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## **Special Feature Article**

### **Support for Parents at Child Consultation Center: To Avoid Isolation from Their Living Community**

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#### **Abstract**

The primary mission of Child Consultation Center is to ensure the safety of children, occasionally by taking them away from their parents as crisis intervention. Another important role is preventing recurrences of child abuse and helping to reintegrate children with their family. The term family integration in this paper means not only a child's return from protection facilities or foster care to their own family but also various types of support that suit each family's lifestyle and situation. Even in the case where living with their own family is inappropriate, it is meaningful to support the child in building new positive family relationships.

Child Consultation Center strives to support children and parents with family integration in a way that is consistent with the children's welfare. The goal is to help parents who have less motivation for accessing social support or who are isolated from any informal support to connect with and access social resources in the community.

Child Consultation Center and other social resources in the community should deepen mutual understanding and cooperative relationships. Psychiatric care is utilized to both support parents who are unable to issue SOS signals as well as to function further as a safety net for child abuse prevention.

**Keywords:** Child Consultation Center, child abuse, family support, parent support, Child Guidance Center,

### **Introduction.**

Child Consultation Centers are now in a difficult situation.

The number of cases of child abuse continues to increase, reaching 6,403 in FY2018 in Yokohama. This is an increase of 1,578 cases from the previous year. (1.3 times more than FY2017)<sup>24)</sup> The Ministry of Health, Labour and Welfare (MHLW) has announced that the number of child abuse cases nationwide exceeded 120,000 in FY2016.<sup>14)</sup> With a influence from sensational media coverage, there is higher demand for more rapid initial intervention against child abuse to ensure the safety of children.

However, if excessive priority is given to safety, the number of children who are temporarily separated from their family will unnecessarily increase. As a result of the survey, the number of institutions and foster families for children in need of social care is still insufficient. Many children are forced to stay in the facilities of taking temporary custody for a certain period until child welfare institution becomes available. Taking temporary custody of child is the most powerful authority that the Director of Child Consultation Center

has, and it must be used when necessary for the safety of the child. On the other hand, it is also true that children in the facilities of taking temporary custody are separated from their familiar schools, homes, and human relationships, even if only temporarily. Unnecessary protection or prolonged protection can cause confusion in children's minds. In order to provide the necessary protection for the appropriate period of time and under the appropriate circumstances, it is essential to collect accurate information and evaluate the family in the early stages of intervention properly. Before anything else, prevention of child abuse, including its recurrence, is necessary.

### **I. Parental support at Child Consultation Center**

#### **1. Support for parents at the Yokohama City Child Consultation Center**

Family reunification refers not only to the reintegration of children who are placed in the facilities of taking temporary custody, child welfare institutions, or foster homes, but also to

various types of support according to the lifestyle of the parent and child. Even in cases do not lead to family reunification, it is meaningful to support parent-child exchanges that are in line with reality<sup>19</sup>). In any case, parental support is essential for family reunification.

In general, support for parents in the Child Consultation Center consists of support that utilizes the characteristics of each profession.

Child psychologists assess children through developmental tests and behavioral observations. Afterwards, they not only provide parents with easy-to-understand feedback, but also focus on parents' problems and give them advice on childcare when necessary. They may also offer parent support programs to help parents sort out problems and find solutions together.

Public health nurses visit each family as needed. They listen to the problems and concerns of the parents in their daily lives and provide advice on child-rearing techniques, mainly for infants and toddlers, as well as advice on how to improve the environment according to the child's development. In cooperation with the ward office, they sometimes take on the role of an intermediary at the transition to the community, while understanding both parties.

Child Welfare Officers listen to the daily issues of the parents. In addition to providing suggestions from children's

welfare perspective, they support the parents in various specific situations depending on the case, such as necessary administrative procedures and hospital visits.

In addition, the Yokohama City Child Consultation Center provides MCG (Mother and Child Group), PCIT (Parent-Child Interaction Therapy), CARE (Child-Adult Relationship Enhancement) Parent training, Counseling Enhancement Projects, and interviews with parents by doctors of Child Consultation Center are conducted as appropriate. A brief outline of each of these programs is below.

MCG is a supportive, self-help care group that focuses on violence and intergenerational cycles. Outside supporters act as facilitators, and the group members listen to each other's stories as they are<sup>3</sup>). At the Yokohama City Child Consultation Center, they have the group sessions twice a month as a reunification program for families separated by abuse.

PCIT is an evidence-based treatment that intervenes in the parent-child relationship. The therapist, who is outside the room, instructs the parents on how to respond to the child directly through a walkie-talkie, with the aim of changing the behavior of both the parents and the child<sup>13</sup>).

