Caregivers Who Are Out of Control

Introduction

This month we are concerned with caregiver self-control. The safety threat, one or both caregivers are out of control, considers (in relation to a child's safety) a caregiver's ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. So, this threat is about self-control as it relates to child safety and protecting children. It is the lack of caregiver self-control that places vulnerable children in jeopardy.

Some safety assessment models have a safety threat concerned with caregivers who are out of control. Other safety assessment models identify a safety threat that combines violent and out-of-control caregivers. And some safety assessment models have threats concerned with substance abuse, mental health, and sexual abuse—all of which are associated with caregivers who are out of control and unable or unwilling to perform their protective responsibilities. We prefer safety assessment models that include a threat that identifies and focuses concern on caregiver self-control *specifically* rather than associating self-control with violence or other forms of behavior like substance abuse. The reason is that this is a more precise way of understanding what is going on in a family situation that affects a child's safety and that must be managed. This assures that self-control is considered as a unique caregiver dynamic separate from violence, and it assures that self-control is addressed as the real issue associated with substance use, mental health, and sexual abuse.

A focus on self-control or, more accurately, caregivers who are out of control can result in you understanding more specifically how that individual dynamic and related behavior are influenced, stimulated to occur, and end up occurring (i.e., frequency and circumstances). This is important because it is through such information that you are empowered to plan better for managing this threat exactly as it is happening within a family.

Definition and Elaboration

Caregivers who are out of control are those who do not, cannot, or will not control their emotions, desires, actions, needs, and/or impulses. They may lack self-discipline or sufficient will power to set aside their own needs to assure the safety needs of their children are effectively addressed. While the cause of the lack of control may originate from different sources, what is in question as a safety assessment issue is the fact of the caregiver failing to demonstrate self-restraint in ways that assure that protective responsibilities are met.

(We should emphasize in safety assessment that we do not have to identify the cause of a threat in the sense of why a caregiver is impulsive. We just have to assess the presence of the threat—the caregiver is out of control—and manage it. The questions related to cause or remedy are left to assessment and treatment occurring during ongoing CPS.)

Caregivers who are out of control may be overly self-indulgent. They may be sufficiently egocentric that their children's needs do not exist as the highest priority to them (at least under certain circumstances).

Caregivers who are out of control may be so because they abuse substances which affects their protective parenting in various ways: driving while intoxicated, too drunk or high to function, passing out, using poor judgment, behaving carelessly or dangerously, creating or allowing dangerous circumstances, and even neglectful supervision and care due to hangovers and

illness. You might also include acting violent as a result of substances as an expression of being out of control, but such a condition should more likely be identified as a safety threat related to violence rather than self-control. When assessing self-control and substance abuse as related to threatening child safety, it is crucial to establish direct links between the use of substances, the state of self-control, the status and situation of the child, and the potential effects on the child.

These connections are necessary because it is a fact that some people use and may even abuse substances but possess sufficient self-control to adequately plan for their children's care and assure those plans are carried out by suitable people. In other words (for example), just because people drink too much alcohol does not (in and of itself) mean that a safety threat exists. (It must be acknowledged that certain kinds of substances—such as methamphetamines—require separate judgments about specific dangers separate from the connections we've mentioned here.)

Caregivers may be unable to maintain sufficient self-control to provide protective parenting because they are experiencing emotional or mental health disturbances. They may be severely depressed and non responsive as parents; they may be emotionally or physically reactive toward their children; they may be out of touch with reality to the extent that they misperceive their children's needs and limitations, fail to recognize danger their children may be exposed to, and fail to recognize their responsibilities to supervise and protect their children. They may be so consumed with their mental and emotional anguish that they are tuned out to routinely caring for and protecting their children.

Some caregivers who are out of control are highly impulsive. Impulsivity may occur in various ways: reactive behavior, temper outbursts, or tantrum-like behavior; mismanagement of money; poor planning and problem solving; reckless behavior; rash and hasty judgments and decision making; and acting in

general without thinking, including no consideration of consequences. The point is that the impulsive thinking and action by these caregivers can be directly related to threatening a child's safety. Caregivers whose self-control is compromised by impulsivity may have immature personalities, may be pleasure seekers, may have more serious mental disorders, may not be able to delay gratification related to specific areas of satisfaction, and/or may also be influenced by the use of substances.

