

Smith, Angela

From: amacdiarmid@helenaindianalliance.com
Sent: Friday, December 11, 2015 12:36 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Alexis

Last Name: MacDiarmid

Email: amacdiarmid@helenaindianalliance.com

Comment: "Parental substance abuse and addiction is the chief culprit in at least 70 %—and perhaps 90%—of all child welfare spending" (CASA, 1998). Governor Bullock has created a commission to protect Montana's kids in response to recent controversy surrounding the professionalism and effectiveness of the Child and Family Services Division in the state of Montana. Child abuse numbers have not changed significantly since the last statistical release of information and neither have the numbers of deaths attributable to child abuse. The last known time that the child protection system in Montana was overwhelmed (by rising numbers of children entering the system) was when methamphetamine came to Montana in early 2000. In testimony to the U.S. Congress on the costs of methamphetamine for child welfare, a regional administrator for the Montana Department of Public Health and Human Services reported that more than 65 percent of all foster-care placements in Montana are directly attributable to drug use and that, among those, meth is a primary factor 57% of the time (Frank, 2006). While the taxpayers of Montana have funded excellent, evidence-based treatment centers for methamphetamine addiction, Child and Family Services actively flounders in caring for the children who are casualties of addiction. They have taken a punitive rather than a professionally effective stance. The numbers currently reported to be overwhelming Montana's Child Protection system are the numbers of children in out of home placements. "The number of Montana children in foster care hit a record high this past year with 2,400 children, according to CFSD. That's an increase of 20 percent over the past two years and a 60 percent increase since 2008, according to Sarah Corbally, division administrator in Helena." The legislative audit committee in 2014 remarked that CPS workers were not documenting the reasoning behind their placement decisions. But a policy of routinely determining placements for children based on other than professional reasons is perhaps not appropriately documentable. Cases of drug endangered children are routinely handled as if they are soap operas with the CPS workers starring as central characters. CPS workers are behaving as if they believe they are the police or even junior members of the FBI; thus acting completely outside of their scope and professional capacity. In the world of drug endangered children the focus should be on the safety of the children. Drugs or illegal behavior are matters easily referred to law enforcement. CPS workers across the state are becoming well-known for their vindictive gossip and immature, retaliatory behavior in working with families. They appear to operate with a total lack of supervision or fear of any liability to their agency; misusing the power granted to them by breaking state and federal laws; namely Indian Child Welfare Laws, HIPAA healthcare confidentiality laws and 4th Amendment search and seizure laws. Often workers will openly admit their ignorance of those same laws while violating them. When one observes the current qualifications required for being a child protection specialist in the state of Montana, it reads in part: The ability to engage and work with angry and violent individuals. One wonders if those are the individual members of the public who are trying to make formal complaints when there is no avenue for making complaints and no policy for addressing complaints. Child Protection's stated mission is to be working with children and families. The police are to be working with angry and violent individuals. It's a caution to the rest of us to find that CPS has completely lost sight of their mission to protect children. Due to their own policies, ineptness and self-protective defensiveness they have, quite naturally, created a climate of hostility and mistrust with the public and they seem to revel in it. When Sarah Corbally, Administrator of the Child and Family Services Division expects there will be increased transparency once a child fatality review team is put into place what is she actually saying? That a group of people needs to investigate the death of a child in order for CPS to become open and honest and accountable to

the people of Montana? The Montana Fetal, Infant and Child Mortality Review commission already reports to the legislature. Sadly they found at least 65 of the deaths that they reviewed were of children with a background that included past reports of abuse and neglect. Average citizens can usually determine if a child is being neglected. That's why there are child abuse reporting hotlines across the world. Neglect is the most common cause of child fatality attributed to child abuse. To sum it up for the possible child abuse reporter: two of the most serious indicators for possible abuse of children are domestic violence and/or addiction in the home. If you, the reader, go so far as to make a report of possible abuse to Child Protective Services it is instructive to know that your report may not be investigated. Or it may take time to be investigated. That's why it's good right now to be one of many callers. If your complaint is investigated in the state of Montana, the likelihood that the CPS worker will tell the alleged abuser that you made the report is high. This is routinely unprofessional behavior that raises the stakes for all reporters but most importantly raises the level of crisis for children who cannot afford additional crisis in their lives. The most recent nationwide statistics show that the response time, in hours, for a report of child abuse to be investigated in the state of Montana was 195.3 hours (or about eight days). Seventy percent of states have a median response time of less than 48 hours. *(Median response time in hours is computed from the NCANDS Child File records). Yet, Governor Bullock states, in forming his commission that he wants to be advised on National Best Practices in the Child Welfare field. The state just complete a three-day training as they do every year (Child Abuse Prevention month in April) for education on best practices in the child welfare field In Ireland they have very direct website detailing National Standards for the Protection and Welfare of Children (by the Health Information and Quality Authority) and it includes, in part their protocol for responding to reports of possible abuse/neglect: 2.2.2 Preliminary enquiries are carried out to clarify the nature of the concern and all relevant information is documented. 2.2.3 Defined thresholds of significant harm or neglect guide social workers on the assessment of risk of abuse/neglect and on the appropriate course of action to take. 2.2.4 Immediate action is taken, where appropriate, to ensure no child is exposed to continued risk of harm or neglect. 2.2.5 Where there is a suspected case of physical or sexual abuse and/or willful neglect, the service shares the information with An Garda Síochána in order to protect the child and/or other children from significant harm. 2.2.6 The child is referred to the appropriate service based on preliminary enquiries and the level of risk to his/her safety and welfare. 2.2.7 A social worker uses all relevant information including the age and vulnerability of the child, defined thresholds of significant harm or neglect and his/her professional judgment to decide on the most appropriate course of action, in the best interests of the child. 2.2.8 All relevant information regarding the child is documented, including the rationale for all decisions made. 2.2.9 Appropriate feedback is provided to the person who made the referral, within the confines of confidentiality and in line with Children First. Despite the much touted complexity of the Child Protection issues in the state of Montana it boils down to this; the Director of DPHHS is responsible for the addressing behaviors of his employees that are discourteous, unprofessional or criminal. The most highly complex task that the child protection agency in Montana is currently performing is that of attempting to evade accountability for actions performed unnecessarily and unwisely during the course of their jobs. Alexis MacDiarmid, BA, LAC (Mother, Grandmother) Helena, Montana

