

Commentary on: Addressing Child Maltreatment by Infusing Multicultural, Feminist Tenets to Standard Clinical Approaches: The Cases of “Bashiir” and “Jaquann”

An Ecological Exploration of Addressing Child Maltreatment

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ABSTRACT

This commentary examines the cases of “Bashiir” and “Jaquann” (Singer, Deboard-Lucas, & Fuentes, 2024) through an ecological lens as it pertains to addressing child maltreatment. The authors of these case studies offered a robust case formulation that provided an enhanced understanding of culturally informed treatment in cases where child maltreatment was a factor. This commentary explores ways in which the authors skillfully illustrated the theoretical tenets that shaped the treatment interventions, and offers an examination of key elements for further consideration related to child maltreatment.

Key Words: multicultural therapy; feminist therapy; child maltreatment; phenomenological, ecological context; case study; clinical case study

INTRODUCTION

The epidemic of child maltreatment is a significant public health issue that requires multifaceted efforts to be adequately addressed (Phillips, Lobban-Moore, & Fuentes, 2022). Understanding of the influencing factors related to child abuse and neglect is essential to accurately identifying when maltreatment has occurred and to competently address and remedy it. In this commentary on the article, *Addressing Child Maltreatment by Infusing Multicultural, Feminist Tenets to Standard Clinical Approaches: The Cases of “Bashiir” and “Jaquann”*, (Singer, Deboard-Lucas & Fuentes, 2024), the therapeutic tenets and interventions that the authors outlined are discussed and analyzed to further the contextual understanding of how to address child maltreatment.

The patients in both cases were male teenage students who were referred for counseling in a school setting, and both were cases where child maltreatment was suspected. The authors set the stage for discussing the cases by explaining their extensive training as psychologists with relevant clinical experience with a patient population that was similar to these two patients.

They highlighted the need for contextual understanding of these patients; that is, taking into account their individual identities and needs, as well as the familial, social, and systemic contexts within which they exist. In each case, the authors discussed the therapeutic interventions they utilized, the phases of treatment, provided indications of the patients' response to intervention, and the treatment outcomes. They concluded by sharing the insights they garnered from having had the opportunity to provide therapeutic intervention.

The analysis offered in this commentary is informed by the scope of experiences that I have gained throughout my career as a psychologist trained in various inpatient and outpatient clinical settings. Having been educated as a counseling psychologist out of a doctoral program that emphasizes multiculturally competent training, I have also employed the theoretical approaches and therapeutic techniques that the authors discussed. In the course of my professional career, I have gained clinical training that is similar to that of the authors, and I have provided therapeutic services to many patients who share characteristics with the subjects of the authors' case studies. As such, I offer commentary that reflects the education, training, and clinical experience I have gained over twenty five years of professional work experience that dovetails well with the nature and subject matter of these two cases.

ECOLOGICAL CONTEXT MATTERS

The authors presented a phenomenological exploration of how Bashiir and Jaquann were identified for referral for therapy, and how treatment was provided and progressed. They pointed out that these patients' identities impacted their experiences alongside being impacted by the community, culture, and other larger systems within which the patients exist. As such, the authors make a clear case for why it is essential to understand these patients not just as individuals but in the contexts from which they arise, as parts of larger systems. Perhaps even more importantly, they highlight that to see these patients as individuals and not consider the context within which they exist is to ignore significant aspects that are relevant to providing adequate interventions. This becomes evident, for example, when recognizing the specific dynamics in the patients' families that provided key information for accurately interpreting the patient's behaviors and determining if maltreatment occurred.

In both cases, the patients' family circumstances had an impact on their functioning. For example, Bashiir lived in a two-bedroom apartment with eight other family members, and he was given the responsibility to supervise his younger siblings when his parents were unavailable due to their work schedule. This information adds critical context to why Bashiir was absent from school. Due to fulfilling his duty to his family, he would be absent from school many days throughout the school year. In considering what may be effective interventions for Bashiir to increase his school attendance, resources for his parents to have adequate supervision for their children would be important. Therefore, we must understand what is occurring in the

environment and systems around Bashiir and how those systems impact him in order to properly help him. This is why ecological context matters.

The impact of family dynamics was also clear in Jaquann's case, with having an incarcerated father—a factor that likely impacted the level of parental supervision and support he received, and likely led to increased stress in the family home. Parental incarceration is known to be associated with decreased financial support; with increased risk behaviors, delinquent behaviors, and externalizing and internalizing symptoms; and a decrease in overall well-being for their children, particularly during adolescence (Herreros-Fraile, et. al, 2023). To remedy the impact of Jaquann's absences from school, it would be important to consider what support and guidance he would need given the absence of his father, and what support his mother may need to better equip her to support Jaquann. Again, we see that understanding context in Jaquann's case provides the proper knowledge base for remedying the issues he is facing. Without knowledge of family context, conclusions about the appropriate interventions for these patients would have potentially been inadequate and inaccurate. Ecological context is an essential component of providing competent interventions and addressing child maltreatment.