CARE is also an evidence-based

psychoeducational program. CARE targets parents and other adults who may have an influence on children, and is taught through lectures and role-plays.<sup>13)</sup>

Parental training is an educational program that provides parents with knowledge and skills related to parenting, and teaches parenting skills such as how to give effective attention and directions<sup>5)</sup>.

The Counseling Enhancement Project is an original program of Yokohama with the outsourcing clinics for parents in need of counseling at medical institutions. The purpose of the project is to provide counseling to parents to help them solve their mental problems and to prevent the recurrence of child abuse. During the implementation of the program, the Child Consultation Center and the entrusted clinic will consult with each other to ensure that assistance to the subject is provided smoothly.

The doctor of the Child Consultation Center interviews the guardian, when there is a difficulty in establishing a relationship between the guardian and the child welfare officer, when a psychiatric evaluation of the guardian is required, or when it is better that a doctor explains the psychiatric assessment of the child to the guardian. The author, who is a full-time psychiatrist at the Child Consultation

Center is required to not only listen to the child's thoughts and concerns and treat them therapeutically, but also to interview the guardians and advise them on reintegration while taking into consideration their nurturing abilities.

Regardless of the occupation, the purpose of parental support is to restore the functioning of the family so that the family can become the soil for the healthy growth and development of the child. In other words, the purpose of parental support is to care for the child and to nurture in the child's mind a sense of security, trust in others, and self-esteem, which are the foundations of the child's personality. In this sense, support for parents is essential for the prevention of child abuse and the care of children. No matter how we provide children with advanced mental health care, if the parents who support the child are not taken care of, the child's stable life cannot be guaranteed in the long run.

## 2. Encounter with parents at the Child Consultation Center

### 1) Building relationships with parents

Encounters with parents at child guidance centers are not always friendly. In many cases, the parents themselves deny the problem or do not recognize the problem. In some cases, such as when child abuse is discovered

and the child is placed in the temporary shelter facilities by the child guidance center director, support may have to begin with a confrontation between the parents and the Child Consultation Center. However, in all cases of child abuse, "lack of capacity" and "isolation" are observed. In the case of child abuse, it is important to be aware that abusive parents are not only the obvious perpetrators, but also the ones who need support. Child abuse itself should be unacceptable, but only blaming and criticizing the parents will not lead to any improvement. In fact, it has been reported that about 30% of abusive parents admit to abuse. About 20% seek support. And about 50% respond to encouragement to reflect on their own behavior.<sup>5)</sup> The first step is to carefully interview the parents about their life history, with child welfare workers playing a central role, while considering the possibility that various social factors such as poverty and marital problems, as well as psychological stress, may have contributed to the abuse. Many abusive parents have little experience of good relationships with other people, are not good at asking for help, are easily hurt, and are prone to relationship breakdowns. Therefore, it is essential to build a trusting relationship with them, and to elicit

their desire to ask for help, without being deceived by their surface instability. If the parents themselves have experienced adversity in their childhood, it is necessary to build a foundation for support by listening to their life history and picking up each crucial episode, and getting to know their personalities. This is because even if later there is a time when we have to confront the parents decisively over the policy of helping their children, we can understand their position and basic ideas by understanding their foundation. Even abusive parents care for their children in their own way and do not actively want to hurt them. Washiyama says, "Abusive parents are aware of the problem. However, they fall into the situation that cannot but deny the problem."<sup>23)</sup> These words accurately express the feelings of the parents, "I am not doing this because I want to abuse!" The support provided by the child consultation center aims to share the parents' trapped situation, sympathize with their suffering, utilize appropriate social resources, and help the parents and their families regain their livelihood and peace of mind. This will lead to the prevention of child abuse.

2) Things to consider in the interview by the Child Consultation Center

Parents who are survivors of neglect, who have been sexually abused in the

home and have not been able to tell anyone about it, or who have grown up with repeated physical and psychological abuse and have not been noticed by others, are themselves unskilled at making requests for help. Such parents may not be able to tell their problems to anyone around them, and sometimes they may not even be aware that they are in trouble. Parents who have some social skills and are cooperative with the support of the Child consultation Center may be able to reflect on their own situation by using the MCG groups mentioned above. However, for parents who are not aware of their problems, a more individualized interview with the child welfare doctor is effective before starting support such as groups. After a series of parent-doctor interviews, the parents may become aware of their own hurts and reflect on their parenting, and from there, they may become able to give signs of SOS, connect with others, and rely on others.

