It's Not All About The Behaviors: Identifying and Addressing Relational Neglect in Adolescence within the Familial Environment

Tawanda L. Hubbard

Abstract: As an in-home therapist working with adolescents, the presenting problem in most of my referrals focuses on the adolescent's behaviors and the negative impact on his or her family and community. The most common solution is to place the youth in an out-of-home placement. Here, I share some of my most poignant cases, in order to illustrate how some adolescents, labeled the problem, suffer from what I call relational neglect. It is a phenomenon I define as the absence of nourishing interactions of attunement and quality connection within the familial environment. The two adolescents in this paper were described as the problem at home because they demonstrated oppositional behaviors and poor attitudes. Caregivers were under the illusion the adolescents' behaviors were created in isolation. I will utilize the cases of Mike and Michelle to join the debate on neglect, to challenge negative notions of adolescence, and to address relational neglect in adolescence. I will make a call to action for all clinical social workers working with families with adolescents to assess and treat relational neglect, which requires a focus on quality connections and the adolescents' lived experiences, habits, and attunement with caregivers.

Keywords: neglect, relational neglect, adolescence, parent-adolescent relationship, in-home therapy, child welfare, parenting, oppositional behaviors in adolescence, clinical practice with adolescents.

I am an in-home therapist working with cases where "in-home" means that I work with clients in their biological family's home, shelters, juvenile detention facilities, foster homes, and non-traditional family settings. Regardless of where the therapy takes place—and taking into consideration that my therapeutic venues can change during the course of treatment because of my clients' unstable family lives—every time I get a referral from someone seeking my expertise in adolescence, I hear the same thing: the adolescent is entitled, only wants to do what he or she wants to do, and it's all about his or her behaviors and the perceived negative impact on his or her family and community.

Here, I will share two of my most poignant cases to demonstrate that adolescents who get the worst rap often suffer from what I call relational neglect. For example, there was Mike[1], a 14-year-old Black male who was referred to me by CMO[2] because he constantly broke curfew,

[1] All the client names in this case study were changed and the case material disguised for confidentiality purposes.

[2] CMO stands for Care Management Organization, which "are agencies that provide a full range of treatment and support services to children with the most complex needs. They work with child-family teams to develop individualized service plans. The CMO's goals are to keep children in their homes, their schools and their

failed some classes in school, and stole from a local store. I worked with him in four different settings—at home with his father, in a shelter, in juvenile detention, and with his paternal grandparents after he was discharged from running away from his group home placement—over a three year period. Then there is Michelle, a 16-year-old Puerto Rican and Black female, who was referred to me by Mobile Response[3] due to promiscuous behaviors, sneaking out at night, and a "bad attitude"—labels thrust upon her without mention of her mother's mental illness or her mother's desire to have Michelle removed from the home. I worked with her for 8 months until she was accepted into Job Corps out-of-state. Both adolescents were described as the problem at home because they demonstrated oppositional behaviors and poor attitudes. Caretakers were under the illusion that their behaviors were created in isolation—separate from the parent-child relationship, familial environment, and community.

My point is that children do not exist outside of their familial relations. According to Abbey and Keynes (2008), "we can only know ourselves and develop through connection with others" (p. 92). Russon (2003) argues, "in our day-to-day dealings we rely heavily upon habits we have developed for coping with the most familiar situation" (p. 16). The parent-child relationship, family system, and community are core agents of the socialization process of children—creating the context and experiences in which children develop the habits and skills that will help them flourish or cripple them. As Vygotsky states, "an interpersonal process is transformed into an intrapersonal one" (1978, p. 57), and over time habits form from interactions within the familial environment and community—the "familiar situation."

But what is brought to the clinical social worker's attention is what is visible—the adolescent's behaviors, implying that the problem is located solely in the adolescent. Thus, it is the clinical social worker's job to make the "invisible visible"—to look not at the adolescent alone, but the adolescent-in-environment. This is challenging when caregivers and authority figures in relationships with adolescents insist that the adolescent needs to change, must comply, and do what he or she is told without protest and without curiosity about what is driving the oppositional behaviors and poor attitudes. They are ignorant of their part in the problematic interactions.