Bashiir's immigrant and refugee status is an important part of the ecological context for working with him. It was noted that during the therapeutic work with Bashiir that he exhibited fluctuations in his identity given his immigrant status and level of acculturation (Singer, Deboard-Lucas & Fuentes, 2022). His therapist showed awareness of and attentiveness to ecological implications of immigrant status on Bashiir and his family, and in particular, awareness of the acculturative stress that accompanies these circumstances. The ongoing challenges associated with the process of acculturation and immigration is linked to mental health problems (Nagy et al., 2024), and consideration of these stressors is an important part of adequately helping Bashiir in therapy. Acculturative stress was thoughtfully addressed in therapy, with ample space being provided for Bashiir to discuss his past and present experiences related to being in a refugee camp, migrating to the U.S., his adjustment to U.S. culture, and more.

THERAPEUTIC TENETS OF TREATMENT

The therapeutic tenets utilized in both cases were outlined by the authors as being derived from multicultural therapy and feminist therapy (Singer, Deboard-Lucas & Fuentes, 2022), both therapies that center cultural experience and social justice in the treatment framework. The authors highlighted six shared principles of these therapies that they used in their therapeutic work: “(a) *continuous self-examination*; (b) *sharing power with clients*; (c) *elevating voices*; (d) *raising consciousness*; (e) *fostering strengths*; and (f) *ensuring clients have optimal tools when they end treatment*” (p. 16, italics added). These tenets were skillfully interwoven into the

therapeutic interventions that were used, and likely had a positive influence on treatment outcomes.

The authors discussed three phases of treatment, which was a helpful way to organize the chronology of treatment and allowed for opportunities to observe the progress of treatment with more nuance. This also helped to delineate the differences in how therapeutic engagement unfolds early in treatment versus midway and later in the treatment process. These distinctions can be useful to the reader in many regards including understanding that each stage has unique therapeutic elements and provides building blocks for the next stage. The authors made a point to consider how the treatment progression impacted not only the patients but their families as well. This consideration drove home the ecological emphasis of their therapeutic work, showing a clear understanding that patients exist within a family context that is as important as the patient.

The authors clearly demonstrated how their therapeutic work was guided by each of the six tenets described. First, they demonstrated *continuous self-examination* through considering the impact of a cross-racial therapist-patient dyad on the therapeutic process. This tenet was also demonstrated when the authors referenced being in clinical supervision while treating Bashir. Clinical supervision is thought to be a necessary element for building clinical competence (Lohani & Sharma, 2023). To this end, clinical supervision is noted to have positive correlations with supervisee satisfaction, autonomy, awareness or self-efficacy (Kühne et al., 2019). Furthermore, *continuous self examination* was evident in the therapist's (author Deboard-Lucas) noticing her own biased beliefs about what Jaquann would or would not be interested in learning regarding coping skills. The therapist, in her self-reflection, realized that such an assumption reflects bias and could have had a negative impact on treatment. She was self-aware and open-minded enough to offer for him to try therapeutic skills even if she was unsure of his interest, and doing so turned out positively.

The authors demonstrated their use of the tenet of *sharing power with clients* at many stages of therapy. The sharing of power was noted in how they built rapport and created harmonious relationships with both patients, which is an important building block to effective therapy that increases patient compliance and satisfaction, and improves clinical outcomes (Butt, 2021).

They were also intentional about engaging the patients' parents in the therapeutic process, which helped to create an inclusive and empowering therapeutic environment. Engaging parents in children's therapy is associated with positive therapy outcomes (Haime-Schlagel & Walsh, 2016). This tenet was also evident when Jaquann had concerns about the risk of what he shared in therapy being conveyed in his court hearing. The therapist offered him reassurance that efforts would be made to preserve confidentiality, thereby letting Jaquann share in the power to control the privacy of his therapy space.

Sharing power with clients was also evident in the therapists' receptivity to the requests of their patients and patients' families, for example, when Bashiir's family asked to have community elders participate in his therapy. This unconventional inclusion of important people in Bashiir's life likely allowed him to see how valuable his well-being was and to feel empowered in knowing that his needs mattered and will be honored if possible. It is common in Black families to have members that are "fictive kin," individuals who become part of the family circle through bonding and togetherness although not related by blood (Phillips, Lobban-Moore, & Fuentes, 2022). Fictive kin can have an important role in families, becoming a part of the family decision making process and child-rearing practices. In Bashiir's case, the community elders had a venerable influence on the family system and including them in therapy enhanced the therapeutic process. These many examples of sharing power illustrate what a significant mechanism it can be to facilitate therapeutic outcomes.

The tenet of *elevating voices* was evident, for example, when Bashiir and other peers in the group therapy phase of treatment were provided the space to choose to speak in both Somali and English during group sessions. He and his peers would speak to each other in the native language, then they would share what they spoke about in English to the group therapist (author Singer). Having the latitude to choose one's native language for self expression is a powerful way to elevate a patient's voice, to give them the space to express themselves in the manner most comfortable. To this end, some research points to the positive role that the bilingualism of patients can have in the treatment process (Santiago & Altarriba, 2002). This tenet was also evidenced when Jaquann was given the opportunity to stay in contact with his therapist while he was in detention, thereby allowing him to have a voice and to be therapeutically heard even in a restrictive environment.

