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**The call for help : a theoretical study on the changes that occur between a school social worker and his or her child client after reporting to Child Protective Services on suspected abuse and neglect**

Aramie Brooks-Salzman  
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Aramie Brooks-Salzman  
The Call for Help: A Theoretical  
Study on the Changes that Occur  
Between a School Social Worker and  
his or her Child Client After  
Reporting to Child Protective  
Services on Suspected Abuse and  
Neglect

### **ABSTRACT**

This theoretical study explores a unique conceptualization of the relationship between a school social worker and his or her relationship with the child client and the child's family after a Child Protective Service report was made. In this paper I will explore the concepts of John Bowlby and Mary Ainsworth when discussing attachment theory and W.R.D. Fairbairn when discussing object relations theory. Through the lens of these two theories I will critique and improve upon the child welfare and school constructs in how families are dealt with during the process of working with Child Protective Services (CPS). Attachment and object relations theory help to illustrate the importance of looking at the connection or lack thereof that a child has with his or her family. In doing so, this study examines the range of responses that the family might have after a Child Protective Services report is made. Additionally, the study analyzes the impact that the family has not only on the child client but also the therapeutic alliance between the child and the school social worker. To effectively meet the needs of the family - many of whom have multiple stressors in their lives - all of the professionals involved such as the school social worker, CPS caseworker, school faculty and lawyers must maintain a level of transparency, cultural humility, and allow the family's voice to be heard in order for change to happen.

**THE CALL FOR HELP: A THEORETICAL STUDY ON THE CHANGES THAT  
OCCUR BETWEEN A SCHOOL SOCIAL WORKER AND HIS OR HER CHILD  
CLIENT AFTER REPORTING TO CHILD PROTECTIVE SERVICES ON  
SUSPECTED ABUSE AND NEGLECT**

A project based upon an independent investigation  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2014

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## **CHAPTER I**

### **Introduction**

This thesis examines the relationship between school social workers and their child clients. Specifically this study addresses instances when the school social worker has a suspicion that the child is experiencing abuse and neglect. In particular, this study explores the impact that the Child Protective Services report has on the therapeutic alliance and the child's family.

Child abuse and neglect defines the condition in children who have received serious emotional, physical or sexual abuse generally from a parent or someone that the family knows (Kempe, Silverman, Steele, Droegmueller, & Silver, 1985). This phenomenon has become more prominent within public awareness due to our knowledge that it can occur within any family. United States Department and Human Services (1988) found that "Research directed toward maltreated children and their families is of particular urgency given recent estimates that, despite programming and legislative efforts, over one million children are maltreated each year" (As cited in Peled & Kurtz, 1994, p. 247). Furthermore, in order to fully understand child abuse and neglect in relation to social policy it is important to take into consideration the values, morals and philosophies of the society in which the maltreatment occurs (Peled & Kurtz, 1994). For instance, Korbin (1991) states "Cross-cultural variability in childrearing beliefs and behaviors reflects the lack of consensus regarding a universal definition of maltreatment and standards of optimal child care" (As cited in Peled & Kurtz, 1994, p. 248). People's values about parenting change over the generations depending on what is brought to public consciousness, as well as scientific findings.

Additionally, this study addresses various components of the role of the school social worker such as the importance of the therapeutic alliance and trust between the social worker and the child client and his or her family. In analyzing the therapeutic alliance, Friedrich & Einbender (1983) found that the child's emotional and behavior manifestation of abuse and neglect affects a child's performance as well as his or her success in school and in social relationships. However, there is not substantial information from the perspective of the child client and his or her family. This perspective would better support the family unit in legislative and social policy reforms (Friedrich & Einbender, 1983).

According to the National Center for Education Statistics, as of 2010 most of the United States required students to be in school until they were 16 through 18 years old; each state varied in its' requirements of these ages (As retrieved from National Center of Education Statistics, 2010). Zahner & Daskalakis (1997) therefore, speak to the importance of schools providing mental health services. Zahner & Daskalakis (1997) state,

Of the children with serious mental health problems, approximately 70 percent to 80 percent do not receive mental health services (Costello, Burns, Angold, & Leaf, 1993; Ruffolo). Rates of service use are often found to be the lowest in urban, low-income communities where mental health and child supportive resources are severely limited (Atkins et.al., 1998). Schools are frequently called on to address the unmet mental health needs of children. (As cited in Lynn, McKay, & Atkins, 2003, p. 197)

Therefore, the school faculty and staff have a major impact on the lives of children who encounter and work with school personnel for most of their lives. Lynn, McKay, & Atkins (2003) examined the pressure that schools are under in order to provide mental health services to children and their families.

Though the roles of school social workers vary, they are in a primary role in the lives of young children, often witnessing the effects of abuse and neglect on the child's behavior in a classroom setting (Chanmugan, 2009). Therefore, school social workers have enormous

potential to intervene and to protect against future occurrences of abuse and neglect. In acknowledging this impact, the therapeutic alliance between a school social worker and his or her child client is an important and fragile relationship. School social workers delicately balance their relationships with children in addition to their relationships with children's parents. Children are a vulnerable population because they depend on their parents for their basic necessities such as food, water, and shelter in addition to emotional security.

A review of the literature reveals that research analyzing the relationship between the school social worker, the child and that child's family is missing. Yet there is a clear connection between the need for such research and the field of social work as seen in School Social Work Association of America (SSWAA). SSWAA defines the changing role of the school social worker as dynamic and multi-faceted. The SSWAA aims to "empower school social workers and [to] promote the profession to enhance the socio-emotional growth and academic outcomes of all students...[while envisioning] school social work as a valued, integral part of the education of all children, connecting schools, families and communities" (School Social Work Association of America, 2014). Therefore, school social workers are the liaisons in forging the connections between the student's family, school environment and communities. The school social worker is able to view the child in all aspects of his or her life. This is important in order to understand the child's varying behaviors within all settings such as home, school and within the community in order to learn how best to work with the child.

There are many external influences acting on children each and everyday. Children see and hear events both positive and negative that can impact their behavior for the rest of the day. For example, a morning could begin with a child getting into a fight with his or her parents. Perhaps, he or she witnessed domestic violence or had been abused and neglected him or herself.



Then the child has to go to school possibly without breakfast, which affects his or her behavior and his or her ability to focus within the classroom setting. The teacher might not have the patience on that day or over the prolonged period of time that the child is seen as disrupting the class. During this time it is possible that no adult is explaining why the child is being sent out of the classroom or if the child is asked about changes in his or her home environment. The child might be sent to the principal's office or hopefully the school social worker's office. The school social worker begins to help advocate for the student as well as taking into consideration the systemic and institutional world around both of him or her. The role of the school social worker is to understand and to support the child in how he or she is interpreting the world around him or her (Zilberstein & Messer, 2010).

This study will focus on two theories: attachment and object relations theory. In order to examine how child abuse and neglect can occur, the approaches of theorists John Bowlby and Mary Ainsworth's will be used to understand the importance of attachment theory. I will also analyze W.R.D. Fairbairn's approach will be analyzed to understand the importance of object relations theory.

Attachment theory has made two main contributions to our understanding of relationships. The first is its emphasis on development in the context of relationships. The second is its emphasis on a developmental perspective. The developmental view encourages us to examine maltreatment in the context of the normative developmental tasks that face parent and child each day" (George, 1996, p. 411). The first contribution of attachment theory demonstrates the strong bond that a child has with his or her parent and the potential issues that may surface throughout development if this bond is not secure. Bowlby (1988) found that the impact of this first relationship, the parent-child dyad, influences the child's future social interactions.

George (1996) states that human beings are born with behavioral patterns, which allow them to adapt to the environment around them: "The basic evolutionary premise led Bowlby to propose that in humans and other primates, in order for the child to reach maturity, child and parent together must participate in an instinctive reciprocal relationship. The primary function of this relationship is protection of the child" (p. 412). This description of the primary goal of the parent-child relationship directly supports the study in highlighting the intricacies of the relationship between the school social worker and the child as well as between the school social worker and the child's parents. Attachment theory demonstrates the need to work with the entire family system to best serve the developmental needs of the child in order to have socially satisfying relationships.

Object relations theory compliments attachment theory and furthers an understanding of the child's internal emotions and his or her need to feel loved. Fairbairn's object relations theory illustrates the way in which the child begins to blame him or herself for the episode(s) of abuse and neglect rather than blame the perpetrator. Celani (1998) writes that, "Fairbairn theorized that all resistance is a consequence of 'obstinate' and often self-destructive attachments to internal objects that are both intolerably frustrating and equally intolerably exciting. ... When taken as a whole Fairbairn's model is a theory of repetition compulsion" (p. 235). Repetition compulsion, which will be further studied in the following chapters, illustrates the cyclical nature of abuse and neglect and how it can be passed down through generations of parenting. Children are a vulnerable population who need continued support in order to feel loved by their parents. For children the thought of being on their own is too physically and emotionally frightening. Therefore, the school social worker's treatment plan aims to enable the parent child dyad to be a reciprocal relationship in order to physically and emotionally protect the child (George, 1996).

The following chapters will explore the relationship between the school social worker, the child client and his or her family after a Child Protective Services report was made. The study begins by providing a brief history of founding concepts related to child abuse and neglect and the associated policies and legislation that has shaped the child welfare system over time. Additionally, the following chapters will analyze the relationship between the school social worker and the child client and his or her family first through the lens of John Bowlby and Mary Ainsworth's attachment theory. Secondly, this relationship will be examined through the lens of W.R.D Fairbairn's object relations theory. In the next chapter, the reader is introduced to the conceptualization and methodology of the project.

## **CHAPTER 2**

### **Conceptualization and Methodology**

This chapter will identify the specific components of the two chosen theories, attachment and object relations theory, to illustrate the challenges that school social workers face when filing a Child Protective Services (CPS) report on a child client. The concerns within the study address the best practices for school social workers, CPS caseworkers, lawyers and the involved family in order to make the most well-informed decisions on behalf of the child. This chapter will outline the methodological approach of this study. I will begin with an overview of concepts of each theory used in the paper. Within the overview will be an explanation of why I chose the specific theories rather than other theories. Principle terms used within the study will be defined. I will use a published case study to illustrate the role of a school social worker and her relationship with her child client. Lastly, in laying out the methodological design, author biases, strengths and limitations will be addressed.

### ***Conceptual and Theoretical Framework***

This study aims to use John Bowlby and Mary Ainsworth's perspectives on attachment theory and W.R.D Fairbairn's concepts of object relations theory to analyze the strong alliance that a child has with his or her primary caregiver. I have chosen these two theories in order to examine the phenomenon of what could happen to a school social worker and the child client and his or her family when a CPS call is made and no evidence is found. A CPS report greatly impacts the family dynamics and has an impact on how much the family wants to allow an

outsider into their home. Therefore, these are important theories in addressing the many facets of navigating not only the family system, but also the legal system.

Different types of early experience such as abuse, neglect, institutionalization, duration and extent of adverse experiences, different temperamental and genetic traits, IQ, cognitive ability and varying degrees of caretaker availability and behavior all influence a child's presentation and suitability for different types of treatment. (Zilberstein & Messer, 2010, p. 85)

It is through these adverse experiences that attachment theory and object relations theory become relevant and important theories. Knowledge of the child's attachment to his or her primary caregiver and whether or not a child is able to hold a person as a whole object or uses the defense mechanism of splitting are the guiding factors examined within this study. Examining points within each theory allows all the social service providers involved to make the most well-informed decision for the child's physical, emotional and developmental safety. I have chosen to focus this study on elementary school age children because "the literature on school age children is less coherent" in order to provide more clarity on the effects of child abuse and neglect on this population (Zilberstein & Messer, 2010, p. 85). I hope to expand upon the research that already exists.

On one hand, attachment theory examines the potential insecure and secure connection that a child has to his or her parent or primary caregiver. Attachment theory clearly demonstrates potential reactions that a child has to his or her parent when the parent comes and goes out of the child's life (Bowlby, 1958). On the other hand, Fairbairn's object relations theory demonstrates the cyclical pattern of abuse and how child abuse and neglect is replicated through generations (Berzoff, 2011). Moreover, object relations theory is relevant to this discussion because it delves into the internal world of the child and how much the child needs to feel loved and cared for by his or her parent.

## **Attachment Theory**

Bowlby (1958) was one of the first theorists to recognize that a child enters the world predisposed to socially interact with other human beings (Fonagy, 2012). Children and adults are continuously learning how to interact and react to one another. This begins to establish household routines and expectations. Attachment theory is centered on the concept of a *secure base* that must be created in order for the infant to begin to feel safe in the world (Fitton, 2012). Having a secure base is important for this study because "children with attachment disorders, by definition, have experienced inadequate early care and exhibit an inability to form relationships on which they can depend for security, care and as a base for safe exploration" (Zilberstein & Messer, 2010, p. 85). The concept of *secure base* as defined by Carlson (1998); Green & Goldwyn (2002); Solomon & George (1999) is important when evaluating how the child relates to the school social worker because it examines the larger impact that a child's home environment will have on him or her throughout his or her life (As cited in Zilberstein & Messer, 2010). Bowlby (1958) states that attachments are biologically driven because infants and children seek out comfort from the adults around them in order to feel safe and taken care of (As cited in Fonagy, 2012).

Another significant aspect of attachment theory is Mary Ainsworth's experiment of the "Strange Situation" (Fonagy, 2012). Shillkret & Shillkret (2011) state that Ainsworth found that it was not the children's reaction when the mothers left the room, but rather the behavior when the mothers returned to their children that was the most telling of the attachment style of the children (As cited by Berzoff, 2011). This is important because it plays out in how the school social worker positions him or herself with the child client in relation to him or her family. Shillkret & Shillkret (2011) wrote that Ainsworth's experiment showed the level of trust that the infant had in his or her mother and the amount of stability and reliability his or her mother was

able to give in order to meet the child's needs (As cited in Berzoff, 2011). Furthermore, Liberman (2003) wrote that "Observations are important because parents often miss attachment cues or overlook other signs of anxiety or need for care" (As cited in Zilberstein & Messer, 2010, p. 88). Missing attachment cues of children is important for CPS caseworkers to know about because it will help the caseworker to know what will be the most beneficial in helping with parenting.

Furthermore, Ainsworth categorized attachment styles as secure, ambivalent and avoidant (Mennen, 2005). The study will focus on children with *ambivalent* and *avoidant attachment*. Shillkret & Shillkret (2011) remark that in the "Strange Situation" experiment children with ambivalent attachment styles became upset when the mother left the room and responded with excitement when she returned to the room; there was a level of dependency along with hostility (As cited in Berzoff, 2011). Shillkret & Shillkret (2011) continue by stating that children with avoidant attachment styles did not object when their mother left the room and did not respond right away when the mother returned to the room (As cited in Berzoff, 2011). This understanding of how anxious/ambivalent attachment impacts children's connections with their primary caregiver is important. Affection or lack thereof informs the decision of whether or not to keep the child within the home to separate the child from the home.

"Clinicians must determine how the child uses the parent figure, particularly when in distress" (Zilberstein & Messer, 2010, p. 88). For example, children with insecure attachment displayed emotions such as "inappropriate laughter followed by [an] emotional collapse" (Main & Hesse, 1990; As cited in Mennen, 2005, p. 580). Shillkret & Shillkret (2011) reported that Ainsworth found that infants with ambivalent attachment did not know how to respond to their

parent's return because of the untimely and misattuned responses to the infant's needs (As cited in Berzoff, 2011).

Attachment theory highlights how important it is to think about the whole picture of how CPS reporting might impact the child's safety and well-being. In seeking out comfort from their parents, children are looking to have their parents "reflect flexibly on attachment and emotional expressions, to recognize them and to resonate their meaning for the child, insecure parents tend to minimize the child's experience" (Zilberstein & Messer, 2010, p. 88). It is for this reason that attachment theory is one of my chosen theories to best examine and understand what is needed when working with children of abuse and neglect.

This study will also use the concept of *internal working model* through an attachment lens. George (1996) identified a defining aspect in understanding a child's internal working model in relation to the child's attachment figure. "Importantly, qualitative differences in attachment reflect different patterns by which the infant organizes his or her behavior, thoughts, and feelings toward the attachment figure"(George, 1996, p. 413). In looking at this notion through the attachment lens Kerns & Richardson (2005) state

As children age, they increasingly rely on both their internal working models of attachment and ongoing parental guidance to help them cope with new challenges. Attachment thus remains influential, even as children are required to demonstrate independent social and cognitive judgment in new arenas such as school, peers, and activities. (As cited in Kilberstein & Messer, 2010, p. 88)

George (1996) writes that the key to understanding the internal working model is to carefully examine the meaning behind the child's behaviors. Through the attachment lens, a school social worker can evaluate the child's internal working model in order to create a treatment plan and to learn how best to work with the family.



## **Object Relations Theory: W.R.D Fairbairn**

Whereas attachment theory evaluates the level of connection that a child has to his or her parent, object relations theory examines the way individuals internalize their interactions with each other (Berzoff, 2011). "The term *object relations* thus refers not only to 'real' relationships with others, but also to the internal mental representations of others and to internal images of self as well" (Berzoff, 2011, p. 119). Children are a vulnerable population because of their dependency for survival on their parents. In furthering and understanding the challenges of working with suspected families of abuse and neglect, Fairbairn's object relations theory identifies the internal struggle within a child of abuse and neglect.

The internal struggle is also known as the *internal working model* (Mennen, 2005). The internal working model plays a slightly different role when seen through the lens of object relations theory in comparison to attachment theory. This term is used to describe the specific aspect of Fairbairn's idea about self and other "which reflect current situational cues as well as the person's developmental history and characteristic ways of processing social information" (Westen & Klepster, Ruffins, Silverman, Lifton, Boekamp, 1991, p. 407). The internal working model in object relations theory, similarly to attachment theory, gives understanding to how the child sees him or herself in relation to those around him or her. For example, if the child client is self-blaming instead of blaming his or her parents for their actions this awareness will help both the school social worker and the CPS caseworker begin to analyze and suspect what might be happening within the child's home.

This study will focus on the concept of *splitting* and *repetition compulsion*. Fairbairn (1943) describes *splitting* that happens within the ego. There are two different objects identified within the defense mechanism of splitting. The *exciting object* holds onto the possibility that promises will be fulfilled. However, the parent usually continues to not be able to fulfill their

end of the promise. This leads to the rage and anger of the *rejecting object* that hates the child's exciting object, which continues to have hope that one day the parent will satisfy the child's needs (Fairbairn, 1943). When children are splitting it is evident in their actions and how they respond to the school social worker. It is important for school social workers to recognize when the defense of splitting is happening because they will have to work hard to hold the space for his or her child client to begin to see them as a whole object. This is challenging for both the child client and for the school social worker because the child is reworking his or her internal working model and learning that it is possible for an adult to give consistent responses that meet the needs of the child in the moment. Meeting the needs of the child is important because within the child's home he or she is experiencing the opposite; he or she is finding any way possible to please his or her parent in order to avoid abuse or neglect (Celani, 1998). Fairbairn called this cycle the *repetition compulsion* (Celani, 1998).

"Object relations perspectives have focused on the intrapsychic dynamics that lead to abuse. It has frequently been noted that child abuse is reacted to as if he or she were the parent's original, disappointing parent (Tuohy, 1987). This reaction stems from a process in which abusing parents perceive their children as reflecting their own intrapsychic defenses" (Arcaya & Berger, 1990, p. 619). The study will use the concept of the *repetition compulsion* to demonstrate the complexities within the therapeutic alliance as the social worker is managing the relationship with his or her child client in addition to understanding the parent's childhood. Understanding the parent's past and the challenges he or she grapples with due to the responsibilities of being a parent is beneficial when CPS is involved because it will help the caseworker to make referrals that will be the most beneficial for the parent's needs.

Lastly, through object relations I will be using the term *ghosts in the nursery*, which can be seen as furthering the understanding of how the cycle of repetition compulsion impacts the parent-child relationship. Fraiburg, Adelson & Shapiro (1974) identify and use the term *ghosts in the nursery* when examining how the parent's past can lead to child abuse and neglect. Ghosts in the nursery refers to parents who are impacted by the way that they were parented and potentially the parenting styles of generations before them (Fraiburg et al., 1974). The influence of past parenting can be seen through not knowing how to meet the needs of the infant and feelings of being overwhelmed. Also, parent's feelings of being stressed and feeling like they do not have the right skills to take care of his or her child. Parents may not be consciously aware of when and how the ghosts of their past entered into their child's nursery (Fraiburg et al., 1974). These past ghosts can show up through tasks of needing to discipline or toilet train the child, which brings up feelings of frustration and inadequacy (Fraiburg et al., 1974). This concept is relevant to the relationship between the school social worker, CPS caseworker and the parent in terms of how to best work with the parent's insecurities.

### ***Case Material: Matthew Lightfoot and his sister Jennifer***

In the chapters that follow, the phenomenon of the school social worker's relationship with a child of suspected abuse and neglect is going to be further supported by the use of a published case study. I will be assessing the therapeutic alliance through a case study written by Barbara J. Carlozzi and edited by Suzanne M. Dugger and Laurie A. Carlson (2007). The case study is taken from *Critical Incidents in Counseling Children*. Attachment theory and object relations theory will be highlighted further through the integration of the case material. This specific study was chosen because Carlozzi was an elementary school social worker and her case demonstrated an example of the role of a school social worker in a child's life. The case study

describes a brother, Matthew Lightfoot, and his older sister Jennifer who came in together into Carlozzi's office to report an incident of child abuse. The perpetrator was a friend of their family who had sexually molested Matthew Lightfoot one night (Dugger & Carlson, 2007). Matthew at first was scared and nervous to admit to what had happened to him and through the insistence and push from his sister he began to tell his story (Dugger & Carlson, 2007). Carlozzi (2007) depicts the many avenues that she began to interact both directly and indirectly with Matthew. The role of a school social worker will be further identified and illustrated through the phenomenon chapter. Additionally, the following chapters will use specific aspects of the case material to illuminate how theories are integrated into social work practice. This case will be written into the study through the use of italicized font that will indicate the direct text taken from the case material.