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Smith, Angela

From: Messageinmontana@hotmail.com
Sent: Friday, December 11, 2015 11:03 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Susan

Last Name: Carlson

Email: Messageinmontana@hotmail.com

Comment: Is this just another sick joke? DPHHS has clearly informed our family that they are a reactive agency. Not a proactive agency in the least bit interested in protecting children. Sick! Sick! Sick! And sickening!

File Upload:

Smith, Angela

From: jwalmartion2@hotmail.com
Sent: Saturday, December 12, 2015 5:33 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: John
Last Name: Walton
Email: jwalmartion2@hotmail.com

Comment: I am an old Platoon Sgt, from the 1960's. We saw bad things happen to kids and it still bothers us to see kids mistreated. In September 2012, ██████████ called me from the hospital with a stab wound. This was the 18th domestic violence against ██████████ in two months. The Police Chief said they have a policy with the County Atty, the police catch the bad guys and the County Atty releases them. My ██████████ would take ██████████ outside and hide in the bushes when the violence occurred. I called the County Atty and Child Protective Services many times. I went to pick up my ██████████ and ██████████ objected. I broke my cane and he called the cops. The police came and told me to take the kids and get a heavier cane. This began my nightmare with Child Protective Services. ██████████ very disturbed kids, so I called CPS for help while searching everywhere for assistance. I found a licensed Counselor for the kids. It took 3 months for CPS to provide any help. There was no financial assistance because they said ██████████ had to take training to get a Foster Care License. The training was good, but ██████████ had to buy all new clothes, beds and bedding ourselves for the kids. Everything had to be replaced because of the Methamphetamine contamination. It's been a very rocky relationship with CPS supervisors. I don't lie and I hate being lied to, or about. ██████████ told me that ██████████ classmate, 11 year old girl, said, "Don't let them (CPS) place XXX with XXX, because he molested me!" I immediately took my grandson to the Counselor. Sure enough, I found that girls mother, the ex-wife of the molester. She (The mother) had a copy of CPS's Investigative Report about this, (Molestation) which also included 3 years of domestic violence. This Report is VERY Explicit. This child DID NOT make this up and it still bothers her 7 years later. She swore ██████████ to secrecy, but he was worried so much that he told me. This CPS Report is VERY DISTURBING, because CPS placed ██████████ back with this MONSTER, knowingly. CPS was more excited about myself having a Copy of their Report than about what it contained. The child explained, "Pee was coming out of his 'noonie' and I had to wash it off." The Report gets even worse. The Report references interviews by CPS workers at the jail with the molester, where they (CPS and the molester,) made a deal. He said, "I'll give up my rights to ██████████ and never see her again if that's what it takes." The deal was made, so we saved that one, but what about the next child? CPS then told me to stop raising hell, or they would take ██████████ from us. I didn't stop, so they honored their threat ██████████ went to school on the bus and never came home. I did everything CPS told me for over a month. ██████████ came back home very disturbed again. I managed to convince CPS to send ██████████ who is trained to work with disturbed kids and she works for the State where she lives. ██████████ is now doing great, but misses ██████████ siblings. On November 5, 2014, ██████████ didn't come home on the bus. I called CPS. They had placed ██████████ with ██████████ I objected and on December 2, 2014, the ██████████ got on the school bus and never came home either. Then CPS Filed a Restraining Order against me and 3 CPS workers said I had threatened them? They alleged that they were afraid of my PTSD and rattled something off about a 4 wheeler? During a supervised visit with ██████████ I was told that he went riding a 4 wheeler with no helmet. I gave CPS a fifty dollar bill to go buy him a helmet. CPS then asked the District Court Judge for a "Blanket Restraining Order," to include ALL CPS workers and to bar me from telling others about the CPS Report on the molester. The Judge mentioned the Declaration of Independence and the Constitution. I explained that I'm aware of these and my ancestor signed the 1st on May 11, 64. I too have sworn to protect these rights against all enemies, foreign and domestic. The Judge Ordered that I have no contact with the 3 stooges, (The 3 workers who made this false allegation upon me.) I then took copies of the Molestation Report to legislation