A question I always ask myself is, what are the oppositional behaviors saying; they're not just a reflection of the adolescent, but the parent-child relationship and what is in operation in the familial environment that this is the primary mode of communication being used? Often we ask

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communities." The CMOs are a part of New Jersey's DCF's Children's System of Care (CSOC), "formerly the Division of Child Behavioral Health Services serves children and adolescents with emotional and behavioral health care challenges and their families; children with developmental and intellectual disabilities and their families; and, children with substance use challenges and their families. CSOC is committed to providing services based on the needs of the child and family in a family-centered, community-based environment." http://www.state.nj.us/dcf/families/csc/

[3] "Mobile Response and Stabilization Services are available 24 hours a day, seven days a week, to help children and youth who are experiencing emotional or behavioral crises. The services are designed to defuse an immediate crisis, keep children and their families safe, and maintain the children in their own homes or current living situation (such as a foster home, treatment home or group home) in the community." http://www.state.nj.us/dcf/families/csc/

questions that focus on the family history, parenting style, the parents' relationship, substance abuse, criminality, mental illness, interpersonal and community violence, child abuse—the list goes on and on—trying to get a picture of the family and environment—forgetting the person of the adolescent in all of this. That's what got me thinking: could it be neglect and if so, what type of neglect?

Today, neglect is mainly defined as omission of care. Neglect is generally overshadowed and treated as an appendage to abuse, even though it is the most prevalent form of child maltreatment (Wolock & Horowitz, 1984; Wilson & Horner, 2005; McSherry, 2006; Children's Bureau, 2013; Miller-Perrin & Perrin, 2013). There are known subtypes of neglect: physical, emotional, self, medical, educational and environmental, which are emphasized variously based on state laws and professions (Buckley, 2000; Erickson, 2002). Historically, the debate on neglect has focused on the various causes of neglect: poverty, bad mothering, parental failure and dysfunction, and society's economic shortcomings to alleviate poverty (Wolock & Horowitz, 1984; Swift, 1995; Scourfield, 2000; McSherry, 2004; & Dubowitz, 2007).

Primary legislation continues to target the family as the primary locus of problems. Child Protective Services (CPS) concentrates on "basic needs" (housing, food, clothing, employment, and supervision) being met when investigating neglect cases. According to the Children's Bureau (2012), the "difficulties in creating specific definitions of neglect contribute to the lack of consistency in research on neglect as well as CPS responses to neglect" (p. 3). This lack of consistency in research on neglect and a primary definition of neglect that focuses on basic needs don't just impact CPS response, but also the clinical social worker's treatment of the adolescent and their family. Having the subtype of "relational neglect"—the absence of nourishing interactions of attunement and quality connection within the familial environment—can assist clinical social workers to assess and address the gap in adolescent treatment related to the interdependent relationship between the adolescent and her familial environment. Relational neglect is different from emotional neglect: "isolating the child; not providing affection or emotional support; exposing the child to domestic violence or substance abuse" (Children's Bureau, 2012, p. 3). Addressing relational neglect will bring a focus on how the relationship is developed and experienced by youth. It requires examining the adolescents' lived experiences, habits, attachments, and attunement with significant caregivers. This entails having a clear picture of a quality connection, which Maureen Walker (2004) describes:

> To experience connection is to participate in a relationship that invites exposure, curiosity, and openness to possibility. Simply put, connection provides safety from contempt and humiliation; however, it does not promise comfort. Indeed, connection may be—and often is—a portal to increase conflict, because safety in relationship allows important differences to surface. How those differences are treated is a telling indicator of the quality of connection—that is, the extent to which an interaction embodies an increase sense of self-worth, clarity, zest, and desire for more of the relationship (p. 9).

Having this clear picture of a quality connection equips the clinical social worker in addressing and treating relational neglect and teaching the caregiver and adolescent about the need and utility for quality connections for the adolescents in the familial environment and community.