Some caregivers who are out of control are sexual perpetrators or sexual predators. This may take some consideration here on your part to work through how sexual abusers are out of control. Certainly we know that sexual abuse often, if not usually, occurs as a result of planning on the part of the offender. Sexual abusers have been characterized as calculating, manipulative, deceitful, and so forth. These traits seem to describe a person who is very much in control. Admittedly, those kinds of qualities apparent in sexual abusers do support the notion that they are not out of control. The position we take here concerned with child safety, however, is that the sexual abuser's obsession with children is what is out of control. His drive to victimize children is out of control. Sexual abusers are not in control of themselves and their desires. They do not or cannot prevent, inhibit, or manage their behavior.

Personality Characteristics

We've elaborated on various kinds of caregivers with various kinds of qualities or circumstances that can be observed to be out of control resulting in the failure to perform protective parenting. But we think it's important to isolate one type of caregiver who is out of control that may require extra study and understanding on your part to identify. In some ways, this kind of caregiver ought to cause us extra concern with respect to safety assessment and safety management. We refer to the caregiver who possesses personality characteristics which result in functioning that is pervasively out of control in most aspects of the person's life.

Caregivers with these personality and functioning tendencies are not intellectually limited; they are not neurotic; and they are not crazy. The most outstanding characteristic of these non protective caregivers is their lack of ethics, principles, and morals—particularly with respect to others (and for our purposes) including their children. These out-of-control caregivers seem to not have fully developed a strong sense of right and wrong. As you understand them better, you may find that they generally cannot or simply do not follow acceptable or honorable models of behavior. You might find these caregivers to be unsocialized. That is not to say they are barbaric or uncivilized; it means that they lack and, therefore, do not use basic, acceptable standards for interpersonal conduct. They are not loyal. This deficit can include their children. Their callous disregard for the rights of others leads to serious difficulties in interpersonal relationships and usually brings them into conflict with society. This is why we find these folks showing up in CPS investigations. They get reported because of various interpersonal conflicts and difficulties, including their failure to manage their parenting responsibilities and provide protective care.

When assessing out-of-control caregivers, be aware of the possibility of more serious and pervasive personality qualities.

√ This kind of a caregiver is unreliable and irresponsible in most if not all areas of his or her life, including being unscrupulous.

It might be really difficult to judge this, but often in these caregivers there appears to be a marked incongruity between their intellectual level (abilities) and their sense and application of what is right and what is wrong. This is to say...they simply ought to know better but do not seem to care. They may try to deceive you by pretending to hold to high standards, but the pretense may be obvious since they do not seem to understand or hold to accepted moral values. With these caregivers, you should be on guard because they are likely to be pathological liars, deceitful, and possess an uncaring disregard for the

rights of others. This can include closing their eyes or forgetting about the needs of their children when compared to their own needs.

√ This kind of caregiver is unrealistic, impulsive, and self-indulgent which explains their pleasure seeking.

These out-of-control caregivers are prone to thrill seeking, unusual sexual experiences, and unconventional behavior. They live in the present with primary concern for immediate pleasures. Typically they are not forward thinking and have no long-range goals. They show poor judgment and often engage in impulsive acts detrimental to their own well-being as well as that of their children. You might also find that they dislike regular work and routine, frequently change jobs, move from place to place, and live on the edge of life while depending on others for support.

√ Despite what seems like an unseemly list of personality qualities, this kind of caregiver possesses the ability to charm and impress others which then allows them to exploit others as well.

You have to be careful when interacting with and gathering information for assessment from these caregivers. They can be amiable, appealing, maybe even charismatic with a good sense of humor and a generally optimistic outlook. They may have many friends and come across as friendly and engaging to you. But even as they are effective at easily winning the liking and friendship of others, they can and will ruthlessly exploit the interpersonal relationships they've developed. Basically they are not very effective at giving and receiving love which makes them not very good parents and contributes to their failure to protect their children.

√ This kind of caregiver doesn't experience anxiety and guilt in any sustained way or in ways that might help regulate behavior and responsiveness.

These out-of-control caregivers tend to act out their tensions rather than sit around worrying about them. They may be cynical, unsympathetic, and remorseless in their dealings with others with little or no sense of guilt. This lack of caring or sensitivity can be apparent in how they view the circumstances of their children, whether their children were left unprotected, and how their children may feel or suffer as a result of their parents' inability to control themselves. Be aware that this kind of caregiver's lack of anxiety combined with what seems like sincerity can result in believable lies which enable him or her a way out of difficulties. These kinds of caregivers are undeterred by threat or punishment, so a CPS authoritarian approach particularly related to compliance won't work, but one might be fooled into thinking it will or that it is working.

√ This kind of caregiver or more broadly stated—person—is a major disappointment and distress to others.