committees and a copy the the national news. I was forced before the same Judge, same threats, but this time there was issued a Warrant for my arrest? I glanced behind me and saw the County Attorney with the CPS supervisor and a Deputy Sheriff. The Judge said that if I protest the Restraining Order that I would be going to jail. He then said, "Do you still want to protest the Restraining Order?" I replied, "Your Honor, hell yes!" The molester even accused me of poisoning his dog? I questioned his allegation. I even presented him with a Copy of the CPS Investigative Report by CPS. [REDACTED] explained that is the item he referred to in his complaint. I also handed the Judge another copy of the Report and asked it to be entered as Evidence for the kids sake. The Judge smiled and handed it to his Clerk. [REDACTED] attorney then stood up and read a letter from the CPS's own lawyer, which stated that CPS had (Re investigated their own Report Conclusions from previous,) and promptly changed their Report to "Unsubstantiated," on the molestation after I showed their original findings to everyone I could. As the Sheriff led me away, I asked the Judge, "Since the [REDACTED] Report is now no good, why am I still going to jail?" I was finger printed, booked and put into the custody of the V.A? As I was being booked, another person was too for beating [REDACTED]. A few days later, we received our Renewed Foster Care License from the State. So, here I was being booked for [REDACTED] while another was booked for beating one? Now, as of December 8, 2015, my own State Representative Mary Sheehy Moe, complained to the Court that I had sent her a copy of the suspect molestation report. I have been served for Contempt of Court again for exercising my 1st Amendment Rights and complained against by my own County State Representative. I have no Right to Freedom of Speech and there's no justice for [REDACTED]

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Smith, Angela

From: osborne6722@yahoo.com
Sent: Saturday, December 12, 2015 7:41 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Dennis

Last Name: osborne

Email: osborne6722@yahoo.com

Comment: We was treated unfairly [REDACTED] was treated like second hand trash she got out of that you could keep [REDACTED] did all the family counseling did I meant evaluation and in the end they were taken away away in Utah the other one supposedly got adopted out so between CPS Intermountain casa advocacy group for the kids and enter

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Smith, Angela

From: writingfriend@yahoo.com
Sent: Monday, December 14, 2015 5:58 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Linda & Karl

Last Name: Johnson

Email: writingfriend@yahoo.com

Comment: I don't know where to start, so I'll start with the earliest of neglect and problems. In January or February 2015, [REDACTED] were placed with us because of abuse. We weren't surprised because this has been going on for years. Not only the yelling and screaming, but the threats to the kids and beating them with wooden spoons. The rights had been taken away from [REDACTED] because of her alcohol and drug addictions. [REDACTED] was forced to sign the kids over to [REDACTED]. The two oldest were not even [REDACTED] kids. Our [REDACTED] finally got the help she desperately needed and is now taking online classes to become a drug counselor. She's smart and has changed. From the beginning of placing our [REDACTED] in our care, the social worker said they'd get them back to their family as soon as possible. She told the kids this when she got them from school, and when she dropped them off at our house, to us. It was the most important thing as far as she was concerned...not that they were abused or subject to physical and emotional pain. And as usual, it was only a month and they kids were back home [REDACTED]. We also have a tape of him being terribly abusive with [REDACTED] calling him names like stupid and dumb and that if the house was on fire he'd lock him in his room to die. This is terrible abuse [REDACTED] has some emotional problems and has ADHD. He's very smart, but hyper. If they were loved and were told they were loved by them, and meant it, the kids would thrive on it. Now because of [REDACTED] abuse and caught by DFS, [REDACTED] to see them. He is hurting them as well as us. We used to see them every weekend. And then he changed it to every other weekend, and now he said no contact at all. This is criminal in my eyes. Now we don't know what's going on over there and I know that they aren't being watch for signs of abuse toward the children. I also know that [REDACTED] told me that any time they tried to tell DFS about certain issues, that DFS wouldn't listen or even return their calls. Again, [REDACTED] don't know who to trust. That's a big factor and also abandonment since they can't see [REDACTED]. We went through the same classes to see if we could take the kids [REDACTED] straightened up and then we weren't good enough. That's what we felt. I really worry about the outcome of what might be going on in that household. With us not being able to visit with them or have them for the night, is just plain cruel and abusive in its own right. [REDACTED] raise those older kids and was in our home for long periods of time. Now, nothing. We haven't been to court on this yet. We feel the judge wouldn't be sympathetic to our cause [REDACTED] to sign over the kids or [REDACTED] wouldn't see them again. [REDACTED] can't see them now anyway. So, we feel like we don't know where we can go for help. What I also feel is strange, is that now 3 of the social services people that dealt with this case, have retired. Isn't that a coincidence? We [REDACTED] care and we know we aren't the only ones that are suffering not being able to see [REDACTED]. We want and need justice for [REDACTED].

