

Out of Control

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Introduction

Lisa is the mother of six-year-old Melody. It's a Thursday in the summer. Lisa recently lost her job and was arrested on a DWI. It's in the afternoon. Lisa is delusional from stress and alcohol. She's been drinking pretty much non-stop for days. She is calling people – one after another. She is seeking someone to care for Melody so she can catch a flight. After repeated calls, Lisa's friends Bill and Rita come over. She has asked them to purchase an airline ticket to New York for her. Lisa is drunk. She tells them she has a once in a lifetime opportunity to star in a Broadway play. (She has no acting talent, experience, or previous interest.)

Bill and Rita notice she has two bags partially packed with various kinds of things from canned goods to shoes that do not match. Melody is sitting on the couch looking scared, sensing that something is wrong with her mother. Bill calls Lisa's brother Nick who comes over immediately. Bill, Rita, and Nick discuss the situation. Bill and Rita agree to take Melody with them which Lisa is okay with since she believes she is leaving town anytime now. Nick calls the police hoping that he can get Lisa admitted to the mental health center. The police arrive. Nick advises them of the situation and that Melody is safe with trusted friends. They are concerned and call for a mental health consultation. The

mental health consultant speaks with the police and then speaks with Lisa asking her questions. The mental health consultant advises the police that Lisa is not a danger to herself and does not require admission to the mental health center. The police depart. Nick asks Lisa to come with him to his home. She refuses, adamant about her departure for her Broadway engagement. Nick calls his and Lisa's parents who are on vacation. They discuss the situation. Assured that Melody is safe staying with Bill and Rita for the next couple of days, the parents and Nick make two decisions: Nick will check in on Lisa regularly and the parents will catch a flight home the following day.

The parents arrive home the following day and find Lisa is still in a state of confusion, delusion, and agitation. They discuss with her their concern for Melody's safety. She does not agree that Melody is in danger. They encourage her to let them take her for help. She refuses. She agrees for them to care for Melody. They pick up Melody from Bill and Rita and begin caring for her at their home. They take action and acquire a Caregiver's Authorization Affidavit and a Power of Attorney for a Minor Child. Lisa agrees and signs off. The parents continue to communicate with Lisa encouraging her to seek help. They keep contact going daily between Melody and her mother by phone and Melody seeing her mother a couple of times a week when the family visits together. Melody continues to remain with her grandparents. She is enrolled in the school close to them. Melody is safe. Lisa continues to spiral out of control. Weeks go by. Lisa eventually gets help. Melody eventually returns home to her mother's care. Lisa gets a job, gets back on her feet, becomes sober.

This is a real story. It is also a common story occurring every day in our communities. The child protective services agency (CPS) was never contacted, was never involved. Relatives and friends within the family network controlled the threat to the child's safety – Lisa's substance abuse and emotional deterioration. This kind of family managed situation occurs in abundance every day across the country. Upon recognizing the presence of danger, families everywhere immediately kick into gear responses and actions that assure that children are safe. Alternatively, there are family networks that do not possess the resources, capacity, or will to take such action. These are the kinds of family situations that end up being referred to and served by CPS. These are the families that cannot control threats to child safety without outside help.

So what is the fundamental issue illustrated by the scenario contrasted against families that CPS serves? Control.¹ A child is in danger when something within the family is out of control and is safe when what otherwise would be threatening is controlled. So, this article will concentrate on the control as a safety intervention dynamic.

Out of Control

Danger exists for children when something in the family and home is out of control. That means that what is happening is not being controlled by anything or anybody within the family network. This is the key characteristic about "control" that supports CPS judgments with respect to families (unsafe children) who require CPS and those (safe children) who do not. CPS serves families who are not able to manage danger. So let's ponder that for a moment. Danger – threats to a child's safety – occur in families every day, yet CPS reports do not occur and CPS does not intervene. The reason is simple. Families manage the danger; they

¹ In safe assessment, family conditions that threaten a child's safety are judged by the danger threshold criteria: a vulnerable child; observable and specific situation, behavior, emotion, perception, attitude, motive, intention; imminence; and severity.

control the threats to a child's safety²; they assure the child is safe. Another way of considering this is to recognize that safety doesn't exist solely because there are no threats or danger present in the child's life space. Safety exists because responsible adults control threats or danger when they become apparent. These responsible adults act in the same way that CPS does. They substitute for the non-protective parent; they control the impending danger. That's what CPS does.

It is true that many safety assessment instruments include a threat that reads something like this: *One or both parents are out of control*. Such a threat applies to behavior and emotions that are not in check; the parent is unable or unwilling to behave differently. It can include things like impulsivity or emotional disturbance. This kind of a threat is specific to a person and his behavior. However, all danger (whether present danger or impending danger) is determined by the absence of control.

Control and the Initial Contact

A report is received by CPS at 2:30 p.m. indicating that a pre-school child is roaming around the neighborhood. Neighbors have attempted to contact the child's mother but she does not answer the door.