For example, even in the coercive situation of temporary custody, it is possible to build a relationship with the parents by carefully listening to their life history again. It is important to listen to the parents with an appropriate interest in their own life as well as that of their children, keeping in mind the possibility that they may have experienced adversity in their own

childhood, including abuse. Even if the parents are dissatisfied with the response of the Child Consultation Center, we should sincerely tell them that we want to know about the parents' personalities. I have the impression that it is easier for them to disclose their adversity experiences, even though they may say, "Is this really going to help me support my child?" Miyaji says, "Trauma that is difficult for the patient to talk about is trauma that is difficult for the listener to hear," and that "the ability and capacity of the listener is important."<sup>17)</sup> There are some adversity experiences that can be disclosed only when the therapist is prepared to listen. Listening is of utmost importance because it is only when the parents and children tell us their stories that we can provide a variety of individualized support<sup>21)</sup>. It is necessary to take time to listen to what the parents have to say. Herman says, "Contrary to the commonly assumed 'generational chain of abuse,' the overwhelming majority of survivors do not abuse or neglect their own children. Many survivors are genuinely afraid that their children will suffer a sad fate similar to their own, and they take great pains to prevent it.

1) We often encountered parents who have been abused at the Child Consultation Center. They are also engaged in trial and error in raising their children, trying to recover from

their own adverse experiences. The content of the trial and error changes as the child grows. It is necessary that not only doctors at the Child Consultation Center and the child welfare officer in charge, but also psychiatrists, therapists, and supporters in the community continue to be involved in the recovery process over the long term.

3) Trial and error before connecting to the community.

Child abuse should be regarded as an SOS through children by parents who are not good at sending verbal SOS, connecting with others, or relying on others<sup>10</sup>). When parents who have experienced abuse as children have children of their own, they sometimes encounter cases in which it is difficult for them to seek continuous counseling at a single place, resulting in inappropriate child parenting. In such cases, the Child Consultation Center sometimes intervenes in a coercive manner, i.e., as a temporary protection, to assess the parents' ability to care for their children. We then try to accurately understand the needs of the parents and take the time to connect them carefully with the most appropriate support person. However, even when parents seem to have established trusting relationships with their new supporters, they often easily cut ties with all supporters over trivial matters. Families that have closed social

relationships are unwilling to change and refuse intervention<sup>11</sup>). It means that it is difficult for parents to maintain continuous relationships with various people, or in other words, to maintain continuity, and it tends to be hard to create long-lasting connections<sup>15</sup><sup>20</sup>). In the first place, because of the abusive experiences they had as children, the parents themselves do not have cognitive, conscious, or historical continuity. As a result, although they seek continuity in social and interpersonal relationships, they tend to reject continuity because of their experiences. For the parents, being the guardian of the child is the only functional continuity, and thus they seem to be dominant over the child. In such cases, the parents may have complex PTSD. Complex PTSD is a psychological trauma caused by exposure to severe stressors that is characterized by: (1) continuous or prolonged exposure, (2) assault or abandonment by caregivers or other persons ostensibly responsible for childcare, and (3) occurrence during a vulnerable developmental stage of life, such as early childhood or adolescence. It is a psychological trauma caused by exposure to severe stressors<sup>16</sup><sup>22</sup>). Currently, the Child Consultation Center hardly can interview parents with complex PTSD during their initial interventions and interviews with their

children. They have to deal with the "self-abandonment of parents who have little trust in other people, as if they are refusing treatment and trying to invalidate it" <sup>2)</sup> and try their best to connect them to treatment in the community. However, the more severe the PTSD case is, the more difficult it is for the Child Consultation Center's doctors to handle it alone. When it is difficult to find a solution to the problem except for repeated interviews with the parents by the Child Consultation Center's doctors, sometimes they feel as if they are locked in an examination room alone with the parents. In Japan, the availability of trauma-related resources and therapists who can provide trauma-specific, evidence-based treatment is limited, and there are few referral sources <sup>18)</sup>. In order to provide seamless support from the Child Consultation Center to local medical institutions, it is essential for general psychiatrists to have a better understanding and cooperation. In addition, in some cases, the Child Consultation Center's doctors may hesitate to refer the guardian to medical care because he or she may not be able to afford the time or money, or because the guardian's motivation for getting care is so low that they don't seem to be able to continue to visit a clinic. Sometimes it results in the situation the doctor cannot connect parents to

medical resources in the community. Child Consultation Center's doctors are easily exposed to the trauma of the guardian without knowing it, to be tossed about by the intensity of the trauma, and to fall into a state of helplessness, anger, and despair over the current situation. Supporters need to understand the effects of trauma on themselves. <sup>4)18)</sup> In order to avoid this, it is necessary for administrative agencies such as the Child Consultation Center to understand the positions of various local supporters, including psychiatrists, and to build a relationship of mutual trust. It is necessary to share and update necessary information at the appropriate time through the Regional Council for Measures for Children in Need of Protection (hereinafter referred to as the Council).

It should be added that in a survey conducted by the author at our office (presented in a symposium at the 113th Annual Meeting of the Japanese Society of Psychiatry and Neurology), 16% of the parents were found to be abused. We found that obvious mental disorders, especially in cases they interrupt to see a psychiatrist seemed to be related to the occurrence of abuse. A study on family reunification suggested that the presence or absence of treatment was more related to abuse than the presence or absence of a mental disorder in the guardian <sup>12)</sup>. Also in this point,



cooperation between relevant institutions and psychiatrists is essential for the prevention of child abuse.