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Smith, Angela

From: jxpoole@yahoo.com
Sent: Wednesday, December 16, 2015 10:20 AM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Jennifer

Last Name: Poole

Email: jxpoole@yahoo.com

Comment: I am pleased that the department is finally being investigated and that crucial changes will be made to better protect our children of Montana. My concern from what I have read thus far is that it seems the investigation is really being focused towards the northeastern portion of the state and I feel it is my responsibility to make the commission aware that there are alarming issues in the Gallatin County office as well. Unfortunately I have been dealing with this department or lack there of for the past 8 years on and off. I am a single mother of a beautiful, smart, kind, and most wonderful [REDACTED] and have been on my own with [REDACTED] is very abusive and has exposed [REDACTED] to very inappropriate circumstances for the past 8 years and the department continues to turn a blind eye. Numerous counselors, professionals, teachers, and doctors have all called child protective services over the years only to have excuses made [REDACTED] and when investigations did occur, they were closed soon after due to not having qualified professionals working on cases. My largest concern at this point is that [REDACTED] the most recent in 2013 that occurred in Ennis (where he resides) while he had a newborn child in the car. Because of the justice system in Ennis "looking out for their own", this guy only received a night in jail and a requirement to attend alcohol classes. He was never charged with child endangerment as Montana law requires but the DUI does notate that the baby was in the backseat at the time. There is a court order (parenting plan) indicating that when [REDACTED] is with [REDACTED] father or myself for that matter that neither parent shall consume alcohol (due to [REDACTED] alcoholism). [REDACTED] reported to [REDACTED] teacher last school year that when [REDACTED] father picks [REDACTED] up from school for a weekend visitation that he consumes a case of beer on the drive home to Ennis. This of course was reported to DFS so they spent about 6 months investigating and talking to [REDACTED] who reside in this guys home. All [REDACTED] confirmed that drinking and driving is a regular occurrence. Somehow the department decided to dismiss these [REDACTED] statements about the alcohol use in addition to the reports from a private investigator [REDACTED] who reported alcohol usage. Due to the fact that no one holds this father accountable, the drinking continues and I am constantly fearing for [REDACTED] when [REDACTED] has any visitation. He has even been so brazen to allow [REDACTED] to take a sip of his beer recently and no longer even tries to hide it because of the lack of accountability by the courts or DFS. This guy is a ticking time bomb before the 4th DUI occurs and I pray daily that when this happens that [REDACTED] isn't with him. I fear for [REDACTED] life constantly and it is a very difficult way of life. I have only touched on the issues over the years with the department or the lack there of, but other things that [REDACTED] has had to endure have been: being left alone at [REDACTED] home since age of 4, one [REDACTED] in his [REDACTED] home has tried [REDACTED] starting at age 5 [REDACTED] and [REDACTED] smoke in the home and car while [REDACTED] has severe allergies to this and has caused us to have [REDACTED] to try to cope but it continues and [REDACTED] is always getting sinus infections as a result--the pediatrician has written numerous times [REDACTED] about 2nd hand smoke to no avail, the movies [REDACTED] is allowed to watch [REDACTED] is dumbfounding and has made [REDACTED] have to grow up much too soon and know about [REDACTED] still cries and is in much fear/anguish when he has visitations [REDACTED] because he doesn't want to go (this has been ongoing [REDACTED] was given [REDACTED] at age 4 to play with since it no longer worked, [REDACTED] at his [REDACTED] house and is being taught to [REDACTED] at the neighbors houses and shown to [REDACTED] in the yard. There are [REDACTED] living at [REDACTED] house and [REDACTED] visits every other weekend. Neither [REDACTED] for the

██████████ have vehicles large enough to accommodate all ██████████ so none of them are properly restrained. This has also been documented by the private investigator as well as brought up to DFS over the years. As a very concerned ██████████ I beg this committee for a major overhaul of the department in every county Montana. While I know there are children at greater risk ██████████, I fear ██████████ and feel extremely helpless to protect ██████████. As a responsible parent that is the most difficult thing that I struggle with because I should be the one person in this world is able to protect ██████████ I have gone to great lengths and expenses for anyone to take notice of this situation and try to prevent a catastrophe before it occurs. In all reality, a lot of damage has already been done ██████████ and I have ██████████ in counseling for the long-term on how to cope with things ██████████ encountered and been exposed to. It is really sad that the state of Montana finds ██████████ behavior acceptable and that it is his right to be as horrible ██████████ as he chooses to be. This is the message that DFS has reported to me throughout my interactions with them. I don't understand or accept this because parenting ██████████ is single most important job we have in our lifetime and we are raising the future of this country. Parents who fail to simply protect children shouldn't have rights to be parents at all. May God empower you to make decisions moving forward that will protect these innocent children of Montana. Stop accommodating dead-beat parents and empower our children---they all deserve their ONE chance for the childhood they deserve! Respectfully, Jennifer Poole Belgrade, MT

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Smith, Angela

From: blessingsflow@mt.net
Sent: Monday, December 28, 2015 10:50 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Georgia

Last Name: Miller

Email: blessingsflow@mt.net

Comment: attached is a study of how much removing children from their home harms them for their lifetime.