As a matter of identification and assessment, you should be aware that these out-of-control caregivers are frequently a burden on friends and relatives. You can look to friends and relatives to confirm what we've identified here among the other traits and the specific relationship problems they have with the caregiver. If this kind of person is married, you are likely to find an unstable and disappointing marital relationship. Also, you should not be surprised to find a history of difficulty with law enforcement agencies but not as a calculating professional criminal.

You might run across a person who possesses all these personality characteristics and forms of behavior. Or, you may assess people who have these traits to varying degrees. The point of our providing emphasis and description about these personality characteristics is to stress the importance of really getting to know and evaluate caregivers in order to fully understand how serious and pervasive the lack of self-control is. This is crucial in relation to you effectively

developing options for safety management. Consider these similar yet, after first impressions, radically different simple examples:

The police respond to two calls. The police find in Case A that the mother has left her pre-school children alone at home late into the evening and discover that the mother has been partying with friends at a nearby tavern. While the police are at the tavern attempting to locate the mother in Case A, they find an infant asleep in a car seat in a car parked at the tavern. This is Case B. The police complete an emergency removal in each case and refer the cases to CPS.

CPS conducts initial assessments. CPS discovers in Case A that this was the first occurrence, and that the mother had used terrible, last minute judgment in arranging for a teenager to baby sit her children. The teenager had left the home with her boyfriend not long after the mother went to the tavern. This young mother is in conflict since she wants to be able to enjoy an adult social life but also wants her children to be safe. CPS discovers in Case B that the young mother just wants to have fun pretty much above all else. She is living off her parents and borrows and steals from friends. She gets jobs but quits them on a whim or gets fired because of her unreliability. She doesn't believe that there was any danger in leaving her infant in the car. She feels no remorse or guilt about what happened or how she is performing her parenting responsibilities. She attempts to manipulate CPS through charm and faked vulnerability, including seeking services and benefits more related to maintaining her lifestyle than changing her behavior.

Each of these cases involves poor caregiver judgment, impulsiveness, pleasure seeking, and a lack of supervision. But...you can see the drastic differences related

to personality characteristics and the significance of those differences for safety intervention. Is it possible that without diligent, assertive information collection, and assessment that the differences between these two mothers might not be understood? Is it possible that the lack of clear understanding of the personality traits of the mother in Case B could result in ineffective safety intervention?

Application of the Safety Threshold Criteria

Remember that the safety threshold includes these criteria for a family condition: out of control, likely to have a severe effect, occurring in the presence of a vulnerable child, observable and specific, and imminent—likely to occur (become active and have an effect) at any time.

The *caregiver who is out of control* is a safety threat that is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions resulting in sudden explosive temper outbursts, spontaneous uncontrolled reactions, loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly, much of the self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Those who use substances may have become sufficiently emotionally (and physically) dependent that they have lost their ability for self-control in areas concerned with protection. We've also emphasized that caregivers with sexual perversions involving children are unable to control their desires or behavior.

Severity should be considered from two perspectives. (1) The lack of self-control is significant. That means that it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared, say, to lacking the self-control to

exercise. (2) The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone, or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be clearly observable and specific and add to the certainty one can have about severe effects probably occurring at potentially any time.

Examples of this Threat

This includes behaviors and emotion that affect child safety as illustrated in the following examples.

The caregiver is observed to be acting bizarrely.
For reasons beyond their control, the caregiver is observed to be unable to perform basic care, duties, fulfill essential protective duties.
The caregiver is observed to be under the influence of some substance which incapacitates him.
The caregiver is seriously depressed and unable to control her emotions or behaviors.
The caregiver is chemically dependent and unable to control the dependency's effects.
The caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by an unreliable caregiver).

The caregiver mixes alcohol and prescription drugs which renders her non responsive.
The caregiver spends money impulsively, resulting in a lack of basic necessities.
The caregiver is emotionally immobilized (chronically or situationally) and cannot control her behavior.
The caregiver experiences a mental disorder requiring medication but either doesn't take her medication, takes too much medication, or alternates between taking and not taking medication—any or all of which fail to control the mental disorder and renders her incapacitated, disturbed, or reactive.
The caregiver has addictive patterns or behaviors (e.g., addiction to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care).
The caregiver is delusional and/or experiencing hallucinations.
The caregiver's physical disabilities, disease, or other physical conditions are not within the caregiver's ability or capacity to control in order to perform protective responsibilities.
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The caregiver's physical disabilities, disease, or other physical conditions are not within the caregiver's ability or capacity to control in order to perform protective responsibilities. The caregiver cannot control sexual impulses, particularly in reference to