*Matthew Lightfoot, ten years old, and his sister Jennifer, twelve years old, came into their school social worker's office saying, "We need to talk to you". When asked what this was about Jennifer replied, "something private". Jennifer urged her brother to tell the school social worker what had happened to him. Matthew slowly began his story about how he had been molested by a friend of the family. Their family friends had invited Mathew and Jennifer to spend the night at their house. As Matthew was falling asleep the husband had come into the room and moved Matthew into his and his wife's bed. The husband than began "rubbing" Matthew "down there", Matthew pointed to his genital area. Matthew reported that he pretended he was asleep. The school social worker learned that the wife was in the bed while this was happening. As the story unfolded the school social worker learned that anal intercourse had taken place between the husband and Matthew.*

*In terms of the family background, Matthew and Jennifer identify as American Indian. Matthew had already reported what had happened to his mom and aunt, in addition to his sister. When the school social worker said that she would be calling their mom to let her know about filing a Child Protective Services report (CPS), Matthew said his mom was not going to pick up the phone. Matthew continued to stop by the school social worker's office and ask when the police were going to come and arrest the family friend. No legal action took place after the report was made. The school social worker learned that the parents of Matthew and Jennifer had gotten into a fight when Child Protective Services came to their house. The parents continued to fight and Matthew admitted that his dad was always working and that he didn't feel like he had a mom. His sister raised him and his younger siblings. Matthew reporting feeling "grumpy, that he was losing friends, and his mom was mad at him"; the school social worker empathized with Matthew saying that it was understandable to feel angry and that counseling could help him. The school social worker learned that although the parents said they were going to bring their child in for counseling, the father "had said that no one was going to tell him how to raise his kids". For the rest of the school year, Matthew would stop in or the school social worker would hear about him from teachers. However, she was not able to do long-term therapy with him (Carlozzi; As cited in Dugger & Carlson, 2007, p. 57-69).*

### **Author Biases**

There are many possible biases that impact the scope and information of this study. Some of the researcher biases come from the cultural and societal lens from which I was raised. Growing up as part of the dominant race and in a two parent household where no abuse occurred, the ways in which I think about "healthy" families leads to my own biases and prejudiced view of how I think about families where abuse occurs.

I also came into this study with the personal experience of having been supported by many school faculty and staff throughout my academic career. It was with the help of this support that I learned how to be my own advocate. I believe one of my biases comes from wanting to be a school social worker. I want to help students to learn how to speak up for themselves and to be heard both by their family members and by teachers. My bias comes through my own idealization of what a school setting could offer. My fantasy school has enough funding for teachers to not be overwhelmed, a social worker based in each school that could establish relationships with the students, teachers and families within the community and for students of all races, cultures, religions, and sexual orientation to feel accepted and to not feel discriminated against. My personal experience in schools may affect my viewpoints about the importance of having a teacher or school social worker that students can trust and relay their stories to. I intend to use my personal experience to demonstrate the importance of viewing a child holistically and allowing the caregiver's voice to be heard when navigating an institutional system.

### ***Strengths and Limitations of the Methodological Design***

The strength of doing a theoretical thesis allowed me to delve fully into two theories, attachment and object relations. Attachment theory and object relations theory compliment each other to the extent that they allow for a deeper understanding of the difficulties in the potential to separate a child from his or her parent. However, on the other side, the limitation of doing a theoretical study is that it only encompasses the small volume of literature and research that I was able to gather. A qualitative study on this subject may have allowed for a wider range of information and variance on this subject, such as if I had chosen to interview school social

workers about their experience when interacting with both the families of their children clients and the CPS caseworker.

Another limitation of this study can be found in the cultural and societal changes that have occurred since the theories were first written. For example, the definition of a family has changed over time. Much of the pressure of parenting was and continues to be placed on mothers; we as a society either blame mothers for not doing enough or blame mothers for doing too much (McCluskey, 2010). Societal implications and consequences will be illustrated further in each chapter.

In the following chapter, the phenomenon of the many aspects acting on the therapeutic alliance between a school social worker and his or her child client of suspected abuse and neglect will be further discussed.

## **CHAPTER 3**

### **Phenomenon**

This project examines the possible impact on the therapeutic alliance between a school social worker and his or her child client when the school social worker has initiated a Child Protective Services (CPS) report. This chapter explores the phenomenon of the school-based clinical social work therapeutic alliance, specifically examining complications to the alliance created by potential CPS involvement. First, the chapter will provide a brief history of child abuse mandated reporting, highlighting the role the school social worker has in this process. Then, this chapter will describe the multiple roles a school social worker holds with potential child clients (clinician, potential CPS reporter, and simultaneous support to the child during the reporting process). Finally, this chapter will review the literature, which explores the larger systemic implications of race and ethnicity on the treatment of a child's primary caregivers as they navigate a CPS report.

#### ***History of Child Abuse***

In thinking about the definition of child abuse and neglect, Thompson & Jacobson (1991) contextualize the importance of knowing the societal values and morals in which child abuse and neglect is defined. For example, Thompson & Jacobson (1991) state that,

The very definition of child maltreatment, that is, the decision as to what constitutes abuse, and the specific prevention and intervention measures designed to combat it are based on value judgments as to the acceptable range of parenting practices and child outcomes our society permits and the perceived costs and



benefits of intervening into family life on behalf of children. (As cited in Peled & Kurtz, 1994, p. 248)

Additionally, DeMause (1974); Radbull (1968); Zigler & Hall (1989) found that "Throughout history, children have been subjected to domination, abandonment, infanticide, beatings, mutilations, slave labor, and countless other forms of abuse" (As cited in Peled & Kurtz, 1994, p. 248). The recognition and labeling of child maltreatment as a social problem became more prevalent in the United States in the 19th century (As cited in Peled & Kurtz, 1994). Giovanni (1989) wrote, "The industrialization process, with the ensuing economic changes that produced child labor in factories, family disruption, and the growth of poverty in large urban centers, made child suffering increasingly visible" (As cited in Peled & Kurtz, 1994, p. 249). Zigler & Hall, (1989) found that in the United States, "the year 1874 is commonly recognized as the date when child maltreatment became a national concern" (As cited in Peled & Kurtz, 1994, p. 249). A story of extreme child abuse spread throughout the country when a 10-year-old girl, Mary-Ellen, was found "chained, beaten, and neglected by her adoptive parents"; this "marked the beginning of a deliberate, widespread, and organized response to child maltreatment" (Peled & Kurtz, 1993, p. 249). There were no laws at this time to specifically address child abuse and neglect by caretakers (Peled & Kurtz, 1993). This case was brought to court by a member of the Prevention of the Cruelty to Animals (Peled & Kurtz, 1993). The issue of child abuse and neglect continued to gain momentum and attention. The Society for the Prevention of Cruelty to Children was established in 1875 and it later became the national American Humane Association (Peled & Kurtz, 1993). The need for such dedicated organizations was critical because

Child abuse remained a child welfare system concern, but its public and political visibility ebbed until the 1960s, when the physician Henry Kempe organized an interdisciplinary symposium on child abuse for the American Academy of Pediatricians and coined the term 'battered child syndrome'. (Peled & Kurtz, 1993, p. 249)

Kempe, Silverman, Steele, Droegmueller & Silver (1985), found that:

Most often the child's general health is below par, and he shows evidence of neglect including poor skin hygiene, multiple soft tissue injuries, and malnutrition...A marked discrepancy between clinical findings and historical data as supplied by the parents is a major diagnostic feature of the battered-child syndrome. (p. 144)

As findings and knowledge have come to the public's attention more and more research has been done to figure out how best to prevent child abuse and neglect. Kempe et al., (1985) define the battered-child syndrome as

A term used to characterize a clinical condition in young children who have received serious physical abuse, generally from a parent or foster parent. This condition has also been described as 'unrecognized trauma' by radiologists, orthopedists, pediatricians, and social service workers. It is a significant cause of childhood disability and death. Unfortunately, it is frequently not recognized or, if diagnosed is inadequately handled by the physician because of hesitation to bring the case to the attention of the proper authorities. (p. 143)

The hesitation surrounding reporting child abuse and neglect is a major factor in the systemic implications and the learned practices about how best to manage suspected child abuse and neglect. Smith Slep, Heyman & Snarr (2011) found that not only is there physical abuse, but emotional abuse, which can create side effects as impactful as physical abuse. Egeland, Weinfield, Bosquet, & Cheng (2000) define emotional abuse as having "significant emotional and social/behavioral consequences for children across development, included disrupted attachment" (As cited in Smith Slep et.al., 2011, p. 783). The national definition within the United States that has remained mostly unchanged since it was stated in the Child Abuse Prevention and Treatment Act of 1974 (Barnett et al., 1993). This law defines,

Child abuse and neglect means the physical or mental injury, sexual abuse, and negligent treatment, or maltreatment of any child under the age of eighteen by a person responsible for the child's welfare under circumstances which indicate the child's health or welfare is harmed or threatened thereby. (As cited in Peled & Kurtz, 1994, p. 252)

Abuse occurs among all socio-economic backgrounds. Kempe et al., (1985), found that more often than not the level of education and financial status did not matter, but whether or not there was abuse throughout the generations. Many physicians did not know how to address the abuse with parents and caregivers. Barnett et.al. (1993) found that "extreme poverty, the absence of harsh guidance, and the lack of acceptable moral behavior on the part of parents or their children constituted child abuse by definition" (As cited in Peled & Kurtz, 1994, p. 249). Values and morals are constantly changing throughout the years, thus making it more challenging to determine what is appropriate and how to define child abuse and neglect (Peled & Kurtz, 1994). "Values evolve historically and vary cross-culturally. Parental practices that were acceptable only a generation ago (and that are still normative in many contemporary cultures) are now considered examples of maltreatment in North American society" (Peled & Kurtz, 1994, p.248). Taking this into consideration when looking at "the physician's duty and responsibility to the child [it] requires a full evaluation of the problem" (Kempe et al., 1985). It became the physicians responsibility to evaluate the child due to the huge amounts of child that are maltreated each year.

Given that estimates indicate over one million children are maltreated each year (U.S. Department of Health and Human Services, 1981, 1988); that these children suffer from a range of difficulties, including cognitive deficits, impaired relationships, and low self-esteem (Aber & Allen, 1987); and that maltreated children remain at increased risk for emotional maladjustment and social difficulties that have a lasting impact upon North American society (Dubowitz, 1986); research focused upon child maltreatment remains of particular importance. (Peled & Kurtz, 1994, p. 259)

Child abuse and neglect continues to remain a serious issue in the public eye because of the lasting impact it has on the child (Peled & Kurtz, 1994).

### ***Laws Surrounding Mandated Reporting and Child Abuse and Neglect***

Barnet et al. state that "Child maltreatment and its relation to social policy issues cannot be fully understood without considering the values and philosophies prevalent in the society in which it occurs" (As cited in Peled & Kurtz, 1994, p. 248). Child protection legislature has been slower to translate into laws in the United States (Schriber, Fuller, Pacey, 2013). Some Federal laws that impact the relationship between a school social worker and his or her child client have aided in raising awareness and consciousness about the detrimental consequences of child abuse and neglect. (Retrieved from The U.S. Department of Child Welfare). Giovanni (1991) found that "With the enactment of child dependency statutes, first localities and then states were empowered to remove children from the custody of parent perpetrators and to expend public resources for their care" (As cited in Peled & Kurtz, 1994, p. 249).

Willis et al. (1992) stated that, "Prompted by the work of Kempe and his colleagues, the Children's Bureau focused upon the problem of abuse and the reporting of suspected cases. By 1967, every state had enacted a child abuse and neglect reporting law" (As cited in Peled & Kurtz, 1994, p. 249). In 1974 the Child Abuse Prevention and Treatment Act (CAPTA) was established to give grants to states that were working towards the prevention of child abuse and neglect by identifying and addressing the problem. In order for eligible states to be granted funding they had to enact mandatory reporting laws to show the steps that they would take (Retrieved from The U.S. Department of Child Welfare). CAPTA was reauthorized in 2010. The revision provides state funding to support "prevention, assessment, investigation, prosecution, and treatment activities, and also provides grants to public agencies and nonprofit organizations" (Retrieved from U.S. Department of Health and Human Services). The most recent law, the Child and Family Services Improvement and Innovation Act of 2011 helped to fund and to train the mandated reporting professionals in how best to respond to families

involved with Child Protective Services (Retrieved from The U.S. Department of Child Welfare). CAPTA has helped to establish the Office on Child Abuse and Neglect (Retrieved from the U.S. Department of Health and Human Services, 2011). The Office on Child Abuse and Neglect is in charge of establishing "resource centers for the purpose of providing information and training to professionals working in the field of child abuse and neglect" (Retrieved from Authenticated U.S. Government Information, 1996, p. 8).

Alongside the established battered-child syndrome and Federal Laws, there were also child abuse prevention programs being created in the 1970s. Ko and Cosden (2001) found that 88% of elementary school districts in Southern California incorporated school-based victimization preventative work in order to help kids reduce and prevent themselves from being harmed. School-based programs recognized the importance of teaching students about all the different types of abuse. Topping and Barron (2009) wrote about three categories of abuse: non-contact abuse, contact abuse, and penetrable abuse. Topping and Barron (2009) wrote that to

Recognize child abuse and other types of abuse [we need to] distinguish between appropriate and inappropriate touching [in order to] tell the difference between good and bad secrets [to] say 'no' or [to] avoid unwanted approaches, tell an adult, [kids] know that they were not to blame, and use strategies to reduce the likelihood of being abused or to report abuse. (p. 442)

Pinheiro (2006) found that as more awareness was made surrounding child abuse and neglect, mandated reporting has expanded to most professions that are in contact with children and families.

The UN Convention on the Rights of the Child established that government is the main body responsible for preventing and responding to violence against children, considering children as rightful participants with particular attention to ensuring that children are recipients of the safeguard mechanism supporting human rights. (As cited in Pietrantonio, Wright, Gibson, Alldred, Jacobson & Niec, 2013, p. 103)

Svevo-Cianci et al. (2010) stated that there are three main categories in this preventative measure, “mandates (laws, regulations, and policies); mechanisms/interventions (education, service programs, and data management); and child outcomes (performance measures of the child’s health, development, and well-being)” (As cited in Pietrantino et.al., 2013, p. 103). Each state has its own laws listing the specifics of who is legally mandated to report cases of child abuse and neglect. Generally speaking, most states require social workers, medical and mental health professionals, teachers, and child care providers. There are states such as, California, which require a longer list. California law requires school personnel, including school social workers to report.

Reports are made to Child Protective Services (CPS) who define themselves as,

A division within State and local social services and is at the center of every community's child protection efforts. In most jurisdictions, CPS is the agency mandated by law to conduct an initial assessment or investigation or reports of child abuse and neglect. It also offers services to families and children where maltreatment has occurred or is likely to occur. (Depanfilis & Salus, 2003)

Child Protective Services views itself as working in conjunction with all of the mandated reporters listed above. The United States Department of Health and Human Services, Children’s Bureau uses the Federal fiscal year (FFY) to assess statistics of child abuse. It was found that,

For FFY 2011, 51 States reported (unique count) 676,569 victims of child abuse and neglect. The unique count of child victims counts a child only once regardless of the number of times he or she was found to be a victim during the reporting year. The FFY 2011 unique victim rate was 9.1 victims per 1,000 children in the population. (p. 19)

There are many reasons why changes in the process of reporting have occurred (Friedrich & Einbender, 1983). CPS works with the mandated reporters in order to provide safety to children, to provide choices for families, and to encourage honest and open communication. The process involves an intake, initial assessment or investigation, family assessment, case planning, service provision, evaluation of the family, and case closure (Depanfilis & Salus, 2003). The

responsibilities of CPS caseworkers are to "assess the safety of children; intervene to protect children from harm; strengthen the ability of families to protect their children; provide either a reunification or an alternative safe family for the child" (Depanfilis & Salus, 2003, p. 25).

### ***The Role of the School Social Worker***

The National Association of Social Work (2012) defines the role of a school social worker as "a complex and specialized field of practice that is affected by changes in education policy, research, and practice models that continue to evolve". Stuart (1986) "described the role orientation [of school social workers] as one of 'mutual adaptation' because of the social worker's attention to both children and families and teachers and schools to support the educational process" (As cited in Corbin, 2005, p. 240). Phillippo & Stone (2011) cite that "once every decade or so for the past 40 years, prominent scholars in the SSW [School Social Work] field have noted a tendency toward individually focused casework among practitioners and have then called for a shift toward more systemic forms of practice such as school leadership, whole school prevention programming, and policy advocacy" (Allen-Meares, 1977, 1993,1994; Costin, 1969a, 1969b, 1975; Frey & Dupper, 2005). There was a large increase of school social workers during the 1970s and 1980s (Peckover et al., 2013). "Most recently, school social workers have been integral players in school-wide efforts to meet the demands of the No Child Left Behind Act of 2001 (NCLB) and the Individuals with Disabilities Education Act (IDEA)" (Peckover et al., 2013, p. 10). The combination of these Acts suggests school social workers use a "response to intervention" model, focusing on early prevention, in order to best respond to the academic and behavioral needs of the students (NASW, 2012).

School social workers not only provide direct services to children who require basic needs or exhibit challenging behavior, but also lead prevention efforts that support children through building the capacity of family members, other school staff, and community agencies to improve student outcomes. (NASW, 2012, p. 5)

There is a need for a micro as well as a macro approach to school social work (Phillippo & Stone, 2011). Frey & Dupper (2005) describe four quadrants where

Practitioners might choose strategies involving individuals, small groups, and families, targeting environmental change (quadrant A); large groups or systems, targeting systems change (quadrant B); individuals, small groups, or families, targeting individual student change (quadrant C); or large groups or systems, targeting individual student change (quadrant D). (As cited in Phillipppo & Stone, 2011, p. 71)

Corbin (2005) wrote that much of the work that school social workers are doing is individualistic, "centering on activities such as assessing student problems, explaining student problems to others, providing educational counseling to students and parents, facilitating school-community-pupil relations, and providing counseling to individual students" (Allen-Meares, 1994; Costin, 1969; Lambert & Mullaly, 1982; Meares, 1977).

A way for the school social worker to enhance his or her role within the school setting is to get more involved in policy making and leadership roles (Corbin, 2005). "Their absence from these decision-making processes means that their knowledge of and ability to conceptualize the psychosocial issues affecting children and adolescents in the educational setting is not used" (Corbin, 2005, p. 240). It is very important to maintain a macro lens in order to stay tuned into the ways in which policies are changing through the years as well as the impact that the policies have on children suffering from abuse and neglect (Corbin, 2005).

### **School Social Workers and Making CPS reports**

There is a bureaucratic feeling in how schools and other institutions manage the influx on how students are channeled through schools (Phillippo & Stone, 2011). The National Center for Education Statistics found that,

As immigration, increasingly prevalent and enforced compulsory education laws, child labor laws, and social reform together pushed hundreds of thousands of children into schools, the U.S. public school population more than tripled in size



from 1870 to 1920, with over 21 million students enrolled by the end of this period. (As cited in Phillippo & Stone, 2011, p. 75)

With this influx of students enrolling in school it became a scramble for educators to figure out how all students were going to get educated (Phillippo & Stone, 2011). Additionally, there is a monumental number of children in need of mental health services that go under the radar in schools (Lynn, McKay & Atkins, 2003). Ruffolo (1998) alongside of the National Institute of Mental Health (NIMH) (1990) "estimates that 11 to 14 million children in the United States (approximately 17 percent to 22 percent) experience serious emotional difficulties" (As cited in Lynn et al., 2003, p. 197).

The role of a school social worker as a mandated reporter has only recently been closely examined (Johnson et al., 2007, As cited in Chanmugam, 2009). The Federal Child Abuse Prevention and Treatment Act of 1974 (CAPTA) put into law those considered mandated reporters, and social workers were included. CAPTA has continued to be amended over time as needed (U.S. Department of Health and Human Services, 2011).

There are many challenges that school social workers face when it comes to filing a Child Protective Services Report (Sege & Flaherty, 2008). Some of the barriers that Sege & Flaherty (2008) site are due to lack of information from the child and his or her family (As cited in Pietrantino et al., 2013). The lack of information can be a consequence of not feeling comfortable with the way that the school is being run. Peckover et al., (2013) stated that during the 1960s priority was being placed on strengthening the school social worker's relationship between the school and the community in order to best support the student. Additionally, Zigler & Stevenon (1993) described how social service workers and mental health professionals can "play an important advocacy role in creating a positive climate for the enactment of policies on behalf of children, monitoring the conditions of their lives to insure that needed improvements

are made, and educating the public and policy makers about their needs" (As cited in Peled & Kurtz, 1994, p. 259). This perspective can provide a strong sense of advocacy and a feeling of agency on both sides of the therapeutic alliance (As cited in Peled & Kurtz, 1994).

### ***The Therapeutic Alliance***

Initial sessions can be challenging for many client/therapist dyads. Especially when working in cross-cultural relationships which are more likely to result in misunderstandings (Keenan, Tsang, Bogo & George, 2005). Krause et al. state that there "is a variation and fluid nature of many issues related to psychotherapy within and between cultures (e.g., meanings, patterns, social interaction, patterns of self-disclosure, affective expression, authority, etc.)" (As cited in Keenan et al., 2005, p. 272). There are many nuances in the therapeutic alliance as the therapist is learning about his or her client's experiences of how he/she lives (Keenan et.al., 2005).