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Removal from the Home: Resulting Trauma

It is vitally important to consider the physical and psychological safety of children living in foster care. Every year, 2 million children come into contact with the child welfare system due to investigations of parental abuse or neglect (U.S. Department of Health and Human Services, 2004). Many of these children are removed from their homes and placed into the foster care system. Foster care is known to produce poor social outcomes, such as high delinquency rates, high teen birth rates, and lower earnings. Furthermore, researchers have found that children on the verge of placement tend to have better outcomes when they are allowed to stay with their families; this is especially true for older children (Doyle, 2007).

Foster care is meant to be a temporary solution, but children stay in foster care for an average of two years (U.S. Department of Health and Human Services, 2005). In addition, the average foster child is moved from one home to another at least once, with 25 percent moving three or more times (Doyle, 2007).

Although an abusive family would undoubtedly be harmful to children, removing a child from his or her family can be just as traumatic. For example, placement instability in foster care could be a potentially serious problem for child development. Everyone would agree that children should not be exposed to abuse or neglect. However, the process of being removed from one's home and placed in foster care has consequences as well, and can have negative effects that last a lifetime (Bruskas, 2008). Such children are affected by a variety of factors, including; "the psychological and neurobiological effects associated with disrupted attachment to biological parents, the specific traumatic experiences (e.g.,



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neglect and/or abuse) that necessitated placement, the emotional disruption of placement, and the need to adjust to the foster care environment.” (Isquith, Maerlender, Racusin, Sengupta, & Straus, 2005)

The loss of a parent is arguably one of the most distressing experiences that a child can undergo. Losing a parent through state intervention can be especially harmful as it creates a “divorce” scenario in which children are removed from their family, friends, and environments with no sense of closure. This can lead to an irreparable sense of loss that can stunt development and lead to behavioral problems (Silver et al., 1999).

Few foster care systems have sufficient orientation programs to ease a child’s transition into foster care. Children may then have problems adjusting, as the foster care system lacks explanations and assistance to help them understand why they were taken from their home and what their future holds. Lack of understanding of the foster care system and the process may lead to feelings of loss and/or rejection for children grappling to understand the separation from their biological families (Lawrence, Carlson, & Egeland, 2006). Removal from the home and replacement in the home can lead to feelings of instability, loss of status and a loss of control as children may always expect and fear that they can be removed and replaced at any time without explanation (Schneider & Vivky, 2005). Children may worry how they will be seen and treated by peers and school personnel who find out that they are in foster care.

Neva Pryor, director of volunteers and counseling services at the Interfaith Hospitality Network in Philadelphia and an expert in the area of trauma-informed services, explains that when a child is taken away from a parent, the child is confused. The child



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might think that the parent is betraying him/her, especially if the child is not given an explanation that is clear, age-appropriate and trauma-informed. Traumatic removal and foster care experiences can create mistrust, which may lead to a range of psychological problems and personality disorders among these children, stemming from abandonment.

The younger the child when s/he is removed from the family, the worse the situation. If the child is preverbal, the effect can be multiplied because s/he does not yet know how to express his/her feelings. This may set the child up for a long-lasting sense of abandonment. Neva Pryor described a woman whose first memory is of being left on the porch of a foster home as her mother drove away (Pryor, 2009). Pryor explains that, even in the case of child abuse, the child attaches to the parents.

Edie Mannion, a marriage and family therapist for over 25 years and the co-founder and director of the Training and Education Center (TEC), a program of the Mental Health Association of Southeastern Pennsylvania, is an expert on families affected by mental illnesses. She agrees that, in comparable cases, it is better for children to stay with their families and have the families get appropriate supportive services, as this is far less traumatizing for the children and is more cost-effective. As one example of a traumatic effect, she describes how children of distressed parents can become "parentified." That is, they become worried about the parent, and perhaps their siblings, the way a parent typically worries about the safety and well-being of a child. These children become "little adults" and worry that their parent or siblings might not survive without them further adding to the trauma of being removed from the home. Addressing parentification of children through appropriate clinical and in-home services can be far less traumatizing than removing them.



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Mannion notes that it is critically important to study the effects of foster care placement, and to alter policies and procedures for moving children into foster care so that iatrogenic traumatization can be reduced (Mannion, 2009).