You go to the neighbor's home who made the call and observe the 5-year-old boy who appears to be okay. The child cannot explain how he ended up outside or where his mother is. He says that the door is locked and he cannot get back in. He says his mother is in the house. You go to the family home. You walk around the house attempting to see if the mother is anywhere to be seen. You see that she is

² The definition for unsafe is the presence of present or impending danger and insufficient caregiver protective capacities to provide protection. The definition for safe is the absence of present or impending danger or sufficient caregiver protective capacities to provide protection.

lying on the couch in the den and appears to be asleep. After some time and a lot of noise, you are successful in arousing her. She lets you in the house. You proceed to interview the mother who is inebriated. The mother denies that there is a problem. She blames the child for leaving the house. She denies she's been drinking. She behaves and communicates in incoherent ways and cannot stay focused. She is a single mom. Her grandmother, who lives across town, is the only relative she has. She could not identify any friends who can be a resource to her. Her neighbor – who is friendly to the mom – cannot care for the child and has already left for her job. You call your supervisor to consult about what action is to be taken. You describe to the supervisor what is out of control.

This scenario is typical. You must make a “field decision” about the safety of the child. That decision is based on a family condition that is out of control. You must be convinced and confident about the judgment and able to justify it to yourself and your supervisor. You are unable to ascertain whether what you encountered is usual or unusual for this family. You conclude that the child is in present danger because the mother’s emotional, physical, and mental faculties are not sufficient to think and act clearly and to protect the child. You conclude that the mother’s functioning is out of control³. Her functioning is out of control because she is not able to control herself, and there is no one else in the home or immediately available to control her functioning. There is no responsible adult available to substitute for the mom and meet her responsibilities to protect the child. You realize that CPS – you must take action to substitute for the mom and assure the child is protected. You know this is necessary also in order to proceed

³ The danger threshold is applied to qualify family conditions that are a present danger or impending danger. While we are focusing on the idea of “out of control,” the other criteria also apply (i.e., severity, vulnerable child, observable and specific, imminence). What is distinctive in the use of the danger threshold in this scenario is that the application of the criteria occurs in the field as the CPS worker is observing, inquiring, and experiencing what is happening. At initial contact the application of the danger threshold criteria is based on vivid, obvious information such as that contained in this scenario.

with your family functioning assessment (also known as investigation and initial assessment). You understand that you need to understand a whole lot more than what you've encountered at this initial contact to be able to judge whether what you've encountered is a one-time only thing or an evidence of impending danger.

At initial contact you make a determination that a child is in present danger. The most compelling justification for reaching that conclusion is that what you are encountering is out of control – no one is taking action to control it or no one is available to control it.

Control and the Safety Assessment⁴

During the initial contact you put together a present danger protective plan which involves the child staying at the grandmother's home. The grandmother is able and willing to care for the child but only temporarily. You proceed with the family functioning assessment. From your diligent information collection, you learn about the circumstances that surrounded what you found at the initial contact, how the child functions day to day, how the mother functions in general, and how the mother approaches parenting including how she disciplines the child.

Through all you have learned, confirmed, and understand, this is what you've come to believe (in short form):

- *The mother is a productive person and successful in her banking job.*

⁴ A distinction is made between assessing safety as a field decision at the initial contact and the official safety assessment and conclusion about impending danger that occurs at the conclusion of the family functioning assessment. This scenario underscores that a safety decision can be made at the initial contact concerning present danger; however, no conclusion can be reached about impending danger until an in-depth understanding of the family occurs.

- *The mother is a loving, knowledgeable, concerned, and protective parent.*
- *The child is well cared for, healthy, and developmentally appropriate.*
- *The incident was an anomaly for this family. She had taken the day off, been with the child at the park in the morning, had lunch with a friend including a glass of wine, had come home feeling ill and headachy, took some medication.*
- *The mother is open, feels remorseful and guilty for what happened, is adamant about her intentions to be protective.*

Of course you have a lot more information than what is contained in the bullets, and what you know has been corroborated by various sources. At the end of the family functioning assessment as you complete the safety assessment, you conclude that (while at initial contact the child was in present danger) there are no family behaviors, emotions, perceptions, intentions, motives, or situations that are out of control. Because nothing is out of control, the other danger threshold criteria are not applicable. The child is not in impending danger.

From this case scenario, you can see how fundamental and useful the concept of control is to judging danger – present and impending. This reinforces a family system mentality as you inquire into and begin to understand the history and daily ways caregivers and a family network understand and control danger and threats of danger. Also the idea of “control” provides you with a way of examining caregiver protective capacities. As you learn how a caregiver controls and manages safety in the home – or doesn’t – you will be learning about the existence of enhanced or diminished caregiver protective capacities. Can you see

that connection?

