007). Regarding that threat, the perception a caregiver has may be wrong or not, but it results in caregivers avoiding protective duties or acting aggressively toward a child. However, here we are specifically concerned with children who have needs that are beyond normal health, behavior, and development. This is not about perception, but about reality. These children's need for specific, diligent, and timely care is obvious and significant.

Such needs are unusual and critical which means if they are not met or addressed adequately the child is unsafe. Here are exceptional needs that you are more likely to observe related to this threat:

- Children with serious physical disabilities which require unusual care and attention, which may require special knowledge, which may require significant physical response by caregivers
- Children with serious health problems requiring unusual medical care which may include requirements for caregivers to possess special knowledge of the condition and treatment, to possess knowledge and proficiency with health related equipment, to maintain an organized—well regulated approach to managing and treating the condition
- Children with serious behavior management needs that result in increasing demands on caregiver attention and responsiveness including provocative behavior, constant and high mobility and activity, willfulness, mental disorder, acting out, or destructiveness
- Children who are highly dependent and have acute needs for immediate care such as any infant, certainly young children with acute needs, and children who are unable to perform basic self-care which can result in provoking caregivers (e.g., soiling; bedwetting)
- Children with mental disorders (emotional disturbance) who may be self-destructive, overly careless, social and physical withdrawal, and so on; the child's emotional disturbance and associated behavior require constant caregiver involvement, oversight, and management of the child and the child's surroundings

- Developmentally disabled children whose cognitive functioning is sufficiently limited to include high levels of care and management; this includes children with serious cognitive limits accompanied by physical immobility.

Cannot or Will Not Meet the Exceptional Need

This is a safety threat that contains two variables: a child's extraordinary needs and a caregiver who cannot or will not meet the child's needs in accordance with what is required and necessary to manage and meet the need—level of demand, timeliness, regularity, knowledge, skill, and oversight.

These are the kinds of caregiver behaviors you may observe in relation to this safety threat:

- The caregiver doesn't make appropriate arrangements which have been confirmed to assure that the child's needs are always acknowledged, observed, and met.
- The caregiver has not demonstrated the knowledge, interest, or ability to meet the child's needs.
- The caregiver has no plan or cannot articulate a plan to manage the child's exceptional needs.
- The caregiver minimizes or doesn't believe the child's needs are exceptional or significant.
- The caregiver is not physically, intellectually, or emotionally able to fully address the child's needs.

- The caregiver is overwhelmed or consumed with his or her own individual needs which limit his or her interest or commitment to meeting the child's needs.
- The caregiver feels resentment or other strong feelings toward the child and feels like or acts in ways to escape the burden of care presented by the child's exceptional needs.
- The caregiver cannot or does not recognize the significance of the exceptional need going unmet, cannot or does not accept the potential hazards to the child, or cannot or does not make logical connections between the child's condition and the failure to meet the child's needs.
- The caregiver lacks adequate knowledge and skill to meet the exceptional need.
- The caregiver does not cooperate with and/or is resistant toward others who are involved in meeting the child's needs such as family members, health professionals, other service providers.
- The caregiver maintains beliefs and values that stand in the way of employing normal, acceptable approaches to meeting the child's needs such as religious beliefs and practices.
- The caregiver is not emotionally able to carry out needed meeting plans, to act in timely ways, to maintain a level of alertness and responsiveness.
- The caregiver does not display concern for the child and the child's exceptional needs.

- The caregiver does not have a strong bond with the child; it is clear that the child's exceptional needs are not a priority to the caregiver.
- The caregiver places responsibility on the child for the burden of care that the exceptional needs result in.

Definition and Elaboration

“Exceptional” refers to specific child conditions (e.g., mental or physical developmental delays, blindness, physical disability, dependency, behavior management problems, emotional disturbance, etc.) which are either organic or naturally induced as opposed to parentally induced. The key here is that the child's needs are so extreme or immediate that when left unmet or addressed it results in the child being in a state of danger.

Application of the Safety Threshold Criteria

The caregiver's ability and/or attitude are what are out of control. If you can't do something, you have no control over the task. If you do not want to do something and therefore do not do it but you are the principal person who must do the task, then no control exists either. If you are not doing what is required to assure the exceptional needs are being met daily, then nothing within the family is assuring control.

This does not refer to caregivers who do not do very well at meeting a child's needs. This refers to specific deficiencies in parenting that must occur and are required for the “exceptional” child to be safe. The status of the child helps to clarify the potential for severe effects. Clearly, “exceptional” includes physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to soon.

Examples of the Threat

Here are some more examples of this threat beyond those mentioned above:

- Child has a physical or mental condition that, if untreated, is a safety threat.
- Caregiver does not recognize the condition.
- Caregiver views the condition as less serious than it is.
- Caregiver refuses to address the condition for religious or other reasons.
- Caregiver lacks the capacity to fully understand the condition or the safety threat.
- Caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.
- Child needs require constant care and prevents the caregiver from experiencing an independent life which the caregiver resents.
- The child's needs are daily and constantly demanding requiring a daily management plan and constant vigilance for which the caregiver is not prepared, able, or motivated to perform.
- Caregiver lacks necessary impulse control, organization skills, timely responsiveness, or other basic thinking and behavior characteristics which are necessary to meet the need.
- Child's needs are met through the use of sophisticated equipment or require special knowledge and management associated with a medical regimen, medication, or specific kinds of care.

- Caregiver's physical capacity including energy, robustness, and strength accompanied by other distractions like limited motivation or conviction are sufficiently limited to prevent diligent need-meeting performance.