Sometimes the symptoms of a mental illness may present as problematic behaviors, including abuse and neglect. In these situations, intervention by child protective services is warranted. In such instances, a parent's illness is of significance as it can help inform appropriate services that will help the parent eliminate or reduce these problematic behaviors. However, there is no basis for a blanket assumption that having a mental illness means a parent will have symptoms that will present as dangerous behaviors. Therefore, the existence of parental mental illness alone is not, and should not be considered, just cause to remove a child from the home; and there should be no reason to cause a child the lasting psychological distress that may result from foster care placement.

In the case of the parent, the mental illness will only be exacerbated in these situations as the parent will understandably experience mental distress over the loss of his/her child. In fact, being a parent has proven to be one of the most effective motivators for individuals to engage in treatment/recovery. The parental role gives individuals a sense of purpose and positive identity in society that they may not otherwise be able to find (Nicholson & Henry, 2003).

Patrice Gammon frequently speaks about her experiences as a child in foster care. She entered the New York City foster care system with her two younger brothers when she was approximately eight years old. She is now working on her doctorate in social work. She notes that people frequently comment on what they call her success story, to which she replies that "if growing up in foster care and doing well is so rare that we need to notice



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and call it a success – that is a huge failure of the system. It shouldn't be a comfort to any of us that the successes seem rare." She also comments that, no matter how successful her life looks now, she still has to deal with a lot of pain. As most other people who have experienced trauma understand, one can work through it, but a traumatized person can never really live the life that they could or should have had.

Patrice was never told the truth about why she was removed from her mother: that her mother had a mental illness. The most explicit information she was given was that her mother had a "nervous breakdown." She wishes she had been told the truth and that "grownups had not been so quick to label me because I was in foster care, or because my mother was crazy." She relates that, as a foster kid, she knew that people considered her damaged goods. "It was hard not to internalize that in myself as a child," she says. She also wished that people had realized that she might have had more questions about her mother when she grew older and left foster care. This could be as simple as giving resource lists to adoptive parents or older kids aging out of the system – letting them know they can call for information (Gammon, 2009).

In short, the foster care system is meant to be a temporary solution. Children of parents with mental illnesses who have not demonstrated that they are a threat to the children's well-being should be allowed to stay with their families. In many cases, removal is just as harmful and traumatizing as having an abusive parent. The practice of removing a child from his or her natural home based on the belief that it would be better than leaving him/her in the care of a parent with a mental illness is based on stigma, not fact. It does a child no good to be removed from his/her natural home unless it has proven to be an abusive or neglectful environment.



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Sent: Monday, December 28, 2015 10:54 PM
To: HHS CFS PMK Comment
Subject: PMK Comment Received

First Name: Georgia

Last Name: Miller

Email: blessingsflow@mt.net

Comment: here is an article that talks about how harmful separating children from their primary care givers is

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EFFECTS OF SEPARATION ON YOUNG CHILDREN: IMPLICATIONS FOR FAMILY COURT DECISION MAKING

by Peter Ernest Haiman, Ph.D.

Often I have served as an expert witness for parents in family court. Recently, I watched helplessly as the court made a decision I knew would exacerbate, if not cause, child abuse and additional trauma to a two-year-old child. The mother was the primary caregiver, and it was to the mother that the child turned for comfort when in distress. The father was emotionally unstable, which he took out on his wife and daughter. Yet the judge supported placing the girl with her father on a trip to Canada for four weeks. This was much too long a separation from the primary caregiver. Yet the mother's attorney did not object. Nor did this attorney advocate in court for an expert witness to provide information about attachment research and the effects of visitation schedules on young children, as the mother had requested. This attorney never took the side of the child or showed empathy for her. This attorney and the opposing attorney spoke in private with each other for some time before the hearing began, and during the hearing they focused only on the needs of the parents.

This problem is not new. For decades, judges, attorneys, and even mediators have been making decisions that result in the ill-advised separation of very young children from their parents or other primary caregivers. Usually these decisions are based solely on the needs of the adults involved. Not enough consideration is given to the short- and long-term impact this separation will have on the child. Yet decisions made by courts can have a wide range of deleterious effects. Research has demonstrated that when young infants and toddlers are kept from developing a secure attachment to a primary caregiver, these children can experience this as traumatic. Some children develop a stutter; others have learning problems. These effects can continue throughout the life cycle (Graham, Heim, Goodman, Miller, & Nemeroff, 1999). Adolescents can have problems with authority, delinquency, attention deficits, shyness, and depression; among other issues. When they become adults, these individuals can present a variety of problems that interfere with their ability to maintain stable and enduring love and work relationships.

In this brief article, we are going to look at some relevant research from the child development literature, and at the effects of separation from the point of view of the infant, toddler, and preschool child. It is at this stage of life that the root of the problem lies.