Why It Matters

Thinking about relational neglect in adolescence brings attention to the relationship between the adolescent and their caregivers, the possibility that neglect could exist, and the importance of the relationship in today's society. This is countercultural to a society that values success, independence, and emphasizes adolescents going through the maturation process of separation and autonomy (Verhaeghe, 2014). The idea of valuing the relationship between the parent and adolescent and fostering interdependence is imperative with so many demands on the family. In timelines of family development, adolescence has become "a period in which young people are more susceptible than in the past to risky behaviors, mental health problem, and difficulties in making a successful transition to adulthood" (Steinberg, 2014, p. 15). The relationship the family cultivates with the adolescent is the means used to teach, support, guide, and mentor the adolescent through this vulnerable period.

The two adolescents I introduced at the beginning of the paper are just a sample of the many youth I work with who are treated as the problem, with no accountability on the part of the caregiver and community in how the adolescent's behaviors and poor attitudes came into existence and maintained. The adults in the youth's life take the position of blameless bystander; they see themselves as victims of the adolescent's behaviors, mindless about the quality of relationship they forged between them and the adolescent. I am concerned about this group of adolescents who get labeled the problem in the family and community, and placed outside of the home and community to be "fixed" with zero-to-limited involvement from the family.

The problem was created in the familial environment through relationship and should be solved in the familial environment through relationship. Yet a myth persists with some parents and families who feel that when a child reaches adolescence, he is mature and should do the right thing in spite of the parent-child relationship, experiences of the youth, and what the adolescent was exposed to in the familial environment and community. Steinberg (2014) argues, "Adolescence is a confusing time, but it's not the people in the midst of it who are confused, indeed adults are far more bewildered by adolescence than are young people themselves" (p. 1). Adults must think of adolescents as persons embedded within a community of others—communities the adults create and co-inhabit with adolescents—in order to promote interdependence, not independence. This idea challenges parents, families, and communities to look at the experiences they are creating for and with the adolescent.

Neglect of Neglect: The Challenge and Opportunity of Defining Neglect

The phrase *neglect of neglect* is well known in the literature on neglect. The phrase was coined by Wolock and Horowitz (1984), who draw attention to the need to view neglect from a social problem framework. They cite the challenge to assign effective measures and actions to solve the problem, and they question how to do so when the problem's definition is ambiguous, vague, and lacks consensus. Wolock and Horowitz (1984) define child neglect as "the failure of the child's parent or caretaker, who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention, and protection" (p. 531). But supervision, affection or attention, and protection do not

quite focus on the relationship—the connection and attunement between the child and the parent—which is the true social problem. Moreover, Wolock and Horowitz stress that "we have divided America's children into 'theirs' and 'ours'; stating we don't want to spend 'our' money on 'their' children—though we never openly admit it" (p. 540). The "theirs and ours" is the very idea of the subject-object split which is an illusion; we exist in subject-object pairs according to Russon (2003), which is countercultural. We are all human beings apart of society, therefore we all have a shared responsibility to one another to nurture and support the adolescent and their relationships with the adults in their lives no matter the race and socioeconomic status—there is no *theirs and ours*; the children belong to all of us because we makeup one society—we are connected and interdependent persons. Our survival and well-being depends on it.

McSherry (2007) agrees with Wolock and Horowitz on the challenges of the different definitions varying from state to state and how they complicate identifying and treating neglect. McSherry (2007) points out how "cases of neglect rarely contain enough visual impact for social services to consider these children as being in serious harm or to be very needy" (p. 609). McSherry (2007) proposes that to "address the neglect of neglect" we must define child neglect in clear and concise terms; understand social time, political landscape, and how culture plays into defining neglect; create a database for practitioners to better understand neglect, perhaps of case studies; train staff dealing with neglect cases; and create a time scale for when neglect cases can be established—not failing to address neglect because harm is not imminent or some much time has passed (p. 612).