Binder and Strupp (1997) define the therapeutic alliance as a "bi-directional process' where the therapist and client mutually influence each other during psychotherapy" (As cited in Keenan et al., 2005, p. 276). The larger umbrella behind this phenomenon will be looking at the implications of ruptures and repairs on this said alliance. Safran (1993) defines a rupture as "a negative shift (in) the quality of the therapeutic alliance or an ongoing problem in establishing one which can vary in intensity and duration" (As cited in Keenan et al., 2005, p. 273). Ruptures can be seen through a variety of responses such as withdrawal and confrontation, thus requiring the therapist to react in a multitude of ways, which also vary according to the cross-cultural backgrounds (Keenan et al., 2005). The therapist should always be working towards furthering trust between himself/herself and his/her client. For example, "indirect communication of negative feelings, compliance, distancing, avoidance because the client is partially disengaging

from the therapist, one's feelings, or part of the therapy process" (Keenan et al., 2005, p. 274).

This is heightened when working with children and their families. The therapist is supporting his or her child client in addition to working with the family.

When working in a school there is a large web of influences acting on the therapeutic alliance (Chanmugam, 2009). Therefore, it is important for the school social worker to work holistically with all staff and faculty within the school when handling cases of child abuse and neglect. Amy Chanmugam (2009) maps out nine influences acting on the dyad. Chanmugam (2009) then takes this web one step further to depict the intertwined and complex web when Child Protective Services is added into the picture. Nine outside influences expand to sixteen, which include: CPS, the principal, counselors from the child's school and potentially more schools depending on if that child has siblings at other schools. The complex web is connected to other community agencies, parent(s), the perpetrator, law enforcement, and extended family members. Children are a vulnerable population who are dependent on their family members and adults for their early developmental years in almost every aspect of their lives (Chanmugam, 2009).

### **Therapeutic Alliance within a School Setting**

There are many layers within the therapeutic alliance between a school social worker and their child client. The roles of school social workers are to "address the problems that caused absenteeism, [assist] with behavior problems, [act] as liaison between home and school, and [make] referrals to appropriate agencies" (Agresta, 2004, p. 151-152). Additionally, the school social worker is placed in a school to empower at-risk students (Altshuler & Webb, 2009). It is the role of the school social worker to support his or her child client while helping to navigate

family relationships, the school system, and, when needed, Child Protective Services

(Chanmugam, 2009). Callahan (1964) and Ravitch (2000) state

The typical organization of U.S. schools is highly bureaucratic, characterized by a division of labor, task differentiation, hierarchical chains of command, written procedures that clarify and delimit individuals' responsibilities, and expertise-based role for employees. (As cited in Phillippo & Stone, 2011, p. 74)

Many times the child is not given a voice during the process and the school social worker can help to make sure the child is heard (Chanmugam, 2009). Another aspect that is important for school social workers to pay attention to is how students are being labeled and sent to them (Phillippo & Stone, 2011).

School representatives have often labeled students (often from distinct ethnic or socioeconomic status subgroups) as academically or behaviorally problematic, from families that do not support the school's mission, or in some other way inappropriate when in fact they present family responsibilities, learning or interactional styles, cultural customs, or psychosocial issues that simply do not match well with how schools are structured and how, in turn, students are expected to learn and perform. (Phillippo & Stone, 2011, p. 75)

School social workers face a lot of pressure from the educational system to differentiate treatments depending on the above presenting problems, in addition to "attendance, truancy issues, special education and child and youth mental health" (Phillippo & Stone, 2011, p. 75).

This greatly impacts the therapeutic alliance and the need for cultural sensitivity especially when working in an institution that has its own bureaucratic pressures to succeed (Phillippo & Stone, 2011).

### ***The Process of the Child's Disclosure***

Sorenson & Snow (1991) describe different types of disclosure, which they label as "accidental versus purposeful, and the various motivations for disclosure revealed that these elements appear to be age-and-development related" (p. 13). The school social worker's role is to support the child who is processing the fears surrounding what may happen from his or her

disclosure. Kenny (1998) "noted that professionals may feel torn between issues of confidentiality and child protection laws" (As cited in Chanmugam, 2009, p. 145). This is a delicate and fragile issue as the child begins to become vulnerable with the social worker. Additionally, the school social worker should be supportive during the process of disclosure by making note of how the child is relaying the information (Sorenson & Snow, 1991). Sorenson & Snow (1991) also state the importance of being aware that "policies and procedures geared only to those children in active disclosure not only fail to recognize the needs of the majority but may actually place children at increased risk" (p. 12). Part of the school social worker's role in maintaining the therapeutic alliance during this time is to be mindful and intentional about the language that he or she is using with the child client. Sorenson & Snow (1991) state that disclosure is a process that happens over time, "similarly, if the phase is viewed as an isolated event that ends or limits the extent of the child's support and contact with the system, then the child may become fixed at one phase and be unable to resolve it or progress" (p. 14).

Crewdson (1988) & Faller (1988) found that "Twenty-two percent of the children recanted their statements. Recanting has become a recognized phenomenon in child sexual abuse cases, particularly cases of incest". However, from this group "93% later reaffirmed the original complaint of abuse" (As cited in Sorenson & Snow, 1991, p. 14). It is during this time that the school social worker should demonstrate ways in which they will continue to support and to show concern for their child client during this fragile time (Sorenson & Snow, 1991). The disclosure process is a challenging road for school social workers to navigate (Friedrich & Einbender, 1983).

Children may tell their friends about an event of abuse or neglect that happened to them. Those peers may then want their friend to tell an adult because they are scared for their friend's

safety (Sorenson & Snow, 1991). Age plays a role in disclosure, for example; elementary aged kids show different responses than adolescents. "Purposeful disclosures took place in 25% of the cases, with adolescents being significantly more likely than their younger counterparts to consciously decide to tell, motivated mainly by anger at the perpetrator" (Sorenson & Snow, 1991, p. 13). Looking at this topic from another point of view, Sorenson & Snow (1991) also found that "Pressure from perpetrator, pressure from family, negative personal consequences, videotaping, retelling parents, judicial proceedings, investigatory police or CPS" were reasons why children might recant their stories (p. 13). It is always important to take all of this into consideration when contemplating making a report to Child Protective Services and how the reporting process will impact the child and their family (Sorenson & Snow, 1991).

### ***The Child Client and their Family: The Population***

Friedrich & Einbender (1983) have used categories in order to assess how "age, sex differences, classification of the abuse and neglect, reoccurrence of the abuse, single versus multiple children, ethnic differences, family intactness, and intellectual and cognitive status of abused children all impact the outcome" (p. 246). Friedrich & Einbender (1983) found reports from hospital staff stating, "60% of abused children are less than two years old (Ebbin, Gollub, Stein & Wilson, 1969, Lauer, Boreck & Grossman, 1974, Smith & Hanson, 1974, p. 245). The younger the child the more care and attention is needed for that child's development.

Additionally, young children are a vulnerable population because of their dependence on the caregiver and therefore, are not able to physically defend themselves (Friedrich & Einbender, 1983). All of this being said, children of abuse and neglect should not be singled out to solely children under the age of two years old. Friedrich & Einbender (1983) pointed out a potential bias to the reports taken from emergency rooms saying that younger children may be

overrepresented. Next they assessed sex differences and the role that gender plays in child abuse and neglect cases. Gil (1970) "proposed that the increase in physical abuse of girls as they enter adolescence may reflect parent-child conflicts over the daughter's developing sexuality" (As cited by Friedrich & Einbender, 1983, p. 245). Friedrich & Einbender (1983) define classification of abuse as the physical marks left on children, such as bruises, burns, fractures etc. The American Humane Association (1981) found that there was a higher likelihood of minor physical abuse of internalized bleeding, in comparison to reports of major physical abuse such as burns and bone breaks (As cited in Friedrich & Einbender, 1983).

Reoccurrence of child abuse and neglect is common. Ebbin et al. (1969) "reported that half of the abused children in sampled populations have had previous abuse or are re-abused" (As cited in Friedrich & Einbender, 1983, p. 245). In cases of reoccurrence there were usually three-to-five more reports of abuse for that child or his or her siblings (Friedrich & Einbender, 1983). Taking into consideration the amount of reoccurrences in one family Gil (1970) "suggested that...the use of physical force tends to be part of a general pattern of child rearing, rather than just one isolated incident" (As cited in Friedrich & Einbender, 1983, p. 245). Asnes & Leventhal (2010); Vitale, Squires, Zuckerbraun, & Berger (2010) found that "The presenting child is not the only potential victim to suffer the consequences of delayed or failed reporting of maltreatment; all children in a family are at increased risk for abuse when one child is known to be physically abused" (As cited in Pietrantino et al., 2013). Friedrich & Einbender (1983) discuss how within larger families or families that are under higher levels of stress will have a higher risk of abusing or neglecting their child. It takes patience and knowledge of child development.

When examining the role of race and ethnicity in cases of child abuse and neglect, Gil (1970), stated that "factors found to explain a higher level of abuse in non-white families are: 1) discriminatory attitudes and reporting practices; 2) lower socioeconomic conditions among non-whites; and 3) different ethnic child rearing practices" (As cited in Friedrich & Einbender, 1983, p. 246). The last category that Friedrich & Einbender (1983) look at is the intellectual and cognitive status of abused children. Sandgrund, Gaines & Green (1974) found that, neurological problems either came from the impact of the abuse or neglect itself or in response to the abuse or neglect (As cited in Friedrich & Einbender, 1983). The way that behaviors are modeled at home will dictate the child's behaviors and intellectual and emotional development.

### ***The Family's involvement in the Process of CPS Reporting***

It is important to debunk the societal myths surrounding child abuse and neglect (Peled & Kurtz, 1994). Researchers "are exposing the 'they' versus 'us' myth that portrays child abusers as being distinctly 'different' from other parents as well as the myth that abused children inevitably grow up to be abusers themselves" (Kaufman & Zigler, 1992; As cited in Peled & Kurtz, 1994, p. 256). When a social worker meets a family where child maltreatment is suspected, it is beneficial for the worker to figure out ways in which to avoid placing blame and shame on that family (Peled & Kurtz, 1994). Additionally, Loman (2006), found that when faced with reoccurrence mandated reporters should assess, not only, the family but also "the inadequacy of existing child welfare intervention strategies, and the demand of disproportional amounts of child welfare resources" (As cited in Zhang, Fuller & Nieto, 2013, p. 883). CPS within the United States is made up of many federal, state and local laws in order to respond to child abuse and neglect (Font, Berger, Slack, 2012). There are public policies and funding for public and private organizations that work directly with children and families at risk of child maltreatment



(Font et.al., 2012). All of these services and agencies widely vary across states and counties. "However, the multi-step process through which a family becomes involved with and moves through CPS is relatively consistent throughout the nation" (Font et.al., 2012, p. 2189). Cleaver & Freeman (1995) looked at how parents were treated during the process of being investigated by Child Protective Services studies have found that,

The treatment a family receives is likely to determine the extent to which the family will co-operate with the agencies, and that the quality of the families' experience may well be an influential factor in the ability of agencies to adequately monitor the well-being of vulnerable children. (As cited in Ghaffer, Manby & Race, 2012, p. 888)

Ghaffer et al., (2012) studied British families and assessed their involvement with CPS and what made their involvement successful and what could have been improved. Ghaffer et al., (2012) did a qualitative study looking at British families and their feelings towards their social workers and CPS case workers. I feel that much of what is written aptly applies to how families would like to be treated in the United States. At the same time, it is important to note that the policies surrounding the way in which CPS reports are made in the United Kingdom can not be applicable due to the differing justice systems existing in the United States. Cleaver & Freeman (1995) stated that a CPS report may be routine from the perspective of the professionals involved, but from the perspective of the families, the involvement of CPS can be traumatic and disrupt the homeostasis of how the family functions (As cited in Ghaffer et al., 2012, p. 889).

In the United States, nearly 2 million families were reported to and received a response from Child Protective Services (CPS) in 2010 (U.S. Department of Health and Human Services, 2011). For most families, the initial visit from CPS is an unwelcome surprise that typically elicits intense negative feelings of fear, anger, or shame from parents (As cited in Schreiber et.al., 2013, p. 707).

There is high stress involved in an outsider coming into the family. If the family does not feel that their voice is being heard it can be disorienting and scary (Ghaffer et al., 2012). A CPS worker's initial job is to work with the family's reluctance and fears (Schreiber et al., 2013). The

report that is made to CPS is rarely made by the family itself; it can be disorienting and threatening when a CPS worker enters a family's home without advance notice (Schriber et al., 2013). The more the family feels that they can openly participate in the process the better their relationship is going to be with their social worker. Corby et al., (1996) "in their study of parental participation in case conferences, found that many parents felt they were objects in the assessment process, rather than participants" (As cited in Ghaffer et al., 2012, p. 889). There were fewer feelings of anger when the family felt more willing to cooperate because of being treated fairly (Ghaffer et al., 2012). When there were cases involving domestic violence, the victims felt blamed which made the process more nerve-wracking (Ghaffer et al., 2012). One challenging barrier that Trotter (2006) found from the perspective of a CPS worker is that he or she

Often experience a conflict between their dual roles of ensuring the safety of children, which includes the possibility of removing them from the home, versus supporting the families and helping them gain skills to overcome their problem. To reduce the tension caused by this ambiguity and role conflict, CPS workers and agencies may find it easier to focus on the forensic aspects of the work rather than engaging parents in the process of behavior change (As cited in Schriber et al., 2013, p. 707).

Schriber et al., (2013) found that many parents perceive a CPS worker's role as someone who will remove their children. Parents more often than not do not have the full information about the CPS process. Parents find it helpful to have the process explained to them from the very beginning by the CPS worker or the social worker (Schriber et al., 2013).

Another aspect that is important to assess is the power dynamic between the family and the school social worker. Fook (2002) stated that

Notions of power and partnership are important to understanding of relationships between professionals and service users. Foucault's analysis of power, discussed by Fook (2002), recognizes that power is exercised through the processes and structure of social relations. Power can be used to 'control and restrict, to form and transform' (As cited in Ghaffer et al., 2012, p. 890).

It is important to recognize the power dynamics at play, especially as the family is first getting involved in the intervention process (Ghaffer et al., 2012). Additionally, Dumbrill (2006) found that in qualitative studies with parent interviews demonstrate that the "workers' use of power in their relationships with parents was a key determinant of how parents choose to respond to CPS intervention" (As cited in Schriber et al., 2013, p. 708). Throughout this process, the ultimate goal is the safety of the child. Corby & Petrie (2003) "identify a continuum involving 'providing information; involvement; participation; and partnership' which is not an end in itself but a means by which children are to be protected and their welfare promoted" (Corby & Petrie, 2003, p. 388; As cited in Ghaffer et al., 2012, p. 890). Brown (2006) ; Dumbrill (2006) state that "When parents perceive child protection workers as using power 'over them' in ways that are coercive or penalizing, they most often respond by either openly challenging the worker or by 'playing the game' and feigning cooperation" (As cited in Schriber et al., 2013, p. 708). Schriber et al., (2013) quoted a parent who,

Appreciated caseworkers who took the time to calmly and carefully describe what was going to occur. 'Because it was [not] just like most people when they talk to you, they come in and tell you this is what's gonna happen. She actually sat down with us. She talked to us. She explained things to us'. (p. 711)

Family feedback is very important in continuing to better the system and the impact that it has on families (Ghaffer et al., 2012).

### ***Systemic Implications: Racial and Ethnic Disparities Among Families involved in CPS reporting***

Shaw, Putnam-Hornstein, Magruder, & Needell, (2008); U.S. General Accounting Office, (2007) stated that

In the United States, information collected by Child Protective Services (CPS) agencies suggests that child maltreatment is not randomly distributed throughout the population (U.S. Department of Health and Human Services, 2011). Rather data indicate that children of different racial/ethnic groups are subjected to abuse

and neglect at different rates. Black children are over represented among maltreatment victims, whereas Latino and white children are typically underrepresented. (As cited in Putnam-Hornstein, Needell, & Johnson-Motoyama, 2013, p. 34)

It is only recently that research studies have begun to look at the disparity amongst populations that are reported for child abuse and neglect, and why this disparity exists. Over the last two decades there have been large efforts to assess racial biases in mandated reporting (Putnam-Hornstein et al., 2013). The "individual(s) charged with making ...crucial decisions most often do so in a context of incomplete information. As such, there is the potential for bias in children and families based on factors (e.g. socioeconomic status, race, ethnicity) other than child safety (as outlined by law)" (Font et al., 2012, p. 2189). Some of the already established factors for being at risk for child abuse and neglect are "poverty, limited education, single-parent status, environmental stress... burdens disproportionately borne by families of color" (Putnam-Hornstein et. al., 2013, p. 34). The inter-subjectivity of race and ethnicity are complexly interwoven into the interaction between economic, social, political, and environmental factors that impact the health of individuals and communities in the United States (Putnam-Hornstein et al., 2013). Putnam-Hornstein et al., (2013) look at the birth rate and longitudinal impact of babies born to families using public health insurance in California. They examined

Racial disparities in the socioeconomic and health indicators predictive of children's involvement with CPS, and racial disparities in the rates of children reported to CPS as well as disparities in rates of substantiation and entry to foster care, both before and after adjusting for socioeconomic and health indicators. (p. 34)

It was found that when isolating one leading factor such as lower socio-economic status (SES), Black children were actually less likely than white children for referrals to enter the foster care system (Putnam-Hornstein et al., 2013). However, data also shows that while race and ethnicity are not the salient factors they do serve as a proxy. Putnam-Hornstein et al., (2013), recognized

the deeply entrenched racial disparities and differences of treatment depending on the race and ethnicity of the individual. Within this study Black children were found to be twice as likely as white children to be referred for maltreatment and to enter the foster care system. That being said, attention needs to be paid to the risk factors of the correlates between low socio-economic status, young maternal age, absent fathers, and poor child health. Putnam-Hornstein et al. (2013), found that "Black children were born with a significantly higher concentration of correlates of child maltreatment compared to their white (and Latino) counterparts... When adjustments were made for these correlates (taking SES out of the equation), we found that low SES Black children were significantly less likely than low SES white children to be referred, substantiated, or to enter foster care" (p. 42). Putnam-Hornstein et al., (2013) suggest that in order to assess for who is more readily impacted by Child Protective Services it is important to isolate the correlates. However, this does not negate the overarching disadvantages that children of minority race and ethnicities have to manage in the face of CPS reports. Putnam-Hornstein et al., (2013) use the term epidemiologic defined by Acedivio, Garcia & Bates (2007). Acedivio et al., (2007) state that "epidemiologic or health paradox (which) typically, refers to a pattern of morbidity and/or mortality for particular groups (e.g., Latinos, immigrants) at odds with expectations based on the group's socioeconomic profile" (p. 42). It can be easy to blame the victim without looking at the lack of resources in the greater society (Acedivio et.al., 2007).

Putnam-Hornstein et al., (2013) wrote that,

Parenting in a resource-deprived environment does not bode well for child development, well-being, or child safety. So it is perhaps not surprising that this and other studies have found that most children who are reported to CPS are born into families with limited economic, social, and human resources. (p. 43)

The reasons for why a family is of a lower socio-economic status and their knowledge of parenting and child development are manifold, thus it is important to keep this in mind in

assessing the systemic implications of how families are impacted by Child Protective Service reports (Putnam-Hornstein et al., 2013).

### ***Conclusion***

In this chapter I have discussed the history of child abuse and neglect and how this has led to mandated Child Protective Service reporting. I have laid out the role of the school social worker and the role of the school social worker as mandated reporter. I discussed the potential challenges that can arise during the therapeutic alliance. There is pressure from two sides. The school social worker has to navigate the school system and the child client has to navigate disclosing and how his or her family will react. I described the way the family members feel when working with CPS. When the family members feel that they are given a voice they are more willing to cooperate with the school social worker and the CPS case manager. I have also covered the systemic implications of families impacted by child abuse and neglect. Cases of child abuse and neglect can occur throughout all socio-economic backgrounds. I have discussed the potential for biased CPS reporting depending on the race and ethnicity of the family. There is research showing the salient overarching disadvantages to children who are born into low socio-economic status and into families with minimal knowledge about parenting and child development. Race and ethnicity are not the most salient factors, but they do serve as a proxy behind the biases and potential discriminatory practices of CPS reporting without all of the information at hand.

In the next chapter I will review attachment theory and the challenges that school social workers face when working within a family system. I will do so through a published sexual abuse case study written by Carlozzi (2007), edited by Dugger and Carlson (2007).

## CHAPTER 4

### Attachment Theory

Shillkret & Shillkret (2011) write that,

Attachment theory began as and still is primarily a theory of development, perhaps the most widely studied and influential developmental theory of the second half of the twentieth century. Attachment theory is considered a psychodynamic theory because it relies critically on a concept of unconscious (the idea of 'internal working models') and because it assumes the primary importance of early experience in influencing the development of interpersonal behavior (As cited in Berzoff, 2011, p. 186).

In presenting attachment theory I will be weaving in case material that has been edited by Dugger and Carlson (2007). They present a case that was written by a school social worker, Barbara Carlozzi. Within this case Carlozzi (2007) outlines the importance of a social worker being in a school setting as a resource for students to be able to turn to in times of trauma. Carlozzi's (2007) office was an open office for not only appointments, but for students to be able to enter and ask for advice and help in times of need. Specifically, in the example that will be interwoven throughout the chapter the school social worker's office was in a centralized location where student's such as Matthew Lightfoot and his sister Jennifer felt that they could stop by at any moment.

Social workers use the widely accepted attachment theory to guide their work in understanding the bond between a child, his or her primary caregiver and the fears surrounding reporting a scary story of sexual abuse to an outsider as in the case presented above (Dugger & Carlson, 2007). I will intertwine the case presented above throughout my findings.