Developing a Secure Bond

During the first year of life, the infant bonds with its primary caregivers. We now know that the quality of this attachment affects right brain growth. This is significant because the right hemisphere of the brain is responsible for processing information related to our social interactions and emotions. Moreover, most right brain development occurs within the first two to three years of life. Thus, from an emotional standpoint, the most essential task of the first three years of life is the creation of a secure attachment between the infant and its primary caregiver, who is usually the mother. This bond is built through the consistent interplay of a highly complex and sophisticated, but purely emotional, communication taking place between the primary caregiver and the child. Studies have demonstrated that the manifestations of

right brain growth and development that occur within the first two to three years can last a lifetime (Schoore, 2002).

Children who grow up feeling secure in their primary relationship will undergo normal emotional development. They will be equipped to handle constructively most traumas that may occur, either during childhood or later in life. According to neuropsychologist Allan Schoore (2002), "security of the attachment bond is the primary defense against trauma-induced psychopathology."

On the other hand, children who are subjected to disruptive separation at an early age lack this secure foundation. This lack interferes with the development of the right side of the brain. You might wonder if they will simply outgrow any damage that might have occurred. Unfortunately, this is usually not the case. Research has shown that children who do not develop secure attachments with a primary caregiver during the first years of life later are unable to calm themselves down; they are more likely than are secure children to overreact to stimuli. Insecure children have less impulse control, less ability to tolerate stress, and less ability to tolerate frustration than do individuals who have experienced a more secure childhood (Toth & Cicchetti, 1998). They also are more at risk for anxiety, depression, aggression, violence, suicide, and substance abuse. In my opinion, one of the most socially significant effects of insecure attachment is the fact that these individuals lack the ability to empathize. Well-known psychiatrist Alice Miller (1990) has written about how this inability can be passed from generation to generation within families.

The Pain of Separation

What happens emotionally within a youngster when that child is taken away from his or her parent or caregiver? How has the research on human development helped us explain a young child's verbal stutter or a toddler's approach-avoidance behaviors? These can be understood as symptoms of the same underlying dynamic.

All youngsters possess a strong intrinsic motivation, a strong wish to verbally express themselves. When undue separation is imposed on an infant or toddler, in that child's eyes, this need for verbal self-expression is overpowered by feelings of loss and fear. This is how the child experiences undue separation. The child can feel forcibly silenced as a result. The child feels a powerful need to say something, but at the same time feels this need must be forcibly repressed. This conflict causes the stutter.

When an infant or youngster has been away from a primary attachment figure, such as the mother, he or she yearns to have the mother back. The child naturally rejoices when the mother returns. If, however, the child feels that the mother has been gone too long or has been away too frequently, the child's reaction will be mixed. At first, the child shows happiness at the reunion. Very soon, however, the youngster's behavior will change. The initial smile will disappear and the child will not even look at the mother he or she missed so much. The child will turn his or her back on the mother. Concerned, and frustrated because she has been the best parent she knows how to be, the mother approaches her child and attempts to reestablish a loving physical connection. The mother will go to her young child. She will pick her child up and establish a rapport with her youngster. It is not unusual for a child in this

situation to resist the mother's attempts, to struggle and turn away, and to hit the mother or in other ways attempt to punish her.

Why does the infant turn its back on the mother? Why, now that the mother has finally returned, will the toddler begin without apparent reason to hit the mother he or she loves?

In each case, the youngster's behavior is saying the same thing: "I am totally dependent by nature. I am attached emotionally to you. It is from you that I learned I can trust to get my love and to get all my needs met when I need to have them met. I feel you were doing what a good parent is supposed to do: be there consistently and reliably for me so I can learn to trust in you. I won't be able to trust myself unless I learn to trust in you first. But then something bad happened. You were gone when I needed you. You were away when I needed to be held. You were gone when I needed to hear the sound just of your voice. You were not there when I needed someone to comfort me. The time grew longer and longer without you. You were gone. I started to cry. I couldn't stop crying. You should have been there to protect me. You were not there to look at. I felt so weak. I could not eat."

Although their behavior may be speaking loud and clear, most youngsters, even five- and six-year-olds, cannot put the above feelings into words.

But why the turning of the back? Why the loss of the smile shortly after reuniting with the mother? Why the hitting of a mother who has been the primary love and attachment figure for this toddler?

The hitting serves two purposes. First, it punishes the mother for abandoning the vulnerable young child. It is an expression of the intense, fear-based rage felt inside the infant, toddler, preschooler, or young child at having someone with whom there had been since before birth an unwritten contract of dependency and care—a contract that, from the child's point of view, had been broken without the possibility of repair (Main, 2000). Second, it is the establishment of an unwritten contract between the youngster and himself or herself never to be vulnerable in love and/or invest his or her trust in the love of another again—a contract that will be carried by that individual into adolescence and adulthood.

Family Courts Need to Be More Responsive

I do not believe any family court in the United States wants to see these scenarios happen as a result of decisions made that involve the well-being of young children. I do not believe any father and mother wants children to suffer the short- and long-term damages that can multiply from such family court decisions. Yet, family courts continue to order visitations that require the young child be separated from that child's primary attachment figure.