The Adolescent Can Be Neglected

The research on children and neglect tends to focus on infants and children of a young age (Swift, 1995; Scourfield, 2000; Farrell-Erickson & Egeland, 2002; Wilson & Horner, 2005; Katrius, 2008; Mizrahi & Davis, 2008; McSherry, 2004 &2007). We hear stories of neglected children whose material and basic needs go unmet as described by Katrius (2008), in the book *What is Neglect?* The accounts of small children being neglected paint an image in our minds of what neglect is. Defining neglect mostly in terms of material resources reinforces its association primarily with poverty. We see the subtypes of physical, emotional, and educational neglect; however, the relationship between the child and parent—"the working model a child builds… based on the child's real-life experiences of day-to-day interactions with his or her parents" (Bowlby, J., 1988, p. 130)—if cultivated as a priority, could make the emotional, physical, educational, and social needs of the child better seen and attended to by the parent. With infants and young children, there is a lot of research on coordination (attunement), interactions, and attachments (Bowlby, 1988; Tronick & Cohn, 1989; Schore & Schore, 2010; Harder, Knorth, Kalverbor, 2013). This research stresses the importance of connection between mother and infant and the impact of the quality of that connection, which is carried into adulthood. But in adolescence, relationship building requires better and new assessment.

There is not much research on adolescents and neglect; according to Fisher and Berdie (1978), there is a widely held notion that as a child gets older, the risk of abuse and neglect lessens. This notion still exists today. The adolescent is poorly perceived as mature, separate, and autonomous. Fisher and Berdie argue that the images of child abuse and neglect paint the

perpetrators as bigger and more powerful than the victims. The victims' needs are thought to be appropriate and the perpetrator inappropriate. The victim is under the perpetrator's control, and is isolated (Fisher & Berdie, 1978, p. 180). Fisher and Berdie write, "These images…are not...descriptive of adolescent-adult relationships…the primary difference is that the adolescent does not fit the image of victim" (p. 180). Physically, most adolescents today look like adults, but psychologically, emotionally, relationally and socially are still developing. Mike and Michelle's stories demonstrate that they still need their caregivers to attend to the relationships with them.

Mike: Yearning for a Relationship with His Father

Mike, his father, paternal grandmother, and step-grandfather provided the family's history: Mike's mother was pregnant with him when his father was arrested and incarcerated for the first 7 years of Mike's life. Mike's father and grandmother shared how Mike's paternal grandfather's family was heavily involved in gang and criminal activities. She tried to keep her two sons away from that life by moving from city to city. After moving north, she married a "responsible man," who has been there for her sons and now her grandchildren.

Father: (with excitement) Every male on my side of the family has been to prison, but I am proud to say: not my son. When I was in prison, I was told through "acquaintances" that my son was in the street all times of night, cursing, and throwing up gang signs. But it was because Mike's mother abused alcohol. So, when I got out of prison I petitioned the courts for full custody with the help of my mother. I got full custody of Mike when he was in the 2nd grade; he was in danger of repeating due to missing so many days of school.

As Mike's father spoke, his story felt familiar, a story of hope for his son not to encounter some of the harsh realities he had to deal with and the lessons he had to learn.

Grandmother: (with positive pride) After my son got custody, they both lived with us until my son had my granddaughter. My son got an apartment with his daughter's mother and at that time Mike only stayed with us on the weekends and at his father's home on the weekdays to attend school.

The father and grandmother discussed behaviors Mike struggled with when he came to live with them and how about two years prior to seeking treatment some of the oppositional attitudes and behaviors re-emerged. The grandmother discussed how Mike was behaving in a similar manner to the males on the paternal side of the family. I probed further about the living situation and asked about any major changes.

Mike: (with a complaining tone of voice) I have my own room at my grandparents' house but sleep on the couch at my dad's apartment. My dad has been promising me for more than two years how the extra room was supposed to be made into my room at the apartment.

Father: (with a frustrating tone of voice) A year and half ago, I started to date a woman who lives in South Jersey, and I spend a lot of time there during the week; between work and

traveling back and forth to South Jersey I have not had the time.

I could feel Mike's father's frustration as he spoke and described the struggle to support his family—two households and stress at work. I could only imagine, the struggle this father has endured. He shared how difficult it was for him to obtain his job due to serving time for committing a felony. He discussed with me concerns he had and a promotion that may be taken away because he was in prison, even though he has been a great employee.

Me: (directed to Mike's father) Can you tell me about Mike's relationships with the other adults in his life?