In the following pages I explore attachment theory as a framework for understanding the relationship between a school social worker and his or her child client. The first section focuses on the fundamental aspects of attachment theory by looking at the findings of John Bowlby and Mary Ainsworth. In this section, I will also critically assess the child welfare system through the lens of attachment theory. In the second section I will describe the relationship between a school social worker and demonstrate how he or she can be the best support for a child of abuse and neglect. I will be looking at the importance of a school and will explain how it can provide support and early intervention to a student. I will have a section on therapeutic techniques to strengthen the alliance between the school social worker and the abused and neglected child client. I will briefly look at how memory impacts the process of the child's disclosure.

In the third section I will focus on attachment between child and his or her parents. I will assess how workers at Child Protective Services can most accurately make decisions through evaluating the level of attachment that said child has to his or her family. I will present research that looks at the importance of including families as well as children in the reporting process. In the fourth, and final, section I will present a critical analytic lens to look at cultural critiques of attachment theory as a useful model for understanding a variety of family and parenting dynamics.

### ***Attachment Theory: Understanding the Principles of the Theory***

Shillkret & Shillkret (2011) state "Attachment theory has ... become so relevant today because it is evidence based, research supported, and therefore holds a unique place in clinical practice" (As cited in Berzoff, 2011, p. 186). Attachment theory began with the work of John Bowlby in the middle of the twentieth century and was further developed by the work of Mary Ainsworth (As cited by Berzoff, 2011, p. 187). John Bowlby's theory of attachment was



influenced by his early work volunteering at a school for maladjusted students (Fonagy, 2012). Furthermore, Shilkret & Shilkret (2011) wrote "This experience, as well as his questions about the cool, distant parenting he had experienced himself, common in his culture of upper-class socioeconomic group, convinced him of the importance of early parenting experiences in the subsequent development of the child and it set his professional course" (As cited in Berzoff, 2011, p. 187). "Bowlby (1958) was among the first to recognize that the human infant enters the world predisposed to participate in social interaction" (Fonagy, 2012, p. 6). This concept was established by Bowlby's study in which he observed the connection between the infant-mother bond and its' influence on 'juvenile thieves' (Fonagy, 2012, p. 6). "The one factor that distinguished the thieves from the clinic children was evidence of prolonged separation from parents, particularly striking among those whom he termed 'affectionless'" (Fonagy, 2012, p. 6).

Mary Ainsworth studied the impact of the prolonged separation between the infant and the mother further in her study, "The Strange Situation" (Berzoff, 2011). Attachment theory is centered on the concept of a 'secure base' that must be created in order for the infant to begin to feel safe in the world (Fitton, 2012). "Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1988, p. 27). Attachment theory states that human beings are innately organized to create attachments with other human beings (Owusu-Bempah & Howitt, 1997). Barnett & Vondra (1999); Bretherton (1985); Crtobal (2003); Waters et al. (2002) wrote,

Attachment theory emerged, in part, as an alternative to psychoanalytic theory to explain why separation causes anxiety in young children, to explain the similarities between childhood and adult loss and mourning, to explain the process of defenses in the human psyche, and to explain the mechanisms of social behavior from infancy that affect and influence the development of the

personality along a continuum from healthy to debilitating. (As cited in Fitton, 2012, p. 122)

Mary Ainsworth's work in the 1970s helped to clarify the concepts of Bowlby's attachment theory (Fonagy, 2012). Ainsworth's work, which stemmed from empirical studies in Africa "has led attachment theory to be widely regarded as probably the best supported theory of socio-emotional development yet available" (Bowlby, 1988, p. 28). Ainsworth set up the "Strange Situation" (Fonagy, 2012). In this experiment she would expose the child to small separations from his or her mother in order to understand how the child would handle the separation from his or her mother. This was a half-hour procedure that measured the quality of the infant-mother connection (Berzoff, 2011). Ainsworth assessed how a child responded to the mother leaving the child in an unfamiliar room. She looked at the actual response from the child. Ainsworth et al. (1978) found that

At least in older children upset by laboratory separation, it is not the mother's absence but rather her apparently arbitrary behavior that accounts for the child's distress and the relief occasioned by her return. This more elaborate, dynamic-cognitive model could then be extended to the clinical literature on maternal deprivation that had been reviewed by Bowlby. (As cited in Fonagy, 2012, p. 11)

As written by Shilkret & Shikret (2011), Ainsworth soon realized that the reaction and attachment when the mother returned was that "even more important is how the infant responds to the mother's return" (As cited in Berzoff, 2011, p. 191). Ainsworth found that a secure attachment is manifested in the cries of the infant upon the mother's return and the "use of the mother to calm down and to begin to explore the novel environment at her encouragement" (Berzoff, 2011, p. 191). A child with secure attachment demonstrates that he or she is trusting that his or her mother will be there when the exploring becomes too overwhelming and the child needs to return to the comfort of his or her reliable mother. Shilkret & Shilkret (2011) write that the Strange Situation "procedure is appropriate only for infants from twelve to eighteen

months... furthermore, an older child, even a two-year-old, would not respond like this; an older securely attached child would not be as bothered by the mother's brief absence" (As cited in Berzoff, 2011, p. 191). It is from this procedure that Ainsworth was able to categorize and separate out two different types of insecure attachment. These types are labeled as avoidant and ambivalent (Berzoff, 2011). Avoidant infants showed no protest when their mother left the room and also did not immediately respond when the mother returned. Shilkret & Shilkret (2011) state, ambivalent infants were found to get quite upset when the mother left the room and were happy to welcome the mother's return, "clinginess alternated with anger ...these caregivers might not be frankly neglectful; but their responses to the infant's needs are usually not timely or effective in reducing the infant's particular need of the moment" (As cited in Berzoff, 2011, p. 192). Children with ambivalent attachment were not sure how to respond to their mother's return because they could be met with a multitude of responses that may not match their current needs.

Bowlby (1958, 1975, 1982a ) stated that "Attachment is a biological necessity and the mother-infant/child bond is the primary and essential force in the infant and child development" (As cited in Fitton, 2012, p. 122). Bowlby found that the attachment relationship between infant and mother is comprised of both "pleasure and enjoyment. Barnett & Vondra (1999) found that stress occurs from sudden or prolonged separation from the attachment figure and permanent loss causes grief and mourning" (As cited in Fitton, 2012, p. 123). Children with good attachment are easily "comforted, demonstrate cooperation in interpersonal relationships, and actively explore new situations" (Mennen, 2005, p. 580).

Additionally, "children with secure attachments develop internal working models of their caregivers/mothers as available, responsive, and helpful should they encounter an adverse situation". Owusu-Bempah & Howitt (1997) define and use the term internal working model. It

is defined as "mental representations (or templates) that children form about their relationship experiences with their attachment-figures. These representations then become the child's belief system about the social world" (p. 200). The internal working model plays a relevant role in attachment theory because it dictates how children will attach to other adults throughout their lives (Owusu-Bempah & Howitt, 1997). Bowlby and Ainsworth,

Proposed that the earliest attachment styles (and an infant can form a small number of attachments) become the basis of internal working models of attachment (IWMs), which are internal templates of schemas of interactions, defining the expectations of infant and young child for what close relationships are like. In later childhood, adolescence, and adulthood, these IWMs, significant parts of which function unconsciously, determine interpersonal expectations and behavior, especially with important people in one's life - one's friends, lovers, children, teachers, bosses, therapists. (Shilkret & Shilkret, 2011; As cited in Berzoff, 2011, p. 193)

An individual's internal working model can change over time depending on potential secure or insecure attachment experiences that the individual can develop with mentors in school or in an intimate reciprocal relationship (Siegel, 1999). A student of Ainsworth, Mary Main, took the concept of Internal Working Model further. Main came up with the Adult Attachment Interview (AAI) which looked at the attachment styles of adolescents and adults based on feelings of separation and loss in relating to past and current attachment figures (As cited in Berzoff, 2011). "Bowlby, the originator of this theory, saw early attachment experiences as the bedrock upon which all future interpersonal relationships are founded" (Owusu-Bempah & Howitt, 1997, p. 199).

Bowlby's critical contribution was his unwavering focus on the infant's need for an unbroken (secure) early attachment to the mother. He thought that the child who does not have such provision was likely to show signs of partial deprivation - an excessive need for love or for revenge, gross guilt, and depression - or complete deprivation - listlessness, quiet unresponsiveness, and retardation of development, and later in development signs of superficiality, want of real feeling, lack of concentration, deceit, and compulsive thieving. (Bowlby, 1951; As cited in Fonagy, 2012, p. 7)

Traumatic experiences stem from unbroken early attachment to the mother and or caregiver (Fonagy, 2012). These early life experiences will create profound effects on the "deeper structures of the brain, which are responsible for the basic regulatory capacities and enable the mind to respond later to stress. Thus we see that abused children have elevated baseline and reactive stress hormone levels" (Siegel, 1999, p. 13). Siegel (1999) asks the questions of "why does attachment theory, which on the surface sounds simple, have such profound implications?" and "Why doesn't it happen in all families?" (p. 21). Siegel (1999) continues by stating,

During early development, a parent and child 'tune-in' to each other's feelings and intentions in a dance of connection that established the earliest form of communication. Mary Ainsworth's early studies suggest that healthy, secure attachment requires that the caregiver have the capacity to perceive and respond to the child's mental state. (p. 21)

There are many behaviors that lead the child to interact and therefore, attach with the primary caregiver. A child can cry, smile, and laugh. All of these expressions will help the child to bring his or her caregiver physically closer to him or her (Fonagy, 2012). This understanding of the lasting impact of a child's attachment and the necessary interactions between a child and his or her primary caregiver is an important lens to view the positives and negatives of the child welfare system.

### **The Child Welfare System**

A public health approach to child maltreatment would address the range of conditions that place children at risk for abuse or neglect, not just at the individual and family levels but also at the community and societal levels. To use an analogy from the environmental field, a public health approach expands the focus from individual 'engendered animals' to encompass the broader 'habitat and environmental factors' that place species at risk. (Zimmerman & Mercy, 2010, p. 4)

Zimmerman and Mercy (2010) raise the question of how can child welfare systems be more community focused in understanding and preventing child abuse and neglect? "An optimal

balance can be achieved between these reactive and proactive elements of child maltreatment prevention" (Zimmerman & Mercy, 2010, p. 6). This is important when thinking about the child welfare system, how we define violence and abuse, and then take action to prevent that abuse from occurring further. Lieberman, Zeanah and McIntosh (2011) state that there is a great disparity about how violence is currently defined.

For example, for some women from Mexico and Central American and other traditional cultures, there is a tendency to notify slapping as violence or pushing as violence. And there is often a tendency to think that Americans over-emphasize or pathologize violence. (p. 531)

These differences of ideas in what constitutes violence greatly impacts how the child welfare system functions.

The goal of the Child Welfare System is to make sure that a child has a good enough base of early attachment experiences (Mennen, 2005). Another goal is to protect "children from maltreatment... and to provide opportunities for them to become healthier and well functioning children and adults" (Mennen, 2005, p. 577). In understanding the profound experiences that a child has when he or she is growing up and the impact on him or her throughout life it is important for the child welfare system to be aware of the level of attachment the child has to his or her caregiver(s) (Mennen, 2005).

Attachment theory has helped children's services professionals to understand the importance of the relationship between a child and his/her caretaker(s). The quality of the child's attachment has been found to predict adjustment in many domains, including social, psychological, behavioral, and cognitive domains. (Mennen, 2005, p. 578)

When greater attention is given to the child's attachment, there is a better chance for positive outcomes on the part of the child welfare system (Mennen, 2005). "Child welfare policy strives to use children's attachments as a guide to decisions about placement, but the demands of the system can interfere with this ideal" (Mennen, 2005, p. 578). Additionally, "a basic tenet of

(attachment) theory is that the degree to which children identify with their natural parents' backgrounds is dependent upon the amount and quality of information they possess about their parents" (Owusu-Bempah & Howitt, 1997, p. 201). However, it is also possible for a child to feel or to become connected and attached to non-biological parents (Owusu-Bempah & Howitt, 1997). This knowledge is helpful when making a decision of what will be best for the child. Lieberman, Zeanah, and McIntosh (2011) state that when thinking about attachment relationships, family law sometimes has to make a decision in the best interest of the family and choose the parent who they hope can establish a secure relationship with his or her child (p. 531). For example,

From a fairness perspective, you would say, 'So right now, that is the way it's going to be. Over time, we'll see what we can do as the child gets older and better able to have their conflict at a level that is manageable, and certainly if it involves violence or unresolved trauma, then it's probably not in the child's best interest to be in the middle of something like that. It is a formula for disorganized attachment which places the child at increased risk for all sorts of trouble later on. (Lieberman et.al., 2011, p. 531)

There are many issues that can arise and get in the way of the ideal Child Protective Services response team such as overloaded caseworkers, lack of training in how to handle situations, "media attention, and political pressure" (Mennen, 2005, p. 578). All of these reasons can lead to decisions that are not in the best interest of the child and his or her family (Mennen, 2005). Suggestions have been made to build curriculum, innovative case management and enhancement of how CPS hires its employees (Camasso & Jagannathan, 2013). In order to best counteract the lack of training, it is suggested that caseworkers should have Masters in Social Work (MSW) to better work with families therapeutically. Those without an MSW should be in more of a supportive role (Mennen, 2005). These ideas of renovating the reputation of Child Protective Services would help families involved in services and mandated reporters have a better overall experience with the case managers at CPS (Camasso & Jagannathan, 2013).

### ***Attachment between the Child Client and the School Social Worker***

School social workers work with students by focusing on loss and attachment (Owusu-Bempah & Howitt, 1997). It is important to assess of feelings of loss and attachment, as well as separation, that the child might hold because it allows the social worker have a more holistic picture of the child client and his or relationship with his or her caregiver (As cited in Berzoff, 2011). For example, in the case study presented earlier, the school social worker, Carlozzi, (2007) wrote about potential treatment plans that she would have liked to implement, if she had had the chance. *Demonstrating cultural sensitivity in our counseling relationship, I would validate Matthew's feelings, reassure him that he was having a normal response to abuse, emphasize that he was not alone, and reaffirm my willingness to be a witness to his story and to help him feel better. In treating Matthew, I would also draw on play therapy, filial therapy, family consultation, and collaboration with a multidisciplinary team. Filial therapy (Landreth, 2002) teaches parents play therapy skills to enhance the parent-child relationship* (As edited by Dugger & Carlson, 2007, p. 66).

In the case example, the school social worker is explaining how she would assess the impact of the trauma on Matthew based on his play therapy. Shilkret & Shilkret (2011) state that attachment theory has recently been influential in many aspects of clinical social work, especially when assessing the impact of trauma on early and later experiences. "This understanding proves to be a strong tool in navigating the effect of attachment on the relationship between therapist and client" (Berzoff, 2011, p. 186). Clarke & Clarke (1999); Messer (1999) state, "There is now sufficient evidence suggesting that a child's early experiences can be overcome if therapeutic intervention takes place and emotional stability and security is provided" (As cited in Mennen, 2005, p. 580). The role of the school social worker is to work with his or her client in an effort to support the child to feel safe. For example, Owusu-Bempah & Howitt



(1997) state that children of abuse and neglect can be helped through "open and honest communication, to develop adaptive working models that will help them to negotiate their social environments successfully" (p. 200). Carlozzi (2007), the school social worker, is in a setting where it is possible to see the child client in a social environment, either indirectly hearing about the child from the classroom teacher, interactions in the hallway or during recess. *In the case of Matthew and Jennifer, the school social worker was able to check in again with Matthew when his teacher told her that he was upset and shaking and reported hearing a voice* (As edited by Dugger & Carlson, 2007, p. 64).

Safran & Segal (1990), emphasize the importance for social workers to continually reorganize their understandings of the child client's "interpersonal schemata or cognitive representations" (As cited in Owusu-Bempah & Howitt, 1997, p. 205). For example, abused children who form relationships with other adults who are able to emotionally support them are capable of developing secure attachment (Mennen, 2005). There is also the possibility that a child who was abused or neglected has an experience in a close relationship with a mentor, which allows that individual to change their "insecure working model (to be) more secure" (Mennen, 2005, p. 581). The opposite is also possible; an adult who has secure attachment can have an experience that will move his or her internal working model to more insecure attachment (Mennen, 2005). "One's internal working model has been found to change when an individual is able to make sense of a previous attachment pattern, for example, through psychotherapy" (Mennen, 2005, p. 581). Safran & Segal (1990) see the therapeutic relationship as a safe space to explore the "cognitive-affective processes and challenging (the) clients' interpersonal schemata" (As cited in Owusu-Bempah & Howitt, 1997, p. 205).

A child's disorganized attachment can enter into his or her therapy sessions (Chu, 2011). Children suffer more severely from abuse and neglect when their experiences are not validated and heard (Chu, 2011). Certain behaviors and routines are learned from birth as the parent and child are learning how to interact with each other.

For example, disorganized attachment can enter into the therapy session when the therapist leaves for vacation. A child whose parent has threatened to leave if he or she misbehaves may think that the therapist is leaving them because he or she has done something bad. "These reenactments of the early relational dilemmas lead to disabling difficulties in adult relational patterns in all domains - personal, social, and vocational relationships" (Chu, 2011, p. 67). These dynamics become a powerful tool for the social worker to work with in the therapeutic alliance, "as the therapist becomes the transference parent figure, capable of providing care but also the potential source of emotional harm" (Chu, 2011, p. 69). The experience of working with children of abuse or neglect can be "intense and unpleasant" (Chu, 2011, p. 73). It is the role of the social worker to hold the potential for all of these reactions and interactions within the therapeutic relationship. Additionally, "the school can and should become an integral part of the treatment process for the child who has a mild attachment disorder" (Parker, Kandis, Forrest & Donald, 1993, p. 3).

### **Connecting with Children in a School Setting**

"Schools are beginning to recognize that many of the behavioral problems that require a great deal of time and energy emanate from attachment issues" (Parker et al., 1993, p. 2).

Children's socio-emotional well-being is critical to school success, and attachment is the foundation of socio-emotional well-being. Because of this, education - from preschool to high school - can be more effective if they understand how attachment influences their students. Attachment influences school success through two routes: indirectly through attachment to parents, and directly through attachment to teachers and schools. (Bergin & Bergin, 2009, p. 141)

It is important for a school social worker to have direct contact as soon as possible with the child. J. Fay, personal communication, Feb. 26, 1991 wrote that children with insecure attachment are found to act out more in the classroom and there is not enough training to manage the behaviors (As cited in Parker et al., 1993, p. 2). Raymond (1990) found that, "Attachment disordered children are often bright but tend to act out, bully, frighten, or even harm other children at school. Unattached children have been known to be placed in up to 19 different homes where placements did not work out" (Parker et al., 1993, p. 2). These behaviors have been linked to insecurely attached children (Bergin & Bergin, 2009).

For example, as found by Frankel and Bates (1990); Main (1983); Moss and St-Laurent (2001) "insecure toddlers tend to have shorter attention spans and perform worse on cognitive tasks than secure toddlers" (As cited in Bergin & Bergin, 2009, p. 145). The amount of attention that a child receives and how often the child is spoken to at home will impact the child's "verbal ability, math ability, reading comprehension, and overall academic achievement, and (these children tend to) exhibit less curiosity than securely attached children" (Bergin & Bergin, 2009, p. 146).

It is important for these children to receive emotional support from school social workers because "schooling is a social endeavor" that requires students to navigate many different environments (Bergin & Bergin, 2009, p. 146). A child who feels disconnected from school can report feeling that nobody will notice him or her if he or she missed a day of school (Bergin & Bergin, 2009). "A child who is not bonded to schools feels lonely, outcast, and alienated" (Bergin & Bergin, 2009, p. 156). Children go through many transitions in their lives, "with each transition, children must adjust to new teachers, new class structure, and a new mix of peers" and

school social workers can be there to help the child walk through the transitions (Bergin & Bergin, 2009, p. 156).

The amount that a school is capable of doing to aid in school dynamic is also dependent on the financial budget of each individual school. When schools are able to hire professional therapists and social workers that have experience working with insecure attachment, children have a better chance of trusting and changing their internal working models (Parker et al., 1993). However, if the school is not given enough funding or decides to spend that funding elsewhere, children struggling in school due to child abuse and neglect "are often rejected rather than welcomed into the system in which they could receive the help they need" (Parker et al., 1993, p. 3).

### **Therapeutic Alliance: Giving the Child Client Strength and Validation**

Research findings indicate that maltreated children are likely to have mental representations of self characterized by a devalued sense of self, a mistrust of others, a tendency toward negative attribution bias, hostility, and a wariness of close relationships. (Mennen, 2005, p. 581)

Additionally, Chu (2011) discusses alternating ego states and being cognizant of the defensive schemas that a child brings into therapy. Chu (2011) derives therapeutic techniques that can be helpful when working with this population. These techniques include:

Identifying adaptive and maladaptive defenses, interpreting ego state switches as attempts to resolve relational dilemmas, gradually bridging dissociation between states, using transference and countertransference to understand relational patterns, and cultivating more adaptive interpersonal skills within the therapeutic relationship. (Chu, 2011, p. 76)

These issues should all be woven into therapy to "validate the essential elements of the patients' abuse" (Chu, 2011, p. 76).

"Healthy relationships require trust, self-disclosure, and reciprocity, so that true feelings can be shared" (Bergin & Bergin, 2009, p. 149). The social worker is there to help foster these

dynamics so that his or her child client can create healthy relationships. However, the therapeutic alliance is fragile and can fall to empathic failure (Chu, 2011). When thinking about how best to support the child client during this fragile time it is important to acknowledge "the reality of past victimization ... when coping with issues concerning therapeutic responsibility. Most patients with histories of abuse are typically burdened by undue feelings of responsibility for their having been victimized or abandoned" (Chu, 2011, p. 76).