Decisions made in family court that affect the life of the young child, but that are not based on well-researched theories of psychosocial development, such as attachment theory, hurt the very validity of the court. These decisions too often result in short- and even long-term psychological damage to the individual.

In many states, young children do not have legal representation of their own. Every child should have the right to have his or her developmental needs fully described in court. That child's unique life history

must be understood if informed decisions are to be made on his or her behalf, and appropriate parenting plans created. This requires an understanding of the research as well as of the individual child. It cannot be accomplished by lawyers alone. Children also need advocates who understand developmental theory and research, and who are able competently to represent the child's particular needs.

When evaluating a parenting plan, toddlers and preschoolers will show a well-trained observer how well the plan is working. Even nonverbal infants can express how well their needs have been met. Advocates are essential at this stage, as well, to let the court know if the plan is working. When will this vital process become standard in the family court system? It seems we have a long road to travel.

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Children's Services

PRACTICE NOTES



From the N.C. Division of Social Services and the Family and Children's Resource Program

Vol. 2, No. 4

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Effects of Attachment and Separation

Attachment and separation: these elemental forces drive the behaviors and decisions that shape every stage of practice. Assessment, removal, placement, reunification, adoption—no aspect of child welfare social work is untouched by their influence. This article will describe these forces and provide suggestions for helping children and families understand and cope with them.

Attachment

Attachment is the social and emotional relationship children develop with the significant people in their lives. An infant's first attachment is usually formed with its mother, although in some circumstances another adult can become the primary attachment figure. This may be a father, a grandparent, or an unrelated adult (Caye, et al., 1996).

Attachment is a process made up of interactions between a child and his or her primary caregiver. This process begins at birth, helping the child develop intellectually, organize perceptions, think logically, develop a conscience, become self-reliant, develop coping mechanisms (for stress, frustration, fear, and worry), and form healthy and intimate relationships (Allen, et al., 1983).

In her 1982 article on parent-child attachment, published in the journal *Social Casework*, Peg Hess states that three conditions must be present for optimal parent-child attachment to occur: continuity, stability, and mutuality. **Continuity** involves the caregiver's constancy and repetition of the parent-child interactions. **Stability** requires a safe environment where the parent and child can engage in the bonding process. **Mutuality** refers to the interactions between the parent and child that reinforce their importance to each other.

Research has demonstrated that two primary parenting behaviors are most important in developing an infant's attachment to a caregiver. Optimal attachment occurs when a caregiver recognizes and responds to the infant's signals and cues, meeting the infant's physical and emotional needs; and when the caregiver regularly engages the child in lively social interactions.

Studies of infants raised in institutional settings suggest that neither behavior alone is sufficient for secure attachment. For example, one study found that institutionalized infants failed to form strong attachments to caregivers who readily met their physical needs but did not engage them in social interaction. Conversely, social interactions alone are not enough: infants often form social attachments to brothers, sisters, fathers, and grandparents who engage them in pleasurable social activity. Yet, when they are tired, hungry, or distressed, they often cannot be comforted by anyone other than the caregiver who has historically recognized and responded to their signals of physical and emotional need (Caye, et al. 1996).

Separation

Separation, the removal of children from the caregiver(s) to whom they are attached, has both positive and negative aspects. From a child protection perspective, separation has several benefits, the most obvious being the immediate safety of the child. Through this separation, limits can be established for parental behavior, and the child may get the message that society will protect him or her, even if the parent will not. Separation also temporarily frees parents from the burden of child-rearing, allowing them to focus on making the changes necessary for the child to return home.

Separating a parent and child can also have profoundly negative effects. Even when it is necessary, research indicates that removing children from their homes interferes with their development. The more traumatic the separation, the more likely there will be significant negative developmental consequences.

Repeated separations interfere with the development of healthy attachments and a child's ability and willingness to enter into intimate relationships in the future. Children who have suffered traumatic separations from their parents may also display low self-esteem, a general distrust of others, mood disorders (including depression and anxiety), socio-moral immaturity, and inadequate social skills. Regressive behavior, such as bedwetting, is a common response to separation. Cognitive and language delays are also highly correlated with early traumatic separation.

Social workers in child placement must be continually aware of the magnitude of the changes children experience when they are removed from their families. See "Helping a Child Through a Permanent Separation" for ways to minimize the trauma of separation.

Grief

In most cases of separation, the families involved go through the five stages of grief (shock/denial, anger, bargaining, depression, and resolution), although not necessarily in this order. For example, it is possible for a grieving person to move from anger to depression and back to anger again. "Reactions to the Five Stages of Grief" is a chart that identifies behavioral expression in children and parents during each of these stages.

One of the most common errors made by social workers, foster parents, and parents is to misinterpret a child's compliant and unemotional behavior during the shock/denial stage and judge a placement to be a "success." When a child is thought to have handled the move without distress, later behavioral signs are often not recognized as part of the grieving process. They may be ignored or attributed to emotional or behavioral problems. At times the child may even be punished for them, intensifying the child's distress and depriving him of support and help (Caye, et al., 1996).

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