Father: My daughter's mother has no power to make decisions with my son. When I am not around my mom makes the decisions, even when Mike is at the apartment. And my lady would like to develop a closer relationship with Mike, but I spend a lot of time on the road and working.

I wondered how I will help Mike and his father both feel supported in therapy while advocating for Mike's need for relationship and connection with his father.

What is happening in Mike's familial environment? Mike was initially referred to me because of his behaviors, which I saw as a symptom of his familiar situation. Based on the information presented to me by the family, I saw where Mike was being shuttled between two different homes. He had limited contact with his biological mother. He was left most of the time with a woman whom father and son did not fully respect. Parenting Mike did not seem like a priority on the father's agenda. He was trying to provide; and he had no interest or time to nurture the relationship or have a quality connection. Mike could not put into words why he was angry over the unfinished room in the apartment. I saw the unfinished room, the father not having time, and the way Mike behaved all as signs of relational neglect. With Mike, I felt his pain, loneliness and lack of attunement. Recalling some of my own adolescent experiences, some adults have the wrong idea about adolescents outgrowing the need to be attuned too and connected to their caregivers. Adolescents still need to feel from their caregivers, "I am here for you and you matter."

My therapeutic approach included interventions to address the relational neglect I saw taking place in Mike's familial environment. The work with Mike and his father focused on encouraging the two of them to spend positive time together and cultivating positive interactions between them that did not focus on problematic behaviors—learning to enjoy one another's company (i.e. car rides to pick up dinner and listening to one another's day). I modeled for Mike's father in joint sessions with Mike and his father, how to attune and nurture the connection with between them. One session, we all played the Apples to Apples game together. They had a good time with one another, evident by their smiles and laughs. This was a new experience for Mike and his father—they had never played board games before.

Other interventions consisted of educating the father about Mike's need for relationship with his father and taking on the role of the nurturer—explaining the importance of attachment, family

culture, and ways of being in the world passed down to Mike. Stressing how attachment is biological, the need for it never lessens, and benefits of quality attachment experiences to primary caregivers facilitates regulation of emotions and manages mental states (Van der Kolk, 2014; Shore &Shore, 2010; Fongay, Gergely, Jurist, & Target, 2002).

I advocated with the father to make the time to change the familial environment in order for Mike to feel secure and so that the problematic behaviors would decrease. According to Flanagan (2011), "… all human beings need an empathetic matrix within which to grow and that only an empathetic environment can provide the psychological nutrient and sustenance essential for mental health" (p. 165).

Mike's behaviors were screaming for this "empathetic matrix." Treatment focus also included the step-grandfather. I encouraged both men, father and step-grandfather, to share who they are today, exposing Mike to this part of their identities. Mike was relating to the world based on the scripts of the male identities he felt connected to, identities tied to the streets—his last connected "empathetic matrix." As Russon (2003) argued, "as our familiar others, our family members become people from whom we are incapable of separating our own identities… so do our familial others define for us the specific forms that our involvement in interpersonal life will take" (p. 66).

The change was going to happen for Mike. He was introduced and exposed to new scripts and ways of relating and being in the world by men in the "familiar situation" he felt connected with. Throughout the years of treatment, I took the approach of treating the relational neglect with Mike, his father, and others in his familial environment, while simultaneously working with Mike alone. We worked on how Mike was negotiating his development and relationships within the familial environment, while defining what type of man he wanted to be in the future. My experience working with Mike and his father consisted of joys and frustrations. I found patience to be a friend, and my belief in the love Mike and his father had for one another was helpful and energizing in those moments when Mike and his father fell back into old ways of relating to one another—focusing on the problem and disconnecting from one another. Healing relational neglect and learning to change the dance of attunement is not a quick fix. I was glad Mike and his father found the approach I utilized helpful and continued to seek out my services. Each time I worked with Mike and his father, their dance of attunement got sharper. But what happens when the clinical social worker does not work with the family on a consistent basis, over an extended period of time, and out-of-home placement is seen as the only option?