The responses from a child when experiencing these strong feelings can lead to a flight or fight response (Chu, 2011). Fight or flight response was first "introduced by Walter Cannon (1929) the term 'fight-or-flight' [described] the body's physiological response to threatening stimuli in the environment" (Kunimatsu & Marsee, 2012, p. 249). The fight-or-flight response is manifested in an individual's behaviors of how he or she responds to aggression shown through the fight response, in comparison to fears and anxieties seen through the flight response (Kunimatsu & Marsee, 2012). Taylor et al. (2000) state "The stimulus [fight-or-flight] evokes, as well as in terms of the organism's perceived ability to potentially overcome the threat (As cited in Kunimatsu & Marsee, 2012, p. 249).

Owusu-Bempah & Howitt (1997) state that through the therapeutic alliance we cannot overlook the influences on the developing child "since: 'experience has shown again and again that if these factors are not looked for they are not found'" (Bowlby, 1944, p. 20; p. 205).

Therefore, paying attention to how the child is interacting with the therapist in response to the traumatic experience is crucial. Bowlby (1988) states that

Because of the patient's adverse experiences in the past, the patient may not believe that the therapist is to be trusted to behave kindly or to understand his predicament. Alternatively the unexpectedly attentive and sympathetic responses the patient receives may lead him to suppose that the therapist will provide him with all the care and affection which he has always yearned for but never had. (p. 140-141)

The therapist should aim to be attentive, predictable and empathetic to the potential client's responses.

Waldinger & Gunderson (1987); Wallerstein (1986) found "Reports of successfully treated patients have documented the importance of support and the significance of patients developing a positive attachment to the therapist" (As cited in Chu, 2011, p. 77). Many successes in the therapeutic alliance between a social worker and his or her child client happen when the child's behaviors are reframed as understandable and providing a purpose. However, it is then the role of the social worker to work with the child on how best to effectively channel his or her feelings (Chu, 2011).

Especially within a school setting it is helpful for a school social worker to work with a child on coping strategies when he or she needs to express his or herself and this behavior may be considered disruptive by a classroom teacher (Owusu-Bempah & Howitt, 19997). A social worker should exhibit "gentleness about interpretations directed at their traumas, and patience about expecting them to engage in stable therapeutic alliance or to do transference-based work" (Chu, 2011, p. 77). "Establishing and maintaining a positive therapeutic alliance is critical throughout the treatment of traumatized patients and begins the healing process for disordered attachment. ... Establishing empathic resonance before interpretation or confrontation is essential" (Chu, 2011, p. 77). This helps to give the child client his or her own agency of how he or she would like to move with his or her own therapy (Chu, 2011).

### **Memory in Relation to Disclosure**

"Memory is the way past events affect future function. Memory is thus the way that the brain is affected by experience and then subsequently alters its future responses" (Siegel, 1999, p. 24). "For over a century, clinicians have been aware of an impairment in the ability of older

children or adults to recall the first years of their lives" (Siegel, 1999, p. 43). Studies show that when a new interviewer questions children with unbiased questions there is far less likelihood for misinformation and false memory (Schaaf, Weede Alexander and Goodman, 2008). Eisen, Goodman, Davis and Qin (1998) work to bridge the gap on the lack of research surrounding children's memory and eyewitness testimony (As edited in Williams & Banyard, 1998). For example, the more interviews a child goes through the more the information is likely to be less accurate (As edited in Williams & Banyard, 1991). "However, repeatedly interviewing children in a less suggestive manner can have a positive effect on children's memory through rehearsal and/or reminiscence" (Brainerd & Ornstein, 1991; Dent, 1991; Howe, 1991; As cited in Eisen et.al., 1991; Edited in Williams & Banyard, 1991, p. 34). Therefore, when an interview is less intrusive the child is able to maintain and repeat the same information for each required interview (As edited in Williams & Banyard, 1991).

"Our minds use mental models of the world in order to assess a situation more rapidly and to determine what the next moment in time is most likely to offer" (Siegel, 1999, p 30). As children develop they become more aware of the physical world around them. At two years old children become more aware of their bodies (Siegel, 1999). "Semantic memory allows for propositional representations - symbols of external or internal facts that can be declared with words or in graphic form and can be assessed as 'true' or 'false'. Such semantic knowledge has been called 'noesis' and allows us to know about facts in the world" (Siegel, 1999, p. 35).

"Psychoanalytic writings from the past suggested that infantile amnesia is due to some traumatic, overwhelming experiences that are being blocked, and that one focus of treatment should be to uncover this 'repression barrier'" (Siegel, 1999, p. 43). Mitchell & Black (1995) relate blocked memory as "the product of mental warfare" (p. 214). The brain is making the

decision about whether or not this said life event is categorized as meaningful. If this event is labeled accordingly it will be more easily recalled in the future (Siegel, 1999). This is referred to as "'value-laden' memory" (Siegel, 1999, p. 48). Highly emotional events create a high stress response.

If events are overwhelming and filled with terror, a number of factors may inhibit the hippocampal processing of explicit memory, and therefore may block explicit encoding and subsequent retrieval. Such factors include divided attention, amygdala discharge, and release of noradrenaline and corticosteroids in response to massive stress. (Siegel, 1999, p. 47)

Schaaf et al., (2008) found that as the stress increased after a traumatic situation, children with insecure attachment had a difficult time recalling occurrences of the event. Children's memory suffer as stress increases (Schaaf et al., 2008). For example, "during a trauma, the victim may focus his attention on a non-traumatic aspect of the environment or in his imagination as a means of at least partial escape" (Siegel, 1999, p. 51).

The notion of implicit memory's influencing our experiences with others is one way of understanding our experiences of the complex feelings and perceptions arising within interpersonal relationships. ... These models can shift rapidly outside of awareness, sometimes creating abrupt transitions in states of mind and interactions with others. In this way, 'transference' - the activation of old mental models and states of mind from our relationships with important figures in the past - happens all the time, both inside and outside the psychotherapy suite. (Siegel, 1999, p. 34)

By tapping into the implicit memory, individuals can use this skill to move on from past experiences. Bowlby (1958); Goodman & Quas (1996) write that "Parental attitudes and behaviors may affect their children's opportunities to explore and conduct open discussions about life experiences" (As cited in Schaaf et al., 2008, p. 162). Due to the influence that parents have on their children it is helpful for individuals to learn about why he or she is responding in specific ways (Siegel, 1999). Ultimately, Eisen et al., (1991) found that it is very challenging to know how much the child is able to recall due to dissociation and compartmentalization due to



the fear of being overwhelmed by the traumatic event (As edited in Williams & Banyard, 1991). Therefore, the most accurate information warranting a Child Protective Services report comes from an interview having taken place in a low stress environment that does not overwhelm the child's feelings (As edited in Williams & Banyard, 1991).

### ***A Child's Attachment to his or her Family: Population***

When trauma occurs in childhood and interrupts the child's attachment, there are increased negative effects when the abuse and neglect happens within the family (Chu, 2011). There are specific relational patterns that are created between a child and his or her caregiver. Ainsworth, Blehar, Waters & Wall (1978) describe Bowlby's "Various attachment styles that were subsequently classified into three categories using Ainsworth's Strange Situation Procedure that assesses a child's emotions and behavior in reaction to a strange room, a stranger, and the comings and goings of a parent or caregiver" (As cited in Chu, 2011, p. 66). Attachment styles are categorized as secure, ambivalent and disorganized. I will be focusing on children with ambivalent and disorganized attachment. Children with anxious/ambivalent attachment show dependent as well as hostile interactions with their parent when they are feeling upset. Additionally, these children are aware of their caregiver's movements in fear of not seeing their caregiver again if he or she is out of sight (Mennen, 2005).

The child with anxious/ambivalent attachment will not spend much time in independent play when his or her caregiver is close by, instead he or she will cling to that adult (Mennen, 2005). For example, a child might cry and want to be picked up, but when held will want to climb back down. "This pattern tends to be promoted by a parent who is inconsistent or one who threatens abandonment to control the child" (Mennen, 2005, p. 580). "Children with disoriented/disorganized attachment patterns often demonstrate a mixture of avoidance, angry

approach responses, but also behavioral disorientation. For example, they might respond to their caregiver's departure with inappropriate laughter followed by emotional collapse...Disorganized attachments are believed to arise when a caregiver elicits fear in the infant" (Main & Hesse, 1990; As cited in Mennen, 2005, p. 580). This child may not know which emotion will elicit positive attention and therefore not know how to regulate his or her attachment to the caregiver (Mennen, 2005). It is particularly challenging for the child to attach to his or her parent when the parent is under a higher amount of stress. Mitchell & Black (1995) state,

The child is not traumatized by a sexual event, per se; the child is traumatized by parental character pathology. Because of the parent's inability to provide what is necessary, because of the interfering impact of the parents' own difficulties and anxieties, the child is distracted from the delicate project of becoming a person. (p. 209-210)

Therefore, the child's attachment style is a coping and survival strategy of how best to manage his or her parent's responses (Mennen, 2005). "The caregiving system is a subset of parental behavior designed to promote proximity and comfort when the parent perceives that the child is in real or potential danger (Cassidy, 1999, p. 10). The caregiving system ideally acts reciprocally to the child's attachment system" (As cited in Fonagy, 2012, p. 9).

These early reciprocal communication experiences are remembered and they allow a child's brain to develop a balanced capacity to regulate emotions, to feel a connection to other people, to establish an autobiographical story and to move out into the world with a sense of vitality. The capacity to reflect on mental states, both of the self and of others, emerges from within attachment relationships that foster such processes. (Siegel, 1999, p. 21)

A child's early life experiences, especially those in relation to his or her parent, are believed to form some of the child's first memories and "mental representations of self, others, and relationships. These mental representations or '*internal working models*' serve as perpetual filters through which social stimuli are interpreted" (Mennen, 2005, p. 580). These filters guide a

child's expectations of how he or she will behave in relationship to others throughout life (Mennen, 2005).

The infant experiences responses that are "nurturing, perceptive, sensitive, and predictable, and predictable caregiving" which are learned expectations of how his or her mother will respond to certain situations. This provides a sense of stability for the infant who is figuring out how the world works and what is safe" (Siegel, 1999, p. 32). Additionally, "Children who have more experiences of talking about their memories with their parents are able to recall more details about their lives later on. ...The talk in which children and parents engage prior to, during, and/or after an event works to organize, integrate, and, thereby, facilitate children's memory for it" (Siegel, 1999, p. 45). The communication between parents and children greatly impacts how a child will learn how to communicate their interpersonal experiences (Siegel, 1999). It is the parent's job to make sure that his or her child does not get truly overwhelmed. Parents are there to guide the child through each developmental stage, such as "learning affect tolerance and behavioral control, often intuitively utilizing the principle of 'optimal frustration' on which the child is progressively exposed to challenging situations in an incremental and stepwise manner, but never allowing the child to become truly overwhelmed" (Chu, 2011, p. 73). Additionally, a parent has to learn to distinguish between his or her child's cries such as, severe cries of distress and cries that do not need intervening (Chu, 2011). In turn, according to Cassidy (1994); Kobak et al. (1993); Sroufe (1996) children will "learn constructive coping strategies, feel comfortable communicating their emotions, are willing to take on emotionally challenging situations, and discuss 'hot' topics without anger" (As cited in Bergin & Bergin, 2009, p. 148).

Fraiburg, Adelson & Shapiro, (1975) found that

In those families where the ghosts of the parental past have taken up residence in the nursery... our therapy has brought the parent to remember and re-experience

his childhood anxiety and suffering, the ghosts depart, and the afflicted parents become the protectors of their children against the repetition of their own conflicted past. (p. 421)

Ghosts in the nursery refers to parents who are not able to connect with their children due to their own traumatic experience as children (Fraiburg et al., 1975). Fraiburg et al., (1975) state concrete implications of how ghosts in the nursery from the parent's past can help to understand why the caregiver may be responding in said way. This is beneficial to keep in mind when working towards a solution of how best to work with a family of a child of abuse and neglect.

### **Decision Making: Keeping the Parents in Mind During CPS Reporting**

In making a decision it is important to keep attachment theory in mind, especially when assessing the child's attachment to the perpetrator (Mennen, 2005).

A collaborative relationship that emphasizes therapeutic empathy is necessary to engage the maltreating parents. Development of collaborative model can be aided by supervision that focuses on empathy and clinical skills, in addition to the decision-making that is frequently the center of supervision. An examination of countertransference is particularly important given the culture of mother blaming which some researchers suggest may affect child welfare work and may influence the worker in an unconscious manner. (Mennen, 2005, p. 583)

Additionally, the child's attachment to the parent should play a major role in the provided services (Mennen, 2005). Researchers have found that when a child has complete severance from one of his or her biological parents there is a higher risk that the child will feel a sense of loss (Owusu-Bempah & Howitt, 1997). These feelings of attachment and loss can "withstand time and space; they can be maintained well beyond the point of separation from primary caretakers, regardless of the nature of early experiences" (Owusu-Bempah & Howitt, 1997, p. 203). Therefore, when working in conjunction with parents it is important to think relationally.

If the attachment between a child and his or her parent is not secure, but the maltreatment is not severe the likeliness of removing the child from the home is low. In this example, the

services provided and offered to the family should foster the parents learning about parenting (Mennen, 2005). In an example where attachment is poor and the maltreatment of the child is severe than a decision should be made about whether or not an outside placement would be the safest for both the child and the parent (Mennen, 2005). When maltreatment is severe, but there is a strong attachment between child and caregiver than plans should surround how best to relieve stressors in the family's life and assess the conditions that lead to potential maltreatment (Mennen, 2005).

This can be a common theme with serious stressors in the environment such as domestic violence or the advent of debilitating substance abuse. ... If it can be determined that the child can remain safe while remaining with the parent, then intensive intervention that supports both safety and remediation of the stressful situation may be the best solution. (Mennen, 2005, p. 585)

If the situation is not safe, than the worker needs to think about a temporary placement for the child (Mennen, 2005). "If the plan is to keep the child with the parent, then services should be intensive and focused on improving the quality of attachment as well as maltreating behaviors" (Mennen, 2005). The parents should always be included in the process of decision-making, especially in understanding and finding services that would best cater to their needs (Mennen, 2005). Successful interventions show that when a child is given "warmer and predictable parental behavior" children have a higher level of forming secure attachments (Tarabulsky, St-Laurent, Cyr, Pascuzzo, Moss, Bernier, Dubois-Comtois, 2008, p. 326). However, from these same studies, extra emphasis is placed on the idea "that changes in behavior are more readily integrated by parents when parental developmental history and representations of the child are addressed" (Tarabulsky et al., 2008, p. 326)

The evaluation of the family should assess for the ways in which the parents were raised and the parent's histories of potential abuse or neglect (Mennen, 2005). Fraiburg et al., (1975)

refer to attachments from the parent's past as ghosts. "The ghosts we know, represent the repetition of the past in the present" (Fraiburg et al., 1975, p. 389).

Understanding the history of the parent's attachments may also give the worker important insights into the feasibility of a kinship placement should removal from the maltreating parent be necessary. While this may seem like an overwhelming task, both history taking that centers on relationships and feelings about relationships, and the use of some brief self-report instruments that have been developed to assess adult attachments can help the worker make a beginning assessment of a parent's attachments in a relatively brief time. (Mennen, 2005, p. 584)

With the parent's attachment in mind, it is helpful to then think about how best to also help the parent to relate to his or her child. It is important to work with parents in this process to learn

Responses that continue to meet the emerging needs of the maturing child (which can be more difficult and foreign. Furthermore, developing responses that are considered appropriate for both the child as he or she develops an understanding of contexts, as well as what the caregiver considers appropriate based on her understanding of what is contextually and developmentally appropriate, can exacerbate this challenge. (Mirecki & Chou, 2012, p. 512)

The parent's histories of abuse and/or neglect may be better addressed in psychotherapeutic interventions, such as individual therapy for the parent (Mennen, 2005).

### **Decision Making: Child Focused**

In the court cases involving dependency, these decisions rarely result in a quick response. Instead the legal outcomes surrounding a child's safety can take months or years (Quas, Wallin, Horwitz, Davis, Lyon, 2009). "Specifically, once maltreatment is alleged, social services conduct an investigation. If they conclude that state action is necessary to protect a child, a dependency petition is filed, and an initial hearing is scheduled" (Quas et al., 2009, p. 98).

Over the last decade there has been increasing recognition of the need to take into account the views of children on various issues in relation to decisions that directly affect them. Increasingly, children have been recognized as active constructors of their own experience and as persons in their own right whose perspectives and interests may not necessarily coincide with those of their parents

or other adults responsible for making decisions. (Smith, Taylor, & Tapp, 2003; As cited in Cashmore & Parkinson, 2008, p. 91)

Smart, Neale, and Wade (2001) argue that from an ethical stand point, children's viewpoints need to be taken into consideration in family law and the child welfare system (As cited in Cashmore & Parkinson, 2008). "According to Article 12 of the United Nations (1989) Convention on the Rights of the Child, 'children are entitled to participate in all decisions that affect them,' with their views 'given due weight' according to their age and maturity" (Cashmore, 2002, p. 837). Children may have difficulty understanding the decisions that are being made for them, when the decisions are usually geared towards helping the parents (Quas et al., 2009).

Currently, the legal system is reluctant to bring children into the arena; there is a tendency to look at children's competence or incompetence rather than seeing participation as a legal right that children should have (Cashmore & Parkinson, 2008). Professionals in the legal system such as social workers, investigators, and court-appointed special advocates are all supposed to inform the child about the process that is taking place (Quas et al., 2009). When a child is told about what will happen during a Child Protective Services (CPS) investigation a child is able to feel a sense of safety during this emotionally overwhelming time (Lieberman et al., 2011). "When a child witnesses domestic violence, the protective shield that the parent represents for the child is severely damaged, if not shattered, so that the child loses trust in the parent's capacity to protect" (Lieberman et al., 2011, p. 529). Therefore, it is important to involve children (Cashmore & Parkinson, 2008).

"Sixty percent of children (27/45) said they had had some say (either 'a bit' or 'a fair bit') in the arrangements about where they would live and when they would see their parents after their parents separated" (Cashmore & Parkinson, 2008, p. 93). The sixty percent is based on the study done by Cashmore & Parkinson (2008) which included "47 children and young people and

90 parents" (p. 92). Additionally, children's views on whether or not they should have a voice in the process increased "where violence, abuse, or high levels of conflict were involved" (Cashmore & Parkinson, 2008, p. 94). When a child is given a voice in the outcome of his or her family it allows that child to have protection and to be heard (Cashmore, 2002).

There were several consistent themes in children's comments about the benefits of being involved: the need to be acknowledged, the belief that this would ensure more informed decisions and better outcomes, and the view that they had the right to determine the arrangements that would affect them most. (Cashmore & Parkinson, 2008, p. 95)

All of the children agreed that it was very important to remain together with their siblings (Cashmore & Parkinson, 2008). Children believed that if a child was over the age of seven years old he or she should have a say in the outcome of what happens to his or her family (Cashmore & Parkinson, 2008). "Poorer understanding of an impending event increases children's distress, which in turn may inhibit their ability to actively participate or follow potentially complex discussions... As a result, children may not understand the decisions made" (Quas et al., 2009, p. 101). There is also a

Delicacy with which the assessment needs to occur. The evaluator needs to see the attachment relationship operating, not just the play relationship, which means you need to assess children when they are interacting with parents under conditions of some stress. Especially where there has been violence, the clinician in a family law matter needs to understand what has been internalized by the child about the parent's caregiving responses, and what barriers there are in the child and in the parent toward reestablishing organized attachment. (Lieberman et al., 2011, p. 533)

Therefore, not only is it the child's role to speak up for his or herself, it is the role of the clinician to work on understanding the child's attachment in order to bridge the gap between the family, the perpetrator, CPS case managers, and legal professionals involved (Lieberman et al., 2011).



## ***Systemic Implications: Critically Analyzing Attachment through Cultural Sensitivity***

Mitchell and Black (1995) state that "What is regarded as given or natural by one society may be regarded as taboo by another" (p. 210). Additionally, what was accepted for decades as 'natural' can be thought of as 'taboo' during the next generation. Harwood, Miller, Irizarry, (1995); Surbeck (2003); Zayas & Solari (1994) state that

It is important that as in all practice, workers are culturally sensitive. While attachment is a cross-cultural phenomenon, the ways in which the attachment behaviors are manifested have cultural variations. (As cited in Mennen, 2005, p. 583)

Ainsworth's (1967) study that took place in Uganda established the underlying "connections cross-culturally and demonstrated the multicultural universality of the central issues of attachment theory" (Mirecki & Chou, 2012, p. 509). Ainsworth (1967) provided the groundwork for the sensitivity hypothesis (Mirecki & Chou, 2012, p. 509). Claussen and Crittenden (2000) state "Sensitivity is defined as a caregiver's ability to determine when protection and comfort are needed (Ainsworth et al., 1978). The goal of sensitivity hypothesis, to protect one's child during times of vulnerability, is universal and applicable to all humans and cultures" (As cited in Mirecki & Chou, 2012, p. 509).

Using the knowledge of the sensitivity hypothesis, caseworkers should be informed about the particular parent-rearing styles of the family in which they are investigating (Mennen, 2005). When the therapist is not knowledgeable about the cultural context of the family he or she is working with, it can "lead to inappropriately identifying family members as insensitive and attachment bonds as maladaptive" (Mirecki & Chou, 2012, p. 508). Carlson & Harwood (2003); Rohner, Bourgue & Elordi (1996) state

For example, in cultures where interdependence is more valued than individual autonomy, parents are likely to show more control over children including more

physical discipline without negatively affecting the quality of attachment. (As cited in Mennen, 2005, p. 583)

Each year more families migrate to the United States, and it is the role of social workers to be "prepared to interact with people of diverse cultural backgrounds" (Mirecki & Chou, 2012, p. 509).