## II. What Psychiatrists Need to Know

When we try to connect parents to a local psychiatrist, we sometimes have to feel the gap between the two parties. For example, if the parents are already in the hospital or regular attendance to a psychiatrist, he or she is more concerned about the therapeutic relationship, confidentiality, and protection of personal information. While this is necessary in itself, such a strong sense of confidentiality may prevent the psychiatrist from providing the necessary information to the Child Consultation Center. As a result, it may take a long time to decide on a support policy for the patient's child. At times, some local psychiatrists complained, "We have the impression that the ministry staffs suddenly come into the clinic, claiming that they need information about the patients as soon as possible. On the other hand, some of the staffs at the Child Consultation Center commented, "Some local psychiatrists showed an authoritative attitude and gave us their one-way instructions. Even though they made inquiries to obtain appropriate evidence in a timely manner in order to fulfill our responsibility as a government agency

to protect children." It is certain that there are problems with the abilities and attitudes of the staff, but both psychiatrists and child welfare officers are on an equal footing in terms of children's welfare, although their roles are different<sup>s</sup>). It is difficult to provide smooth support to parents if the supporters are deteriorating their relationships with the children as if they are reenacting the traumatic scenes that the children themselves have suffered. If the family of an outpatient, or the child involved in a difficult situation, the patient himself will be affected. Without information, we cannot make appropriate decisions and both the patient and the child will not receive the support that should be available.

For reference, as a basis for collecting information for the investigation of children who have been notified or provided with information by the Child Consultation Center, Article 10 of the Child Welfare Law clearly states that municipalities are obligated to endeavor to ascertain the actual conditions necessary for the welfare of children and expectant and nursing mothers. Furthermore, as a basis for medical institutions to respond to investigations by the Child Consultation Center, etc. Article 13 (Provision of materials or information) of the Child Abuse Prevention Law states "Organizations

related to medical care, welfare or education of children...and doctors, nurses...and other persons engaged in duties related to medical care, welfare or education of children...may provide materials or information related to the child, his/her guardians or other persons concerned...when requested by the Child consultation Center's director.

7). Article 6 of the Child Abuse Prevention Law clearly states that the obligation to give notification takes precedence over the obligation to maintain confidentiality: "The provisions on the crime of divulging secrets and other provisions of laws concerning the obligation to maintain confidentiality shall not be construed as preventing compliance with the obligation to give notification."

For cooperation and information sharing with the Child Consultation Center after the intervention of it, the individual case review meeting of the Council should be effectively utilized. As a basis for sharing personal information with the relevant organizations of the Council, Article 25 of the Child Welfare Law states that "the Council...may, when it finds it necessary for the exchange of information and consultation, request the relevant organizations to provide materials or information, express their opinions, or provide other necessary cooperation."<sup>6)</sup> It is said that in order to support

children, the adults who provide support must themselves be able to afford it.<sup>10)</sup> In order to comply with the principle of the Child Welfare Law, which states "All citizens shall endeavor to ensure that children are born healthy in mind and body, and that they are nurtured,"<sup>6)</sup> we would like to ask for the cooperation that can practically provide.

### **Conclusion.**

The above is a description of the process of providing support to parents at our office and connecting them to the community.

Naturally, Child Consultation Center alone cannot provide complete support for all children and their guardians. Parents who follow the guidance of the Child Consultation Center during the period of taking temporary custody tend to distance themselves from the center after it is over. Also they are easy to separate from the psychiatric care and community resources that were supposed to be connected to them. Although it is exhausting for those around them to deal with parents who are unable to express their feelings openly. But continuing to engage with them in a multifaceted manner in the community is directly related to the prevention of child abuse. In the first place, medical care focuses on treatment, so the concept of prevention tends to be secondary. However, when it comes to

child abuse, the impact is too great once the parents have expressed their symptoms in the form of child abuse.

To this day, psychiatric care has contributed to the prevention of child abuse in various ways, such as dealing with specified expectant mother, paying attention to the families of outpatients, and ensuring that parents referred by relevant organizations such as the Child Consultation center continue to visit the hospital. Furthermore, psychiatric care is an important safety net for the prevention of child abuse, and it is necessary for the entire community to unite in its determination to protect children.

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Table

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Continuity of Cognitive and Conscious	Life is conducted under certain rules, and logic and daily reality are unchanging.
Social and interpersonal continuity	Meeting the same people repeatedly at home, work, etc.
Functional continuity	Maintaining a certain role, such as occupation or position in the family or community
Historical continuity	Feeling a sense of coherence from the past to the present.

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(Compiled from Reference 20)