Michelle: Pushed Out of the Relationship

Initially, the treatment took place in the home with Michelle and her mother. In the beginning, the mother stressed how Michelle needed to control herself:

Mom: (stated with frustration) I just can't live with the child if she cannot change her ways! I'm so confused. I'm so hurt. The way she is behaving is not how I raised her. She sneaks out to be with boys, and you won't believe it, but I caught her masturbating with my dildo! No wonder she can't focus on school. I wish she would graduate, because I had to drop out at 15 years old

because I was pregnant.

Me: Michelle's graduating is important. She is almost 17, no children, and doing well in school. Do you think it's normal for her to be interested in boys now? The mother looked away, shaking her head in a no fashion, not verbally answering my question. Michelle worries, thinking you're overly anxious about this situation. She says she is not looking or doing anything to get pregnant and she wants to graduate from high school.

Mom: You know, my oldest daughter had a baby at 15 years old—but at least she got her GED. I don't know how to make the focus of this family about education for girls. We all have the same problem: looking for some guy to take care of us. She needs to just leave those boys alone!

As Michelle's mother shared her feelings—some of her life experiences and worries for her daughter—I was able to feel the mother's desire for Michelle to have a different experience—a life without the struggles the mother encountered. I could empathize with her because I am a parent. I struggled with how I would help this mother and daughter understand one another. I wondered—how will I help this mother see her daughter is already having a different experience?

What is happening between Michelle and her mother is relational neglect. The mother is so focused on her own issues repeating that she could not see how she was pushing her daughter away—misattunement. My interventions in the beginning focused on listening to the family share their stories, educating them about adolescence and the importance of their connection, encouraging them to spend positive time with one another—creating space and modeling effective ways for both of them to be heard and understood—the "empathetic matrix." I worked hard with Michelle's mother trying to create the environment where Michelle would not need to sneak around to see her boyfriend and the mother trusting her more, believing her daughter could graduate without becoming pregnant. As Siegel (2012) points out, "attunement is a dance of connection" (p. 23-4). Michelle and her mother were in the midst of this dance. I joined Michelle and her mother, feeling the tension and struggle with them.

The situation was improving somewhat when another incident occurred: Michelle left school early to be with her boyfriend, and her mother insisted her daughter go before the judge. The mother struggled hard to keep Michelle in mind (Hill, 2015), only focusing on her fear of Michelle becoming pregnant and not finishing high school. The case manager informed me that the mother painted a picture in court of Michelle as out-of-control for years, and the mother did not know what to do, fearing for Michelle's safety. The judge placed Michelle into the shelter and ordered co-current planning: therapy for the mother and Michelle to continue seeking an out-of-home placement. I felt saddened and angered when I got this news. I was worried for Michelle, placed in the shelter, and saddened because Michelle's mother thought sending her daughter to a shelter was doing what was best for her. I was frustrated with the system coming to this decision without consulting the clinical social worker working with the family. This was not the time to separate Michelle and her mother. Their relationship was strained and they both felt disconnected from each another.

Michelle was placed in the shelter; only 8 weeks had passed since I started working with the family. The sessions were now conjoined due to the mother reporting she was not able to travel to the shelter. I worked with the mother in her home and Michelle separately in the shelter. I became the bridge between them—feeling helpless and challenged at times, wondering how I could address the relational neglect between them. The treatment continued to focus on addressing the disconnection between the mother and Michelle. I saw the behaviors Michelle demonstrated as a symptom of the familiar situation, the messages and habits that Michelle learned from watching the females in her family. The mother struggled with low tolerance and anger at her interpretation of the mirror image being reflected back to her in Michelle's actions about her life choices, and acting out the family script. It was hard for the mother; Michelle seemed to be her last hope.

As a result, the mother withdrew from her relationship with Michelle further. She was more inaccessible and unavailable to Michelle—disconnection and misattunement were still in action. The work with Michelle's mother over the course of treatment focused on raising awareness about the habits and patterns of relating passed down in the family and separating out her reactions and disappointments about her experiences from Michelle's experiences. I also encouraged the mother to keep up with her appointments with her therapist. I was concerned that Michelle's mother was not practicing good self-care and I wanted her to have all the support she needed. The work with Michelle focused on raising her awareness of her family's patterns, her relationship with her mother, and her habits and her reactions. I did similar work with her mother; however, with Michelle we also worked on identifying which familial habits she practiced and if they were in line with the type of woman she wanted to be. We discussed different female role models within her family, community, and society and how she can align her thinking and behaving with those qualities she admired in those women, cultivating new habits—respecting and utilizing the connections that already exist.