Additionally, an aspect of research surrounding attachment theory and systemic implications is that "the differing parenting styles and child outcomes reported between African American and Caucasian families may actually reflect differences in financial resources and exposure to stressors associated with poverty, rather than racial differences per se" (Dexter, Wong, Stacks, Beeghly, and Barnett, 2013, p. 629). In assessing parenting and attachment theory, Dexter et al., (2013) found that the leading factor for secure attachment is sensitive parenting. In assessing cross-cultural applicability, Van Ijzendoorn and Sagi-Schwartz (2008) claim that the majority of attachment theory studies "applies Western constructs and methods to observe non-Westernized cultures" which they define as 'etic' rather than 'emic' which applies to "culturally-appropriate constructs and methods" (As cited in Mirecki & Chou, 2012, p. 510). Van Ijzendoorn and Sagi-Schwartz state the challenges of global definitions of attachment are due to varied parenting styles across cultures (As cited in Mirecki & Chou, 2012).

Indeed, children live in more complex and varied environments than infants which, in turn, may lead to a greater need for complexity, variation, and specificity of organization within the attachment of family members after infancy (Crittenden, 2000). As a consequence, an important area of consideration within the theory of attachment is maturation of the children and the developmental trajectory of the family. (As cited in Mirecki & Chou, 2012, p. 511)

There is a need to be cognizant of the pace, routines and traditions of each family that the school social worker works with (Mirecki & Chou, 2012). It is important to regard our thoughts and beliefs as "constructions and reflections of our current social context" (Mitchell & Black, 1995, p. 210).

## ***Conclusion***

Throughout this chapter I have laid out the complexities of working with children of abuse and neglect through the lens of attachment theory. There are so many decisions that get made when assessing whether or not to involve Child Protective Services. By making decisions with attachment theory in mind the research showed that there is a higher level of success when evaluating how attached the child is to his or her caregiver. Additionally, by evaluating the historical background of the family and why the parent may be interacting with the child in the said manner, this approach allows all of the professionals involved to find the most beneficial services for each individual family.

I have used this theory to apply a deeper understanding of the fragility of the therapeutic alliance and the importance of a school setting. When teachers notice children exhibiting problematic or disrupting classroom behaviors they can get in touch with the school social worker directly. This is not always a simple process, but when done well the child can receive immediate services and attention to best work with his or her internal working model.

When working with this vulnerable population the social worker must also work hand in hand with the parents. Research showed that it is not the sexually abusive or neglectful event per se that leads a child to have insecure attachment or that can change the child's internal working model, it is the parent's response or lack thereof. It is for this reason that child protective caseworkers and social workers should include parents and primary caregivers in the decision-making process. This helps parents learn skills to better attune to their children's needs. Similarly, I have looked at children's responses about how they would like to be participants during these stressful life experiences. It was found that children believed that anyone over the age of seven years old should be able to have their voice heard during a CPS report and potential court hearings.

Lastly, I have discussed the importance of cultural sensitivity when working with diverse families of differing parenting styles. Advice given to parents is constantly changing through the years depending on the available research. Therefore, it is important for social workers to be cognizant and knowledgeable about the patterns, routines and traditions of each individual child. Judgments should not be made until further information is gathered and greater understandings of specific practices of discipline are understood.

In the following chapter, I explore child abuse and neglect through the lens of Fairbairn's object relations' theory. I will continue to weave the case example of Matthew Lightfoot and Jennifer into the following chapter as well.

## CHAPTER 5

### Object Relations Theory

This chapter examines British object relations school of thought by specifically exploring the concepts of W.R.D Fairbairn in order to further understand a child's process of internalization of object and self (Mitchell & Black, 1995). Through this chapter I will continue to weave in the previously introduced case. The case study that I will continue to use was edited and published by Dugger and Carlson (2007). Barbara Carlozzi (2007) the school social worker presents the case study about Matthew Lightfoot and his sister Jennifer, two students that came into her office one day. First, it is important to understand the principle concepts of W.R.D Fairbairn's object relations theory. Following the history, I will present a brief overview of the child welfare system through the lens of object relations. The reason for applying a Fairbairnian perspective in understanding the relationship between a school social worker and a child client after a Child Protective Services call was made will be presented. The chapter is then going to explore the relational aspects between the parent and the child during this challenging time. Lastly, I will constructively critique the systemic implications of using object relations theory and Fairbairn's relevancy to current socio-political thought.

#### ***Object Relations: History and Concepts***

Object relations theory is based on the belief that all people have within them an internal, often unconscious world of relationships that is different in many ways more powerful and compelling than what is going on in their external world of interactions with 'real' and present people. (Berzoff, 2011, p. 119)

W.R.D. Fairbairn was a Scottish psychiatrist and a central figure in the development of object relations theory (Mitchell & Black, 1995). Fairbairn built upon Melanie Klein's ideas that human beings are born with the innate traits of needing to interact with other human beings (Mitchell & Black, 1995). "Object relations theories focus on the interactions that individuals have with other people, on the processes through which individuals internalize those interactions, and on the enormous role these internalized object relations play in psychological life" (Berzoff, 2011, p. 119). "The term *object relations* thus refers not only to 'real' relationships with others, but also to the internal mental representations of others and to internal images of self as well" (Berzoff, 2011, p. 119). Berzoff (2011) breaks down the phrase object relations and defines what the 'object' signifies.

Object, when used in reference to a person, can sound depersonalizing and static. In fact, the word has been chosen to capture an important facet of human relations: people outside the self can be many things, including objects of desire and fear, rather than simply the people they are. The word object is also chosen because it clearly differentiates object from subject. In this way it becomes clear that the subject is the self and the object is the thing outside of the self that the self perceives, experiences, desires, fears, rejects, or takes in. (Berzoff, 2011, p. 120)

For example, the child begins to internalize that he or she is the bad object in order to continue to receive pleasure from his or her caregiver because it is too overwhelming to think that his or her caregiver can not protect him or her (Mandin, 2007). Fairbairn (1954)

Saw the most basic need as the need for attachment and connection. The infant develops mental representations (internal objects) based upon a series of early experiences with caregivers, but because frustration in attachment relationships is both inevitable and painful to bear, the child finds ways to manage: he creates a split between an exciting or tantalizing object attached to a needy, hungry self (the libidinal ego) and a rejecting or frustrating object attached to a need-rejecting self (the anti-libidinal ego). (As cited in Kwintner, 2011, p. 254)

The libidinal ego is part of the child's original ego that has not given up the unsatisfied longings and demands of infantile dependence (Fairbairn, 1943). The libidinal ego holds onto the feelings of hope and attachment to the exciting object. The exciting object remains bound to images of

unfulfilled promises, enticements, and potentials for contact with the parent that were never brought to fruition (Fairbairn, 1943). The majority of the rage that exists within the rejecting object is directed toward the exciting object that continues to hold out for the potential that promises will be fulfilled (Fairbairn, 1943).

Past and present experiences are linked to the internal representations of how children perceive themselves in relation to the outside object which elicits responses such as desires and fears, from the child as mentioned above (Arcaya & Gerber, 1990). Celani (1998) describes,

The basic developmental situation that leads to eventual repetitions is the child in relationship to an unsatisfying object, one that frustrated his legitimate needs by depriving him of essential gratification and then exciting him intolerably with the promise of future gratification. (p. 235)

The child continues to search for ways in which to once again please his or her object (Celani, 1998). Fairbairn named this cycle: the repetition compulsion (Celani, 1998). Fairbairn witnessed the repetition compulsion through his surprise of watching children continue to "seek out pain as a form of connection, the preferred form of connection to others. Children, and later on adults, seek from others the kinds of contact they experienced early on in their development" (Mitchell & Black, 1995, p. 115-116).

"Fairbairn theorized that all resistance was a consequence of 'obstinate' and often self-destructive attachments to internal objects that are both intolerably frustrating and equally intolerably exciting" (Celani, 1998, p. 235). The need to gratify can be seen through the "temptation followed by rejection" (Celani, 1998, p. 235). "The neglected child internalizes his object in an atmosphere of desperation" (Celani, 1998, p. 236). Additionally, Fairbairn found that when an individual was traumatized by an event of child abuse and neglect it became too hard for the individual to hold that caregiver as a whole person (Mandin, 2007).

"The fundamental defense mechanism that protects the child from experiencing painful rejections, as being directed toward him, is the splitting defense, which Fairbairn (1944) defined as a specific and selective use of repression" (Celani, 1998, p. 236). A child needs to "integrate contradictory experiences, attempts to manage guilt and loss, leading to a renewal of splitting" (Mandin, 2007, p. 153).

Young children are very dependent upon the caregiver during this developmental time because they need the parent to provide the basic necessities of housing and food. Additionally, the child of abusive parents learns that his or her parent does not have stable and reliable emotional responses. Due to the parent's unpredictable response children unconsciously internalize that they are the bad objects because children are not being told the reason for their punishment (Celani, 1998). "The extremely frustrating experiences that the child endures at the hands of his objects cannot be avoided because of his absolute dependency on them as well as his inability either to reject or to change them" (Celani, 1998, p. 235-236).

These representations serve as ways of assimilating and making sense of immediate experience. To the degree that they categorize experience along action sequences requiring immediate gratification - the earliest forms of object representation - behavior becomes impulsive and chaotic. (Arcaya & Gerber, 1990, p. 620)

As the child cognitively develops "these [object] representations serve as ways of assimilating and making sense of [the] immediate experience. Object relations theory holds that a constant and reciprocal interaction exists between past and present interpersonal dealings and the development of representations" (Arcaya & Berger, 1990, p. 620). Mental health professionals aim to understand the repetition compulsion and the object representations that children internalize in order to best make decisions with and for the child (Arcaya & Berger, 1990).



## ***Child Welfare System***

Mental health practices do not inherently work towards what is best for the child (Lieberman & Van Horn, 2008). "The involvement of CPS and the legal system affects every aspect of treatment by mandating courses of action that are largely unrelated to the developmental stage and mental health needs of the child" (Lieberman & Van Horn, 2008, p. 277). Due to the lack of coordination within the child welfare system it is challenging for the caseworker to make the most well-informed decision for the child.

The relationships among city attorneys, parent attorneys, and child attorneys are often bitterly adversarial. Judges are not as a rule knowledgeable about young children's emotional needs. ... Therapists often decline to provide clinical information that is essential for child placement decisions on the ground that doing so would violate clinical confidentiality. ... There is no institutional forum organized around the best interests of the child where the different parties can spend the time necessary to learn about the multiple facets of the situation and work towards consensus. (Lieberman & Van Horn, 2008, p. 314-315)

Lieberman & Van Horn (2008) address the importance of creating a forum that takes into consideration the differences in how families and children might react to CPS involvement. "There are multiple and overlapping reasons for this system dysfunctionality, but they have in common a pervasive societal failure to allocate the necessary resources to address the needs of maltreated children and their families" (Lieberman & Van Horn, 2008, p. 313). An aspect of the dysfunctionality of the child welfare system as reported by Roberts (2002) demonstrates the lack of cultural awareness about non-white families and traditions that color the lens of many in the legal system (As cited in McCluskey, 2010). Roberts (2002) worked in a shelter and witnessed

The Black residents who depended on one another for childcare provision were exercising longstanding cultural traditions in their attempts to cope with extraordinary circumstances, and yet under the jurisdiction of city and state authorities those traditions were interpreted as noncompliance. (As cited in McCluskey, 2010, p. 439)

McCluskey (2010) writes about the importance of inclusivity when trying to understand how to incorporate and to take into consideration the parenting expectations with different cultures.

Seligson (1993) noted that child abuse cases ignore the complex needs of the child (As cited in Zinni, 1995). Due to the vulnerabilities during different stages of the child's development, there is a need for great sensitivity in the child welfare system when working with families of child abuse and neglect (McCluskey, 2010). This includes "Sensitivity toward, and inclusion of, family perpetrators as a part of evolving child treatment approaches, which is appropriate given that many were themselves victims of various forms of abuse long before they became perpetrators" (Zinni, 1995, p. 64).

Zinni (1995) writes that it is important to take a societal perspective of the social justice system during the process of working with families that are navigating the child welfare system. Additionally, many parents had to navigate the system when they were children. In order for there to be a process of healing, we have to "see [the perpetrator's] behaviors as an outgrowth of societal problems" (Zinni, 1995, p. 64).

Furthermore, psychoanalytic theorists propose that abuse victims are more likely to utilize more primitive defenses such as splitting and projective identification (Arcaya & Gerber, 1990; Seinfeld, 1989), which are theorized to arise from a developmental failure to integrate ambivalent representation. (Freedefeld, Ornduff & Kelsey, 1995, p. 554)

For example, when working with a child that uses the defense of splitting, the question for a caseworker to assess for is: Is the child placing the blame of being abused or neglected on his or herself in order to view the adult perpetrator as a caring and loving adult who can keep him or her safe? (Freedefeld, Ornduff & Kelsey, 1995). This would be an example of projective identification, which is defined as an unwanted experience within the self that is too hard to hold onto; therefore, it is placed onto others (Mitchell and Black, 1995). "Projection was a term used by Freud to designate the fantasied expulsion of unwanted impulses: that which could not be

experienced as in the self was experienced as located in others, external to the self" (Mitchell and Black, 1995, p. 101).

The caseworker works to understand the internalization of self-blame and thus leading to projective identification because of the intensity of the emotions can cause the child to develop symptoms of posttraumatic stress disorder (PTSD) (Freedefeld, Ornduff & Kelsey, 1995). The potential for the lack of holistic approaches within the child welfare system can have many consequences when assessing options for what is best for the child's future (Freedefeld, Ornduff & Kelsey, 1995). In addition to PTSD, there are many somatic symptoms that a child can experience in consequence to child abuse and neglect. These symptoms include, but are not limited to, "anxiety, anger, and depression; hyperarousal; psychosomatic effects such as sleep disturbance, headaches, stomachaches, and enuresis; interpersonal problems; sexualized behaviors; and aggression" (Lovett, 2007, p. 581). These symptoms are character traits that are internalized and can be "traced to problems with a sense of self, with mastery of tasks and body, problems with differentiation and individuation, and attachment difficulties" (Lovett, 2007, p. 581). Therefore, the child welfare system works to evaluate the child's sense of self in order to understand the child's object representations, especially concerning the child's caregivers (Freedefeld, Ornduff & Kelsey, 1995).

Harden (2007); Silver, Amster & Haecker (1999) found that "The key message is to encourage clinicians working in a variety of venues, including private practice, to press for system change so that the practices of the child welfare system become developmentally informed" (As cited in Lieberman & Van Horn, 2008, p. 278). Mandin (2007) found that children and parents felt that sometimes the child welfare system was more traumatic than the abuse itself. For example, through an object relations lens, "By offering the hope of services,

these institutions can be experienced by patients as exciting objects. Yet by simultaneously controlling this access to help, often with delays and red tape, they are likely to be experienced as frustrating" (Kwintner, 2011, p. 254-255). The social services are seen as an exciting object that provide a sense of hope, yet in navigating the system, which at times does not provide quick results, these once hopeful services and caseworkers can become frustrating and rejecting objects (Kwintner, 2011). It was found that when the social worker was mindful of his or her countertransference this knowledge helped to "understand the patient's inner experience of being frustrated and rejected" and what may need to be changed in order to best work with the family (Kwintner, 2011, p. 255).

### ***School Social Worker and the Child Client***

"The importance of the child's environment to healthy development has long been considered a central factor in theories of human development" (Lovett, 2007, p. 581).

First line service providers, including pediatric care providers and child care providers, play important roles in providing developmental guidance to parents and monitoring the child's healthy development. When the child's well being is at risk, first line service providers have additional key roles in identification and referral. (Lieberman & Van Horn, 2008, p. 315)

Educational faculty and staff report about sixteen percent of child maltreatment cases nationwide (Jonson-Reid, Kim, Barolak, Citerman, Laudel, Essma, Fezzi, Green, Kontak, Mueller, and Thomas, 2007). "Educators are mandated reporters of maltreatment (Kopels, 2006), and maltreatment is associated with poor school attendance, performance and behavior problems" (As cited in Jonson-Reid et al., 2007, p. 182). School social workers work directly with children involved in the child welfare system (Jonson-Reid et al., 2007). Alen-Meares (1994) states that "A national survey of school social work tasks identified maltreated children as a common target population among school social workers" (As cited Jonson-Reid et al., 2007, p. 183). Research

indicates, "impulse control, aggression, and relationship problems are a result of the neuronal connections which form in the substructures of the young child's brain when under severe stress such as abuse" (Lovett, 2007, p. 581). Johnson-Reid et.al. (2007) found school social worker's cases that involved maltreatment were with children who were likely to have been referred to the school social worker for more than one reason.

In the case example edited by Dugger and Carlson (2007) and written by Carlozzi (2007), the school social worker, she established herself at the school as a supportive and safe adult with an open-door policy where children could come in unannounced when they were in need of help. In the specific example that Carlozzi (2007) wrote about, she could be directly involved with Matthew's peers, teachers and the school staff. The school social worker could work towards understanding when and why the child was having a hard time in school based off of past and present events of child abuse and neglect. *One day, a month after my last session with Matthew, I was asked by the principal to speak with Matthew. A teacher had brought Matthew to the office after discovering him shaking and visibly upset on the playground during recess. When the teacher went to check on him, Matthew told her he had heard an evil voice that was threatening to kill him* (As edited in Dugger and Carlson, 2007, p. 60). This demonstrates the importance of fostering all school communication so that in cases similar to Matthew's there can be appropriate responses and up-to-date awareness of what the child is emotionally experiencing (Chanmugan, 2009).

"School social workers, perhaps in collaboration with agencies other than child welfare, are the primary venue for services to these students and families" (Jonson-Reid et al., 2007, p. 189). For example Carlozzi (2007) wrote, *He [Matthew] came to see me once and asked me when the police were going to arrest Walt. I told him I do not know and hoped it would be soon.*

*He said that his mom and dad had gotten into a fight and that Child Protective Services had been to their house (apparently for domestic violence). He said he was going to see a counselor at a community agency. [However], several weeks after the winter holiday, Matthew revealed that his parents had not followed through and [did not take] him to see a counselor at the community agency. Matthew reported that his father had said that no one was going to tell him how to raise his kids* (As edited by Dugger & Carlson, 2007, p. 60). When there is a social worker in an office within the school the child is able to ask for help, especially when the parents are adverse to the outside help.

"For students, school-based services may be their only alternative. School social workers need to receive training in best practices with maltreated children and have sufficiently low caseloads to be able to implement those best practices" (Jonson-Reid et al., 2007, p. 190). Therefore, "The ultimate goal of all treatment is to support developmental progress by helping the child function well in the emotional, social, and cognitive domains - in other words, attaining or restoring affective self-regulation, safely reciprocal interpersonal relationships, and readiness to explore and learn without recklessness or crippling fear" (Lieberman & Van Horn, 2008, p. 321).

### ***Therapeutic Alliance***

When a clinician is getting to know a client and beginning to make an assessment, in any setting, no matter what service is going to be provided it is very useful, indeed necessary, for her to consider both the nature and nurture of the person. We believe that it is important always to look at both what the person has experienced from the outside and how the person is who is taking those things in. (Berzoff, 2011, p. 121)

Especially, when working within a cross-cultural dyad such as the case that Carlozzi (2007) presented, "therapists need a model to comprehend misunderstandings and misattunements that occur early on in the relationship in order to guide the selection of response techniques in the

first few sessions of cross-cultural psychotherapy" (Keenan et al., 2005, p. 272). The therapeutic alliance is based off of what the client and the therapist bring into the room and the dynamic of how they work with each other.

Some patients, especially those with a history of abuse or deprivation, are likely to have problems with evocative object constancy. Evocative object constancy makes it possible to remember and maintain a connection with an object even in its absence. But for those who struggle with object constancy it may not be possible to hold onto the image of their therapist as helpful, supportive, or benevolent. (Kwintner, 2011, p. 252)

The client goes through stages of testing the therapist to see how much the therapist cares about him or her (Kwintner, 2011). Kernberg (1985) writes that the therapist can begin to pay "attention to her own subjectivity, may understand the patient's inner world, objects, defenses or experiences" (As cited in Kwintner, 2011, p. 255).

In gaining perspective of the child's inner world, the social worker can begin to find ways of becoming a constant object that will help the child to stop splitting.

Being the good object for a client can be a challenging role for any therapist. Clients with disturbed object relations will have attachment, separation, identity, boundary, and trust issues, to name a few. ... I have found that [being the good object] creates some resistance with clients who have had only unfulfilling experiences with others. (Martinez, 2006, p. 218)

The process of being the good object for the client is one that takes patience and willingness to be able to sit with the discomfort (Martinez, 2006). Altman (1993) state "Fairbairn's revision of Freud's theory of mental structure provides a way to conceptualize the kind of transference stimulated by treatment in a community mental health clinic...Fairbairn saw the most basic need as the need for attachment and connection" (As cited in Kwintner, 2011, p. 254). Therefore, in order for the child to be able to relate to whole objects rather than splitting, the social worker works with the child in being able to sit with feelings of guilt and sadness (Kwintner, 2011). "Being able to manage this kind of ambivalence is a developmental achievement" within the

therapeutic alliance (Kwintner, 2011, p. 257). Clinical social workers value the importance of the therapeutic relationship because of the possibility for new relational experiences and changes that can happen within the client (Keenan et al., 2005).

In looking at the therapeutic alliance between the school social worker and the child client it can help to establish the goals and outcomes by looking at the child's "mental representations (internal objects) based upon a series of early experiences with caregivers" (Kwintner, 2011, p. 254). Additionally, these mental understandings will allow the therapist to understand and to interpret the child's early experiences of being rejected or fulfilled (Kwintner, 2011). In seeing the child's actions in conjunction with the parent's actions furthers the social worker's understanding of the family dynamics in order to know how best to help the child (Arcaya & Gerber, 1990).