Control and the Impending Danger Threats

Safety models across the country are becoming more alike than different. As you probably know, each has a list of factors (called different things) that CPS workers identify as existing in the family and threatening a child's safety. We call the list impending danger threats. Safety assessment instruments vary some in the number of factors CPS workers are asked to consider, but usually the number is around 10 to 15. Here we'll consider judging "out of control" with impending danger threats that are used in several states. The question is, What is out of control when you consider each of these impending danger threats?

- The family does not have resources to meet the child's basic safety needs.

There are two "out-of-control" judgments associated with this impending danger threat. First, there are so few essential resources such as clothing, food, and shelter that the child is in danger of severe harm. The lack of resources is not within the control of the caregivers; they cannot acquire the resources themselves and no one else will provide them. The resource situation is out of control. Second, essential resources exist, but the caregivers are unable or unwilling to use them constructively on behalf of the child resulting in a direct threat to the child's safety. The caregivers are out of control. Their behavior may be affected by various things: thinking, planning, emotions, self and family management, and so on.

- Living arrangements seriously endanger a child's physical health.

This impending danger threat is similar to the one above with respect to judging what's out of control. The living arrangements

and conditions are so deplorable that the child's safety is threatened. Deplorable equals out of control. The family lives in health and physical threatening conditions, yet no one within the family network is able or willing to change or control those conditions. The other issue is caregiver willingness and capacity that may be out of control (e.g., physical or mental disabilities, lifestyle, emotional disturbance, etc.).

- One or both caregivers intend(ed) to hurt the child and/or show no remorse.

Intention is the key here and it is out of control when there are motives, perceptions, attitudes, frustrations, or mean spiritedness that reveal the person is driven to hurt the child. It's out of control because it is deliberate and somewhat premeditated. Some might say, well, those two qualities seem to suggest that it is under the caregiver's control. The intention and expression is a controlled action, but why we conclude it is out of control is there is no one in the home or family who is controlling the intention and subsequent effects.

- One or both caregivers have extremely unrealistic expectations or extremely negative perceptions of a child.

This describes caregivers who are unreasonable. Their points of view are radical, excessive, and not reality based. They do not see things as they are. They see things as they are not. No one manages these perceptions and expectations which reasonably lead to harsh treatment of a child. They are out of control.

- No adult in the home will perform parental duties and responsibilities.

This does not mean that there is no adult in the home as in no physical body. It means that there is no responsible adult in the home. So the person that is in the home and holds primary responsibility for protecting the children is unwilling or incapacitated. It is the caregiver's will or capabilities that are out of control – not being controlled by the caregiver or some other responsible adult. The explanation for why the caregiver does not perform duties and responsibilities could be mental, emotional, or physical incapacity; substance abuse; aversion to parenting or the children; addiction; and so on.

- One or both caregivers fear they will maltreat the child and/or request placement.

The caregiver is out of control and at some level senses it. Her concern is that she won't be able to control herself. The admission about possibly being predisposed to hurt the child including attempting to take pre-emptive action indicates the caregiver makes the judgment about being out of control

- One or both caregivers lack parenting knowledge, skills, and motivation essential to protecting a child.

The operative word here is lack. The lack of these necessary qualities which contribute to being protective is extreme in crucial areas associated with being protective. The caregiver does not possess the "where with all" to protect. It is out of the caregiver's control for whatever reason (e.g., experience, education, cognitive or emotional functioning, role acceptance, and so on). A protective

caregiver is in control because he or she possesses sufficient knowledge, skill, and motivation to make sure the child is safe.

- One or both caregivers are violent.

This impending danger threat is much more obvious when applying the idea of “out of control.” This is going well beyond people who get angry and argue. These caregivers are out of control because they are physically aggressive, brutal, cruel, and dangerous. And, no one in the family can control them.

- One or both caregivers cannot control their behavior.

This is the impending danger threat we used earlier as an example because the threat contains the word control. Obviously the judgment is about how the caregivers are out of control. What behavior is out of control? In practical terms there are many ways a person can be out of control (and here we are not including violence): emotionally distressed, addicted, immaturity, impulsivity, ineffective ego functions, etc. The thing is, regardless of how it’s occurring, the caregiver is past being able to manage himself, and the nature of the behavior is such that others cannot control it either (e.g., influences, frequency, predictability, access, etc.).

- Child has exceptional needs which the caregivers cannot or will not meet.

In this impending danger threat it is not the exceptional needs that are out of control. It is the caregivers’ will or capacity. The exceptional needs present a demand and challenge that could be considerable for any caregiver. But as an impending danger, the

caregivers are confronted with requirements that they are not willing to meet (e.g., minimize need, don't care, religious beliefs, or other possible influences) or are incapable of meeting (e.g., don't understand; don't have the personal abilities; don't have necessary resources; mental, emotional, or physical incapacity; or other reasons). No one can compensate for the lack of will or the inability of the caregiver. It's out of the family's control.