In the course of treatment, I saw how the relationship between Michelle and her mother was still strained and the impact it had on Michelle. After working with the family for 6 months, the mother talked of Michelle being 17 years old and needing to function as an adult because of turning 18 within that year. The mother continued to resort to seeing herself as separate from the situation and problem, therefore not a part of the solution. My hands felt tied, unable to get them in the same room, unable to address the relational neglect between them. I came to see how the way clinical social workers' value "person-in-environment" and work with the relationship as "the vehicle of change" is so important to addressing relational neglect. This perspective and value of the relationship needs to be passed on to the caregivers of adolescents in their familial environment. It is not just the vehicle of change, but where the problem originates and solutions emerge and take root. But this is hard to do with the option on the table of out-of-home placement.

Conclusion: The Call to Action

Through the stories of Michelle and Mike I join a long-standing debate on neglect, and I introduce relational neglect—a phenomenon I have been seeing while working with some of the adolescents who are labeled as the problem in their families and communities. Throughout the

research on neglect, parents are blamed and that is not the purpose of this paper. I am holding parents responsible because they have the dominant position and power in the parent-child relationship. I am raising awareness of relational neglect—the absence of nourishing interactions of attunement and quality connection within the familial environment of the adolescent, which is essential to aid our children during their adolescent phase of life to enter adulthood with healthy mental states and habits.

The cases of Mike and Michelle illustrate how complicated it is to identify and address relational neglect, mainly because it is countercultural to focus on interdependence with adolescents in a society that values success and believes adolescents should strive for separation and autonomy. Both Mike's and Michelle's parents shared hopes for their adolescents to take a better and different path than the one they took in their adolescence, but to do that they will need their parents to be there for them in nurturing ways. Parents must learn instinctual parenting does not work in today's complex society. We educate ourselves on every other job we hold in society; thus, parenting and cultivating healthy environments and relationships should be no different (Ross, 1993).

I challenge the notion that an adolescent exists outside of the familial environment and that treatment should focus just on the behaviors and attitudes of the adolescent without intervening at the relational level. As you saw with Mike, if I would have just focused on the behaviors, the relationship—the quality of connection and attunement—between him and his father would have continued to be neglected and the symptoms and the behaviors would have continued to persist.

According to Bowbly (1988), "…attachment must be seen as an ongoing human need rather than a childlike dependency that we outgrow as we grow" (p. 13). Adolescents need security and safety: a consistent loving and positive relationship with themselves, peers, family, and their communities who do not give up or quit on them when the adult feels challenged by the adolescent's behaviors and attitudes. They need caregivers willing to look at themselves, work on their own issues—understanding that we all have "stuff" from childhood and adolescence we bring into adulthood that needs to be worked through in order not to pass on or project onto our children.

Caregivers need to stay connected to the adolescent: teaching, guiding, and supporting them through this developmental stage into adulthood. Michelle's mother struggled in this area—it was hard for her to focus on her part in the problem and solution—when dealing with her own unaddressed mental health needs. What we do not deal with, we will take out on others whether we are aware or not. Michael's father struggled with consistently staying in a positive relationship with Michael without support. Adolescents and their parents need the community and providers to stand with them and focus interventions on repairing and strengthening the adolescent's relationships within their familial environment versus out-of-home placements as the quick fix—holding parents, families, and communities accountable to the adolescent. I call to action all clinical social workers working with families with adolescents to assess for relational neglect and devise interventions that focus on the relationship. I shared some of my interventions, approaches and struggles; each social worker has his or her own style and approach. I encouraged others to publish your experiences assessing and treating relational

neglect in families with adolescents, thus adding to the literature on mental and behavioral health practitioners called for by McSherry (2004, 2007).

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About the Author: Tawanda L. Hubbard, MSW, LCSW, DSW Candidate, Rutgers School of Social Work (thubbard@scarletmail.rutgers.edu).