"As the therapist takes on the corrective role the client must be encouraged to practice what is learned in the therapy session with others on the outside. ... A major challenge is then to persuade the client to take a chance in relating to the therapist and then to others, a risk that has led to disappointing results in the past" (Martinez, 2006, p. 218). Though there could be the chance for disappointing results the therapist is

Showing the client that the bad object experiences of the past can remain in the past. [The therapist] is helping the client transfer less of the old, distrustful, dysfunctional behaviors and try more new, healthy, adaptive behaviors. ... It is invaluable, so do not be afraid to show affection for a client, even becoming a healthy parent for the short period of time. This goes a long way to show him or her that he or she deserves to be accepted, cared about, and to receive good things from others. (Martinez, 2006, p. 219)

### **Decision Making: What the Child Emotionally Brings with Him or Her into the Therapy Session**

The client may experience many struggles during the time of learning how to trust the therapist. "The release of such traumatic situations and traumatic experiences in releasing bad



objects from the unconscious" is likely to come out when a child is under high amounts of stress (Fairbairn, 1943, p. 77).

The client's style of relating to the therapist can shed light on many clinical aspects that guide the therapy process: 1) the impact of early family experiences on current functioning, 2) the client's ability to make use of the therapeutic alliance, and 3) the client's ability to establish a healthy support network after termination. (Martinez, 2006, p. 218)

The child is looking for someone who can hold his or her feelings of being overwhelmed in order to make that experience more tolerable (Kwintner, 2011). "Over time, this experience of containment is internalized so that the [child] can manage anxiety without relying completely on outside help" (Kwintner, 2011, p. 258). In addition to needing to feel contained, there are many variables that therapy sessions can bring up within a child.

Children are a vulnerable population.

The child not only internalizes his bad objects because they force themselves upon him and he seeks to control them, but also, and above all, because he needs them. If a child's parents are bad objects, he cannot reject them, even if they do not force themselves upon him; for he cannot do without them. Even if they neglect him, he cannot reject them; for if they neglect him, his need for them is increased. (Fairbairn, 1943, p. 67)

This is the grand dilemma that children bring into therapy because a child is dependent on his or her parents to physically take care of him or her. There are increased feelings of being overwhelmed, anxious and scared when a parent neglects or threatens to leave the child (Fairbairn, 1943). The child client is therefore, not only in need of a supporting and emotionally available adult after an event of abuse or neglect, but also the child is scared about how his or her parent will respond to him or her and the consequences of telling an outside source.

"The phenomena of guilt must be regarded as a defense. In a word, guilt operates as a resistance in psychotherapy" (Fairbairn, 1943, p. 69). Fairbairn (1943) describes the phenomena of separation-anxiety as the link tracing back to the infant's vulnerability and dependence on the

caregiver for survival. Children are not able to fend for themselves and do not hold much power. Therefore, children feel anxious when their caregiver threatens to leave them. This threat of the rejecting object impacts the child who has to figure out how to change his or her behavior and thus he or she ends up taking the blame for the parent becoming upset with them (Fairbairn, 1943).

Kwintner (2011) examines ways in which the child client's fears of being rejected can be manifested within the therapeutic alliance. When the client does not show up, this no show allows the client to take control and to reject needing therapy because of the fear of being disappointed by the potential exciting object, the therapist (Kwintner, 2011). This is seen through Carlossi's (2007) case study. Matthew is brought into the office with the support and push from his sister Jennifer. Matthew is nervous to tell Carlossi about the events of his sexual abuse experience. With this anxiety comes the hopefulness that once he tells the social worker everything will be better. Carlossi became the exciting object; *Matthew left a note for me that said, "You are my favorite teacher. Thank you for your help." He came to see me once and asked me when the police were going to come and arrest Walt* (As edited by Dugger & Carlson, 2007, p. 60). There is so much promise in the potential for everything to be solved and the hope for Matthew to be able to move on. However, without the arrest of Walt, Carlossi (2007) saw Matthew less and less and the next incident was reported indirectly back to Carlossi through the principal. *One day, a month after my last session with Matthew, I was asked by the school principal to speak with Matthew.* Carlossi became the rejecting object because she was not able to have Walt arrested (As edited by Dugger & Carlson, 2007, 60-61).

The therapist is not only misidentified, but pressured and set up to respond in the reciprocal role to the part-self in the patient that is dominant. It is simply impossible to resist being transformed by the patient's intense pressure, as Levenson (1972) has noted: 'in any engagement with another person, one enters a

series of isomorphic transformations of great significance. The therapist and patient become each other's creations. (As cited in Celani, 1998, p. 251)

There is potential for the child to misinterpret and to feel disappointed by everything that the therapist does, until enough trust is created within the therapeutic alliance (Celani, 1998).

### **Decision making: Mindful of the Parent's Potential Traumas when Making a CPS Report**

Keenan et al. (2005)

Emphasize the need for development of trust in the context of a legacy of racial/ethnic distrust, highlighting the degree of openness to the other. Trust is therefore defined as [the family's] expectations of the therapist's intention and ability to help [them], plus evidence of the therapist's acceptance of and respect for [the family]. (p. 272)

When thinking about what the caregiver brings into the therapist's relationship with the child client, it is important to look at how Matthew's father responded to Carlossi's (2007) help in their family. *Matthew reported that his father had said that no one was going to tell him how to raise his kids* (As edited by Dugger & Carlson, 2007, p. 60). Fraiburg, Adelson & Shapiro (1974) study the impact from the parent's past and how that impact's the present family relationships and fears surrounding working with a social worker.

In every nursery there are ghosts. They are visitors from the unremembered past of the parents; the uninvited guests ... even among families where the love bonds are stable and strong, the intruders from the parental past may break through the magic circle in an unguarded moment, and a parent and his child may find themselves reenacting a moment or a scene from another time with another set of characters. (Fraiburg et al., 1974, p. 387)

The ghosts within the child's nursery come out of the woodwork when a parent is feeling stressed and a parent can be triggered by the lack of control in not knowing how to respond to his or her child (Fraiburg et al., 1974). A parent may respond similarly to how his or her parent responded to them as children (Fraiburg et al., 1974).

In still other families there may be more troublesome events in the nursery... [ghosts] appear to do their mischief according to a historical or topical agenda, specializing in such areas as feeding, sleep, toilet training, or discipline, depending upon the vulnerabilities of the parental past. Under these circumstances, even when the bonds between parents and child are strong, the parents may feel helpless before the invasion and may seek professional guidance (Fraiburg et al., 1974, p. 388).

In looking at the parent's past it is helpful to see the interactions between parent and child through the lens of object relations and how abuse can be passed down through the generations (Arcaya & Gerber, 1990). "An object relations approach has been shown to be useful in understanding the process by which child abuse occurs" (Arcaya & Gerber, 1990, p. 619). When working with the child client, a strong piece of object relations in the therapeutic relationship are to understand the parent's experiences. Lovett (2007) states that "Sexually abused children are treated as objects for another's use" (p. 587). Therefore, in strengthening the therapeutic alliance the therapist also works with the parent in order to understand the parent's background, which could shed light on why the abuse is occurring (Arcaya & Gerber, 1990). Lieberman & Van Horn (2008) suggests that one focus of the treatment should be parent-child oriented.

Whether or not parents are the perpetrators, stress and trauma can transform the child's developmentally appropriate perception of the parent as a reliable protector and may introduce mistrust and alienation in the child-parent relationship. Parents are often traumatized, directly or vicariously, by the same events that traumatized their children. ...Even when parents were not present during the traumatic event, knowing that one's child was endangered or hurt can be a devastating experience that induces guilt and self-blame and is often accompanied by avoidance, emotional withdrawal, anger, and pervasive affective dysregulation. (Lieberman & Van Horn, 2008, p. 322)

This can be seen through the case study written by Carlozzi (2007), after Matthew reports hearing voices. *Matthew told [his teacher] he had heard an evil voice that was threatening to kill him. During my subsequent conversation with Matthew, he explained that the voice sounded like a local man whom Matthew had recently seen at a ball game. Matthew told his mother that he felt afraid of this man and did not like him, but his mom had reportedly laughed at him and*

*indicated that the man was harmless. Matthew also talked with me about the unrest at home and said that his parents were either at work or arguing. He said he really did not have a mom, that Jennifer took care of his younger siblings and that he was on his own (As edited by Dugger & Carlson, 2007, p. 60).* This example shows the emotional disconnection between Matthew's parents from himself and his siblings.

"Parents are seen as culprits for their failure to take effective action on behalf of their children. This blaming of parents reflects the fact that service providers across systems are not sufficiently trained about the reverberating long-term consequences of traumatic stress" (Lieberman & Van Horn, 2008, p. 314). This is important when working with parents of the children of suspected child abuse and neglect. There can be many repercussions of parents feeling isolated and devalued when they are not included in the treatment plan of their child (Lieberman & Van Horn, 2008).

When parents are not included, a valuable opportunity may also be lost to magnify and extend the beneficial effects of treatment. The primary relationships of the child are not with the therapist but with the parents, who will remain the most influential figures in the child's life long after the end of treatment. (Lieberman & Van Horn, 2008, p. 323)

Fraiburg et al., (1974) speak to the therapeutic alliance when working with parents who have ghosts from their past. Ghosts from the parent's past can show up without the parent being conscious of what is happening (Fraiburg et al., 1974).

[Parents] may not come to us for professional guidance. Ghosts who have established their residence privileges for three or more generations may not, in fact, be identified as representatives of the parental past. There may be no readiness on the part of the parents to form an alliance with us to protect the baby. More likely we, and not the ghosts, will appear as intruders. (Fraiburg et al., 1974, p. 388)

Fraiburg et al., (1974) refers to 'we' as herself, and more generally to therapists working with parents that have past traumas. Fraiburg et al., (1974) speaks to the need of the therapist to be

aware that there may be past traumas that parents are not conscious of and therefore, the therapist can be seen more as an intruder rather than a helper. The goal is to intervene with the parent and prevent further child abuse and neglect (Fraiburg et al., 1974). However, there may be many hoops that the therapist will have to jump through in order to establish trust with the parent before he or she can begin to work with the child. Lovett (2007) speaks to interrupting the pattern of abuse and neglect for the next generation of children in the family.

Fraiburg et al., (1974) raises important questions for the therapist to think about as he or she begins to work with the family. "What is it that determines whether the conflicted past of the parent will be repeated with his child? Is morbidity in the parental history the prime determinant? ... How is it that the ghosts of the parental past can invade the nursery with such insistency and ownership, claiming their rights above the baby's own rights?" (p. 388-389). In asking these questions, Fraiburg et al. (1974) evaluates the potential for healing within the family.

The largest number of men and women who have known suffering find renewal and healing of childhood pain in the experience of bringing a child into the world. In the simplest of terms - we have heard it often from parents - the parent says, "I want something better for my child than I had. (Fraiburg et al., 1974, p. 389)

"Inasmuch as these formerly abused individuals have not surpassed or resolved their traumatic histories, the past continues to serve as a source of self-rejection and dissatisfaction" (Arcaya & Gerber, 1990, p. 620-621).

It is during the therapy sessions, that the parents can hopefully feel safe enough to uncover these affective emotions in order to no longer inflict the pain that the parents had experienced onto their children (Fraiburg et al., 1974).

In each case, when our therapy had brought the parent to remember and re-experience his childhood anxiety and suffering, the ghosts depart, and the afflicted parents become the protectors of their children against the repetition of their own conflicted past. (Fraiburg et al., 1974, p. 420-421)

Therefore, Arcaya & Berger (1990) recommend parents to enter into individual therapy as well as joining in on a couple of the child's therapy sessions for dyadic work. The therapist is able to assess the needs of the child as well as the caregiver through modeling responses for the parent of how to respond to his or her child (Arcaya & Gerber, 1990). "The therapist can determine how unacknowledged object representations rule the client's life" based off of the unexamined traumatic past of the caregiver (Arcaya & Gerber, 1990, p. 621). The therapist finds a balance between continuing to be the voice for the child of abuse and neglect while navigating family relationships because a child is dependent on his or her caregivers (Lovett, 2007).

### ***Population: Children and Parents***

"Object relations [is an] effective treatment modality for relationship issues. A client who experiences early relationship disturbances will subsequently have disturbed object relations" (Martinez, 2006, p. 209). Furthermore,

An adequate early family life and healthy family relationships are necessary for optimal relational functioning. For those clients who experience abusive, inadequate family situations, issues like trust, boundaries, and connections with others take on extreme characteristic and become sources of dissatisfaction with self and others. (Martinez, 2006, p. 210)

Freedendfeld, Ornduff & Kelsey (1995), "suggest that abused children have difficulty making sense of the world, particularly the world of relationships" (p. 564). Children who were or are currently dealing with abusive and neglectful situations have low and negative expectations toward future relationships (Freedendfeld, Ornduff & Kelsey, 1995). Children are a vulnerable population who depend on their caregivers to help them to feel safe in the world (Arcaya & Berger, 1990).

"As Fairbairn (1944) noted, however, the child has to hold back her expressions of rage in order not to make the object on whom she is dependent love her even less" (Celani, 1998, p.

242). The child works to refrain from expressing her anger in fear of being punished. Through the object relations lens, children are not met with stable and consistent responses to the same behaviors (Celani, 1998). The children's feeling of not knowing how their parents are going to respond to their behaviors leads the children to feel like they are walking on eggshells (Fairbairn, 1944). The child begins to blame him or herself in feeling that he or she should have behaved better and then his or her parent would not have hurt him or her (Fairbairn, 1944). "The individual is extremely reluctant to abandon his original hate ... the anti-libidinal ego [the rejecting object] is suffused with rage, a desire to reform the rejecting object, and vengeance. It is not only hurt, but also fascinated by and attracted to the rejection that it experiences" (Celani, 1998, p. 242). This fascination of rejection leads into the exciting object, the feuding libidinal ego that is constantly at odds with each other (Celani, 1998). The children begin to fear their own love, which is seen as neediness, hate, and destructiveness that could potentially make their parent threaten to leave them.

An abusive home is neither an 'average expectable environment' nor a 'good enough environment'. A caregiver who sexually abuses and misuses a child lacks any ability to empathize and identify with the child ... The child attempts to cope in a variety of ways, all of which negatively bear upon ego development, optimal neurobiological development, and object relations. The foundation exists for borderline personality organization, repetition of mistreatment in future relationships, body image problems, and dissociative disorders. (Lovett, 2007, p. 587)

There are many developmental and self-esteem issues that exist for children who are not able to establish object constancy with a reliable adult, and especially without an emotionally reliable parent (Lovett, 2007). For example, Westin (1990) state,

Subsequent relationship(s) may be affected by the internalization of early abusive objects, such that 'patients who view the object world as filled with victims and victimizers, and who expect abuse in relationships, do so in part because that is what they actually experienced in childhood'. (As cited in Freedendfeld, Ornduff & Kelsey, 1995, p. 564)



When children learn from their parents about the inconsistency of their responses, splitting and maladaptive object relation patterns continue to be passed on through generations (Freedendfeld, Ornduff & Kelsey, 1995).

### ***Systemic Implications: Critical Cultural Lens of Object Relations Theory***

There are a couple of critiques towards object relations theory, I will be focusing on the feminist approach in how mothers are viewed through the object relations lens as well as how families of marginalized race and class are impacted. Object relations theory has served as a base for the majority of Western ways of thinking about human development and human interaction (Mitchell and Black, 1995).

Freud's theory of sexuality *became* the dominant, popular understanding of sexuality in Western culture (Simon & Gagnon, 1973); much of the current feminist thinking about gender and sexuality, both within and outside psychoanalysis, was defined in reaction to Freud's classical thinking. (Mitchell & Black, 1995, p. 218)

Freud's account of gender was that women have penis envy and therefore, once they find out that they do not have the same anatomical parts as men, consider themselves to be inferior (Mitchell & Black, 1995). Additionally, Fairbairn (1940) writes that adults "plagued by psychosis share a common pattern of maternal neglect in their developmental histories. ... Fairbairn's mother faces the daunting possibility of future psychopathology for her child if she displays too little or too much maternal affection" (As cited in McCluskey, 2010, p. 436). Not only is it important to look at how mothers are viewed within the theory of object relations, but also to look at how maturation is defined and by which gender (McCluskey, 2010).

Though there is much critique surrounding the depiction of the mother's role, there was also much advancement that was made by Fairbairn in comparison to Freud's drive theory (McCluskey, 2010). "Object relations paved an important path towards acknowledging the

reciprocal interplay between self and other that is at the core of many currents of feminist thought" (McCluskey, 2010, p. 437). Our society has continued to critique the theories of the past in order to stay up to speed with the current socio-political lens of the present day (Mitchell & Black, 1995). Additionally, Chodorow (1978) added a crucial component in thinking about the sociopolitical element of object relations in looking at the role of the mother (As cited in McCluskey, 2010). "'Women's mothering perpetuates itself through social-structurally induced psychological mechanisms' which effectively limit the future parenting abilities of male children while instilling in female children the capacity to mother" (McCluskey, 2010, p. 437). Society teaches young girls the role of being dependent and that they too will be mothers one day, while young boys are taught independence and are not taught the importance of fatherhood (Gilligan, 1993). These concepts further the unequal division of labor where "mothering is simultaneously prized and devalued" (Chodorow, 1978, p. 214; As cited in McCluskey, 2010, p. 437).

The second approach will be looking at the impact of incorporating race and class into psychodynamic theory or the lack thereof. "Psychodynamic theories have a long, contradictory, and marginalized relationship with issues of race and culture" (Berzoff, 2011, p. 258). "Race and ethnicity impact both the clinicians perspective" as well as the client's perspective of him or herself (McCluskey, 2010, p. 438).

In addition to the theoretical interpretation of what is occurring between the therapist and client, there is a societal power differential that is created with a white clinician and a client of color (McCluskey, 2010). For example, Peggy McIntosh (1988)

Pointed out that 'white privilege' encouraged white feminist scholars to assume that their own middle-class experiences were universal, normative, and representative. In that way, white, hetero-sexual feminists assumed that all women were like them. As long as we assume that all women are empathic or flexible or affiliative, we lose sight of the ways in which race, class, age, health sexual orientation, and ethnicity mediate the many meanings of being female. As

long as the ways of being are dichotomized only as female or male, we privilege some sexual arrangements namely heterosexuality, and marginalize others. (As cited in Berzoff, 2011, p. 251)

The lens in which clinicians perceive the client can shape the way that incidents of abuse and neglect are being reported. "In the case of race and racism, the understanding of the relationship between the person and her society is inescapably linked. In addition, race like gender, has been historically understood as a category that uses the body as its defining characteristic" (Berzoff, 2011, p. 259). For example, "Black women share a rich tradition of women-centered, communal childcare"(McCluskey, 2010, p. 439). This reverts back to the feminist critique of object relations, as discussed earlier, in looking at the varying pressures of motherhood and many times the lack of understanding outside of the mainstream white culture of how society believes children should be raised (McCluskey, 2010).

Financial stressors can cause much anxiety.

In conditions of poverty and lack of access to resources, all aspects of everyday life have the potential to exacerbate the emotional problems of children and their families. Risks of commission (violent neighborhoods, Immigration & Customs Enforcement [ICE] raids, repeated crises caused by lack of access to needed material resources) are compounded by risks of omission (lack of adequate housing, child care, education, employment, health care, and transportation). (Lieberman & Van Horn, 2008, p. 327)

Ultimately, "in an age in which psychoanalytic thought is considered outmoded in many American schools of social work, it is important to contemplate the ways in which theories like object relations - laden with rich developmental insight- can be applied meaningfully and responsibly to clinical practice" (McCluskey, 2010, p. 441). Additionally, "if utilized in concert with biopsychosocial indicators such as race and financial status, psychoanalytic theories like object relations can advance theory that moves away from blaming women and moves towards enhanced clinical understanding" (McCluskey, 2010, p. 442).

## ***Conclusion***

In this chapter I have looked at the relationship between a school social worker and his or her child client through the lens of W.R.D Fairbairn's object relations theory. I have interwoven examples from the case study written by Carlossi (2007), a school social worker, who writes about a child, Matthew, who was sexually abused by a friend of the family.

In researching object relations theory I have researched and assessed the challenging cycle that children face when his or her parent is the perpetrator and the need to feel protected while also feeling rejected by his or her parent. I have laid out the history of the subtleties of Fairbairn's theory in comparison to other object relations theorists. In doing so I have defined the concept of splitting. Splitting that occurs within a child creates a constant struggle of continuing to seek out stability and comfort from his or her parent who is not able to satisfy the child's need for safety. This is very influential when looking at the child welfare system because the knowledge of the child's internal object relations helps the caseworker in making the best decision for the child and his or her family.

In the third section, I discuss the importance of having a school social worker that is able to be on the front lines of supporting the child in connecting to the teachers, principals and school staff. The school social worker is able to hear about how the child is being impacted by the aftermath of the abuse and neglect, both inside and outside the classroom. A major aspect of the therapeutic alliance is to help the child to trust the therapist in order to allow the therapist to become a whole object. This is uncomfortable and important for both the child and therapist in allowing the child to stop splitting and to work towards establishing healthy relationships. I have explored the question of how do social workers make decisions while keeping in mind what the child, in addition to his or her parent, may unconsciously bring with him or her into the therapy session. The child brings in his or her hopes of trusting the therapist, but sometimes the therapist

will not be able to fulfill the child's expectations thus leaving the child feeling rejected. In working with the parents, the social worker works with what Fraiburg et al., (1975) refers to as the ghosts in the nursery. The ghosts in the nursery speak to the parent's traumatic past and how that is unconsciously impacting his or her current parenting style.

In looking at the research on the population of children and their parents I discuss the lasting impact on a child's self-esteem and trust of others from growing up in an unstable household. Lastly, I critically analyze object relations theory. Looking at the theory through the critical lens of feminism, race and class. There is a gender binary that has been pushed and questioned. Critiques show the inequality of what society asks of women in comparison to men. The role of motherhood is both cherished and devalued by the amount of pressures that women face in balancing how to be a good parent. Research showed the importance of clinicians working towards understanding the varying cultural norms of parenting.

In the next chapter, the discussion, I will weave my phenomenon and two theory chapters together.

## CHAPTER 6

### Discussion

This study has laid out the phenomenon of the relationship between a school social worker and his or her child client of suspected child abuse and neglect and the impact after a Child Protective Services report was made. This phenomenon was examined through the literature on child abuse and neglect. It included literature on the child welfare system, the role of the school social worker, managing challenges that arise within the therapeutic alliance, giving parents and the children a voice during this process and lastly, looking at the systemic implications.

This chapter integrates and outlines all of the research findings. The concepts presented in the above chapters will be synthesized in order to connect the phenomenon to the chosen theories: attachment and object relations theory. The material will guide future implications for social work practice and specifically for school social workers. I will conclude by further identifying strengths and weaknesses of the study as well as the implications that this phenomenon will have on future social work practice.

#### ***Analysis of Attachment and Object Relations Theory***

The therapeutic alliance between the school social worker and his or her child client is fragile and greatly influenced by the relationship a child has with his or her primary caregiver. Attachment and object relations theory are an important clinical tool both for research and within the therapeutic alliance. The clear message from the comparison of these two theories is the

importance of creating early relationships with primary caregivers because the early relationships establish an emotional and behavioral precedent for future relationships. Psychodynamic therapists have come to use attachment and object relations theory as a mode of evaluating healthy versus not healthy parenting. Ideally, when a child is securely attached to his or her caregiver he or she is able to have a strong sense of self and is able to separate from his or her caregivers, especially knowing that he or she can always return back to his or her emotionally reliable caregiver (Mitchell & Black, 1995). Satisfactory, emotionally tolerable and healthy early family relationships help children to continue to make equal and reciprocal future relationships (Martinez, 2006). Children who experience abusive and neglectful family situations will have issues with trust, setting limits, and making connections with peers and adults. Relationships have the potential to become rejecting and frustrating objects that will not be satisfying (Martinez, 2006).

In relation to the phenomenon and a school setting, children who are not able to establish securely attached and or satisfying relationships develop a range of defense mechanisms that can be seen through actions such as disruptive behavior within the classroom setting. This acting out in class calls the attention of the teacher who then involves the school social worker.

### **Attachment Theory**

John Bowlby and Mary Ainsworth's attachment theory clarifies the behavioral signs in order to know and to understand the level of the child's attachment to his or her parent.

Bowlby's work was hugely influential in looking at how attachment has filtered popular attitudes toward the importance of bonding between parents and infants, and influencing both private lives and public policy. (Mitchell & Black, 1995, p. 138)

Within the literature on insecure attachment styles, I found that when the social service providers come together and holistically learn about the family the outcome and success rate for the family

is higher (Lieberman & Van Horn, 2008). Indeed this is at the heart of this research topic; this is such an important part of the school social worker's job because if the family does not want to cooperate no change will occur. The child client is dependent on his or her family. Therefore, if the family feels threatened or misunderstood by the actions of the school social worker it will put the child in a bind. This bind places the child in the middle of wanting to feel supported by the school social worker while also feeling scared that more abuse and neglect could occur if he or she is seen as being disrespectful toward the primary caregiver (Lieberman & Van Horn, 2008).

Children want to be loved and taken care of by their parents. Additionally, research showed how important it is for a child to be securely attached to his or her caregiver because it allows the child to communicate and to be received by his or her caregiver. This helps children to feel connected to their caregiver (Fonagy, 2012). For example, within Ainsworth's Strange Situation children with avoidant attachment styles did not act out when their mother left the room and did not respond right away when their mother returned to the room (Berzoff, 2011). Children with ambivalent attachment styles became upset when the mother left the room and responded with excitement when the mother returned to the room of the Strange Situation (Berzoff, 2011).

When working in the child welfare system it is important to not only look at the child's attachment, as stated in the previous chapter, but to also assess for the potential disconnect of how a child views him or herself in comparison to those around them (Owusu-Bempah & Howitt, 1997). Knowledge about the level of the children's attachment to their parents helped to guide the child welfare system in deciding if it was most beneficial to separate children or to keep children with their family. The services in place to keep the child safe depended on how emotionally hurt the child was and the amount of negative consequences that could arise from



separating or keeping the child in the home with the perpetrator (Owusu-Bempah & Howitt, 1997). The research showed that there is no direct outcome or simple solution. Every family will respond differently depending on the family dynamics. For this reason, it is important to assess and to understand the attachment style of the child and to give parents a voice in the decision making process.

### **Object Relations Theory**

Through the lens of W.R.D Fairbairn object relations demonstrates the cyclical and self-blaming nature that children can become wrapped up in because they are yearning to please an abusive or neglectful parent. Fairbairn's theory impacted "the movement toward a 'two-person psychology' within psychoanalysis, particularly in the more recent integration of object relations theory and interpersonal theory in current relations psychoanalysis" (Mitchell & Black, 1995, p. 138). The repetition compulsion can occur when the child and his or her family is attempting to navigate the social service, school and legal system. The research showed that many families felt frustrated and the cycle of Fairbairn's concepts of the exciting and rejecting objects was replicated during this process. The school and the legal system become the exciting object because there is hope for something to change, yet when change does not happen in the way the family or child client wants, the school and legal system become the rejecting object (Kwintner, 2011). In this way, Fairbairn's object relations theory distinctly helps to understand the cycle that occurs within a child as he or she is hoping that someone can become a satisfying whole object for him or her. Understanding the cycle of how abuse and neglect, through the lens of object relations, is created through the child's yearning to be satiated by his or her parent is also at the core of this research topic. In recognizing this process Fairbairn's object relations theory allows for the school social worker to work with the child's frustrations by maintaining the goal

of helping the child to begin to create whole objects rather than splitting. The goal is to help the child to have satisfying interactions with adults and to know that the abuse and neglect may not be their fault (Kwintner, 2011).

### ***Synthesis***

Child abuse and neglect has remained present in the public eye due to the lasting developmental consequences that have been found through the understanding of theories like attachment and object relations (Peled & Kurtz, 1994). Children are a vulnerable population. Children are dependent on their caregivers for emotional support. For example, in some communities children are dependent on their parents to transport them to and from school, to sign up for afterschool activities, and help with homework. All of this is successful when children feel that they can explore on their own and challenge themselves, knowing that their caregiver will be there to respond appropriately to their needs.

The role of a school social worker as a mandated reporter is still relatively recent and the impact of suspected abuse and neglect on the family and the reputation of the school has not been fully examined (Chanmugam, 2009). School social workers are in a specialized field that is impacted by education policies, research and the connections that the school social worker is able to make with the faculty and staff (Stuart, 1986; As cited in Corbin, 2005). School social workers must mutually adapt to the needs of the child client as well as the child's family.

Every couple of decades there is a shift in the field of social work from being more individually oriented to more systemically focused (Phillipo & Stone, 2011). This means that there is not only a need to focus on the child, but also to focus on how the family is managing within the community or navigating within the school system. In order to work with the child, the social worker and school faculty must also accommodate the family (Phillipo & Stone,

2011). School social workers that are able to maintain a balance can be the liaison between the child client, family and school faculty and staff. The school social worker can be a great advocate for making sure the family, and specifically the child of suspected abuse and neglect, are getting their needs met (Peled & Kurtz, 1994). When working within a school system, it was found that the social worker should be aware of the labels, bureaucratic pressures and cultural sensitivities in order to figure out how best to work with the child and the child's presenting problem (Phillipo & Stone, 2011).

There is a potential for many misunderstandings to happen, especially when working across cultures and different perspective on safety and parenting (Keenan et al., 2005). The therapeutic alliance as defined by Binder and Strupp (1997) is a 'bi-directional process' where the client and therapist are working together in managing changing power dynamics (As cited in Keenan et al., 2005). In being aware of the changing power dynamics, the therapist should always be working towards deepening the trust. This is important because research showed that when there was trust between the child client and therapist the relationship is strengthened and the child begins to feel more comfortable disclosing the chain of events that occurred between themselves and the perpetrator (Sorenson & Snow, 1991). There is much pressure on the child in two different directions; one from the school social worker who is worried about the child's safety and second from the parents who are scared that CPS will get involved with their family (Sorenson & Snow, 1991). With this knowledge at hand, it is important to take into account the many directions that the relationship between child client, family, school and CPS caseworker may go when the reportable information is disclosed (Sorenson & Snow, 1991).

It was found that a challenge in making a CPS report is not having enough information about the family for the CPS caseworker to be able to follow through (Pietrantino et al., 2013).

Additionally, there is a lot of pressure on the social worker to decide between keeping confidentiality and the child's safety. The child has a hard time navigating between disclosing what happened to them and the potential consequences from his or her parents on whom he or she depends (Sorenson & Snow, 1991). Sorenson & Snow (1991) found that when the school social worker remained transparent and talked to the family and child through the entire process the family felt listened to rather than talked over. When this process took place, there was a higher chance that the family would cooperate and continue seeing the social worker and CPS caseworker. It is important to take into account if there are other children within the family because the siblings are potentially at-risk of being abused or neglected as well (Friedrich & Einbender, 1983). Additionally, Pietrantino et al., (2013) found that families that were under higher amounts of stress were more likely to be at-risk of abusing or neglecting their child because there is a lower tolerance and amount of patience available for the child. Furthermore, when outsiders, such as CPS caseworkers or school social workers, enter into the family dynamic this interaction creates an even higher amount of stress and feelings of fear about the unknown. Ghaffer et al., (2012) examined the stigma around Child Protective Services. The CPS caseworker's first goal should be to reduce the family's feelings of reluctance and fear of their children being taken away from them. The family can feel threatened. Similarly to the school social worker whose goal is to further the trust with his or her child client, the CPS caseworker must do the same in order to allow the parents to voice their concerns and fears (Ghaffer et al., 2012). Listening to the parents and gathering as much information as possible is especially important when working across cultures because there is the potential for misunderstandings.

The research looked at the disparity amongst the populations that have a higher rate of reporting. Some of the established factors that lead to child abuse and neglect are limited

education, single-parent families, not having enough resources and support, environmental stress, and poverty (Putnam-Hornstein et al., 2013). These disadvantages have been found to disproportionately impact families of color (Putnam-Hornstein et al., 2013). However, when eliminating one of these factors, such as poverty, white families had a higher rate of CPS reports (Putnam-Hornstein et al., 2013). There continues to be much gray area in learning how to manage the relationship between the school social worker and the child client because of the strong bond between the child and the primary caregiver; every family is different and requires a different treatment plan and course of action.

### ***Strengths and Weaknesses***

Every study has a limited amount of information that the researcher is able to cover. Theoretical theses are not able to quantify the information and this study would have produced different results if I had chosen to interview school social workers to learn about past cases and their experiences with CPS caseworkers when child abuse and neglect was suspected. There are also smaller topics within the phenomenon that I could have chosen to expand upon. For example, one path was to look into the types of trainings that were and are beginning to become available within schools to teach students how to be aware of potential situations of abuse and neglect. Another path was to look more into the relationship between school social workers and teachers and the challenges in working together against child abuse and neglect. I had also thought about choosing an older age group or focusing on a specific gender. "Attachment research and theory have not been translated into an understanding of the clinical manifestations of attachment problems in older children or into widely accepted clinical interventions for that age group" (Zilberstein & Messer, 2010, p. 85).

The therapeutic alliance between a school social worker and his or her child client is an understudied area of research. I'm hoping that this research will add to the body of literature and improvements of practice for school social workers. I think many times school social workers and CPS caseworkers can become caught up in the child's safety and forget about the complex web of connections that the child has to his or her parents and his or her community. The unique strength of my study is that I gave space for the research that spoke to parents' fears, anxieties and wanting their voices to be heard.

### ***Clinical Implications***

Clinical implications can be seen through future ideas and concepts that would enable each social service provider such as the school social worker, school faculty and staff and CPS caseworker involved in a case of suspected abuse and neglect to be able to do their job to the best of their ability. For example, in an ideal world, there would be enough funding for school social workers and Child Protective Service caseworkers. It is important to have enough funding because it would allow these social service professionals to have enough time with each family and to not feel overwhelmed by caseloads and agency expectations. Future implications for school social workers would be to continue to work on having more of a defined role within the school, and this will be further discussed. Lastly, schools are the principle institution in children's lives and have the potential to be a place where children can succeed.

### **Policy: General**

In order for the child to succeed with or without the help of a school social worker there needs to be clear policies in place. The policies should examine the impact of the emotional connection between the child and his or her family. Seen through the research on attachment and object relations theory, children are looking to their parents to respond to them in a stable and

consistent manner so that children can learn their parent's range of responses. However, when children never know how their parents are going to respond it leads to emotional misattunement, developmental and social issues in future relationships (Sorenson & Snow, 1991). This is important for policy implications because policies should be based on how best to help the family and the child. If the child has insecure attachment or maladaptive object relations this needs to influence the decisions of what services will best work with the needs of the parents and the child's social, emotional and physical safety.

Also, implications for policy practice would enable the court system to be more child and family friendly. "Decisions as to reporting a child as maltreated, removing a child from the home, recommending foster placement, and designing and evaluating effective intervention efforts would all benefit from an empirical database on the antecedents and developmental sequelae of child maltreatment" (Peled & Kurtz, 1994, p. 247-248). Therefore, if the court system was aware and had an up-to-date database on how children and their families are developmentally impacted by responding to or not responding to child abuse and neglect it would allow the judges to be more empathic to the families that are entering into the child welfare system. Additionally, the policies should be based on

Child development research (Zigler & Stevenson, 1993). However, the relationship between researchers and policymakers has been described as tenuous at best (Maccoby et.al., 1983). Public policies concerning children's issues are frequently decided and acted upon in a heated political atmosphere. (Peled & Kurtz, 1994, p. 248)

In acknowledging where and how policy decisions are made, this shows that the process needs to be readjusted and readdressed. Policies should not be decided in a heated political atmosphere because these policies then have the potential to miss important objectives and key concepts which impact the everyday lives of children and parents. Policies need to be decided with CPS caseworkers and social workers. These policies that include a culturally diverse less

argumentative committee will be better able to meet the needs of children of abusive and neglectful families.

### **Policy: CPS Caseworkers**

It is important for social workers and caseworkers to be trained in advocacy work and to know how to work with policy makers in addition to working directly with children and families. Both roles are just as crucial because social service providers are the main advocates for families without many resources. Also CPS caseworkers, ideally, would not be bogged down by the amount of reports that filter through the system and would be able to pay attention to all families even those that are not technically reportable. The implications and importance of this is to have CPS caseworkers with smaller caseloads. Then they would have more time for families to be given a voice in the process and be given time to understand why CPS became involved with their family. In slowing down the process it allows families time to adjust to outsiders and to begin to want to cooperate with caseworkers. CPS workers would be able to have more time with the families that do not warrant a report, but still need parenting education and support.

### **Funding and Implementation of Afterschool Programs and In-School Prevention Programs**

"Considering the destructive impact of child maltreatment on individuals and society as a whole, as well as the limited funding available to address its' consequences, the value of preventive measures is becoming increasingly apparent" (Asawa, Hansen & Flood, 2008, p. 74). Within the field of social work and child abuse and neglect we need to continue to advocate for the funding of preventative programs within schools. "School is a major location for the delivery of programs, with particular advantages and disadvantages, and as such merits careful consideration. In the past, programs were mostly implemented on trust and false assumptions rather than on any evidence of effectiveness" (Topping and Barron, 2009, p. 431). In thinking



about policies, afterschool programs should be subsidized so that all families can afford to sign their children up. Additionally, increasing funding for afterschool programs will allow programs to stay open later in order to support the parents within the community who have to work longer hours to pay the bills. This is incredibly beneficial and preventative against child abuse and neglect because children will rarely be at home without supervision. After school programs help children with homework as well as provide a time for experiential learning outside of the classroom setting. This is helpful for parents who have difficulty helping their children to complete their homework due to not having time or speaking another language.

Additionally, there are "Early Childhood Intervention Programs (ECIPs) which work towards preventing childhood maltreatment (Asawa et al., 2008, p. 74). These programs believe that there should be education and intervention earlier in a child's life in order to prevent significant problems later on (Asawa et al., 2008). "Programs have been criticized for putting too much responsibility on children for keeping themselves safe and failing to understand the nature of power [dynamics] between adults and children" (Topping and Barron, 2009, p. 432). This directly relates back to the study and the importance of attachment and object relations theory, which highlight the importance of understanding the connection that children have with their parents. It is important to continue to be aware of the community in which the prevention programs serve and the potential for change.

### **Role of the School Social Worker and Future Social Work Practice**

The field of school social work is constantly changing. Kelly (2008) found that the "trends for school social workers to be able to not only service individuals, small groups, and crisis situations but also provide more systemic work within the school setting to address the needs of the general student population" (As cited in Lewis, 2009, p. 97). Research shows that

many school social workers are asked to provide intervention services rather than early intervention or prevention-based services (Lewis, 2009). School social workers are more often than not asked to intervene when there is a crisis rather than when there is a suspicion of abuse such as when the child's behavior is subtly changing. When a school social worker works with the child from the beginning, there is room for him or her to get to know the child holistically rather than in a time of crisis.

When there are prevention services there can be trainings that take place within the classroom, as discussed above. Using Carlozzi's (2007) case example woven into the study illustrates the importance of prevention work. Matthew Lightfoot might have been aware of the potential for sexual abuse when he slept over at his family friend's house (As edited by Dugger & Carlson, 2007). Kelly (2008) states that there are "time constraints on school social workers, demands on the legalities of special education, and evaluation on school social workers by non-social-work-trained staff" (As cited in Lewis, 2009, p. 98). This is a major identified problem that should be reassessed in order for the school social worker to be the most beneficial both for the student and for the school.

In evaluating how the school social worker can be the most productive, I believe in the open door policy. School social workers need to have an open door policy so that they can be accessible to all students. In doing early intervention and prevention work it allows the school social worker to meet the students and do outreach work so that students know that he or she is available if needed (Topping and Barron, 2009). For example, one of the major consequences of child abuse and neglect is that a child is not believed or is too scared to say anything. However, a school social worker plays the crucial role of being able to hear, support and act on cases of child abuse and neglect. In having an open door policy for students there should also be

outreach to parents. Parents need to feel that their concerns are being met as well. A school social worker can work as a liaison between the family and the school or the family and the student in helping each party feel that their voices are being heard (Topping and Barron, 2009). "The acceptability of the intervention to stakeholders other than children is relevant. Because most sexual abuse occurs within the family, mention of school-based programs with a parental involvement component is appropriate. Parental support is an important factor in recovery from child sexual abuse" (Topping and Barron, 2009, p. 453).

In addition to an open door policy, there should be less pressure on school social workers by the school's and teacher's curriculums and expectations. "School-based programs are likely to be constrained in size by the many demands for curriculum time" (Topping and Barron, 2009, p. 433). Ideally, school social workers would be given the space in a school to get a sense of the community, to be able to form groups based off of the student's needs and not just the teacher's needs, and the school social worker is given the opportunity to meet with the parent(s) of his or her child client. Schools have become a place that is more focused on teaching to the test, which therefore gives less space and time for school social workers to collaborate with teachers and less time to bring in trainings for faculty and staff. Training school faculty and staff would help them to become more knowledgeable and aware of behavioral signs of abuse and neglect that students might be demonstrating or acting out in the classroom setting (Topping and Barron, 2009).

### **Future Research**

As noted in the methodology chapter under author biases, the research and theories presented are a personal understanding and approach to how the theories relate to the phenomenon. The chosen theories are vast and I have only studied small aspects of each theory, and to have reflected on more than what has been presented is out of the scope of this research.

Therefore, there is much research to be evaluated and analyzed on this topic of the relationship between a school social worker and his or her child client after a CPS report is made.

Through the generations, ideas and concepts of parenting are constantly changing. As time progresses culture and practices around how to parent a child will continue to evolve. It will continue to be important when creating the therapeutic alliance to be culturally sensitive to the differing ideas about the ways in which the family of the child client leads their everyday life. Cultural practices around parenting will be an area that will continuously need to be explored. Additionally, the role of the school social worker varies according to the needs of the school and/or agency, which contracts the social worker to work in a school. Therefore, as of now there are no standard roles and expectations for a school social worker. Lastly, as child abuse treatment and prevention programs continue to be implemented, much research needs to be done on how best to involve not only the child but also the parent in bringing awareness to this topic and the developmental, emotional and social consequences within a child's life.

### ***Conclusion***

In studying the phenomenon of the changes within the therapeutic alliance between a school social worker and his or her child client after making a CPS report, I have looked at the history of child abuse and neglect, and the child welfare system, through the theoretical lens of attachment and object relations. In supporting my phenomenon, I examined the role of a school social worker both in working with the child and being in contact with the parent. Through the perspective of attachment theory, children want to feel emotionally and physically close with their parents and want to communicate and to know that their parents will be there in times of need. Through the lens of object relations, children go through the process of disclosure that leads them to feel hopeful for change and frustrated when change does not happen.

Throughout this study, I have argued for a theoretical stance that looks at relationships and the importance of the child parent dyad. There are so many layered complexities that social service professionals involved in the child's life must take into consideration. I have presented the frameworks of John Bowlby and Mary Ainsworth's attachment theory and W.R.D. Fairbairn's theory of object relations. However, it is in the hands of future school social workers to consistently reassess the level of transparency that they have with the child client and his or her family in order for all voices to be heard and for families to feel like they are not being violated by CPS caseworkers.

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