Raising consciousness was wonderfully illustrated in the example of Jaquann being told that he deserves to feel better. This was an example of raising his awareness of his own value and dignity, as well as his right to access better health and functioning. By empowering his sense of self-worth, the potential is there for him to feel more motivated to make healthier choices for himself.

Raising consciousness was also evident in Bashiir's experience of having community elders be a part of treatment, thereby facilitating a community effort to remedy the difficulties he was having. In doing so, it was likely demonstrated to Bashiir that his problems are his family's problems and his community's problems, not for him to shoulder alone. The community came together to help Bashiir's family obtain adequate child care so that he could return to consistent school attendance.

The tenet of *Fostering strengths* was seen in both cases when the patients were able to show their ability to engage and share their thoughts and intellect. In Jaquann's case, his intellectual ability was a strength, though this would not have been evident by looking only at his

IQ as noted in the psychoeducational testing in his records. His therapist recognized that he had more intellectual abilities than was reflected on paper and his strengths were nurtured in therapy. *Fostering strengths* was also evident in Jaquann's gift being accepted by his therapist. Being receptive to his ways of showing his thoughtfulness and caring was likely a powerful way to embrace his strengths and encourage his creativity.

Lastly, *ensuring clients have optimal tools when they end treatment* was primarily demonstrated in providing resources to the families of Bashiir and Jaquann through the therapeutic process, and ensuring that each patient has access to ongoing therapy. In Jaquann's case, ensuring he had tools was hindered by his period of detention, which limited his access to ongoing therapy with his therapist. Despite this barrier, his therapist proactively sought to maintain a connection with him by email during detention, with his mother's permission, to allow for maintaining the therapeutic bond. Such efforts likely increased Jaquann's trust in the therapy relationship, and increased his motivation to engage in further treatment after detention, and thereby helped to ensure he had optimal tools by the end of treatment.

In Bashiir's case, helping his family with identifying childcare was instrumental in remedying the issue of his low school attendance. With the facilitation of the community elders, Bashiir's family had the support needed, which was an optimal tool for them to have that also gave Bashiir the latitude to return to attending school regularly. By ensuring that Jaquann and Bashiir had the tools needed at the end of treatment, the therapeutic outcomes were strengthened.

THE QUESTION OF CHILD MALTREATMENT

The authors noted that child maltreatment was a factor in both cases and they emphasized that the determining factors of maltreatment ought to be understood through an ecological lens. To expand on their points, it can be useful to further explore the factors involved in evaluating child maltreatment in these cases. Upon review of the data presented about Bashiir, it appears that the question of whether child maltreatment occurred was sparked by his low school attendance and the observations that he may not be eating adequately. Some considerations that help with determining if these factors constitute child neglect is whether the lack of attendance impaired his academic progress, and if he had more than the maximum allowable absences for the school year. It could be, for example, that he was within the allowable number of absences for a student and that his academic performance was not substantially impacted by his missed school days. Additionally, in some instances teachers will support a student's academic success by providing informal accommodations such as allowing the student to turn in missed assignments late, and to take make-up exams or quizzes that they may have missed. These allowances can occur particularly when school staff and teachers are aware of the circumstances causing the student's absences. In Bashiir's case, the data provided indicated that he was struggling academically, which his absences likely contributed to. Thus, his absences did appear

to be impeding his academic success. Fortunately, the therapist for Bashir was able to work with his family to create a plan that would help increase his school attendance.

Turning to the issue of Bashir's access to food, the provided data indicated that he had food access but was choosing not to eat, a decision seemingly fueled by his concern for his family and wanting to ensure that their needs were met before his own, and also a result of low appetite, likely a symptom of his mental health issues. From an ecological context, Bashir's school attendance and lack of adequate eating was a by-product of inadequate family resources, which could be reasonably remedied through therapeutic intervention and increasing his families access to appropriate resources.

In Jaquann's case, the question of child maltreatment was related to prolonged absences from school. As noted in the above discussion of Bashir's absences, the same considerations regarding the impact of the absences on academic performance and whether the absences were more than the maximum allowed would be relevant to evaluate this factor as it relates to child maltreatment. It seems that Jaquann experienced academic struggles, which his prolonged absences likely contributed to. Thus, his absences are a salient consideration in determining child maltreatment given their impact on his academic performance.

It is worth considering if there are additional factors that could indicate child maltreatment in Jaquann's case. More specifically, does a minor being in possession of a firearm indicate child neglect; that is, a breach of a caretaker's responsibility to restrict a child's access to a weapon? Upon examination of the data presented, it seems that Jaquann's possession of a weapon was via receiving it from a friend. In cases where child neglect is substantiated due to a child having access to a firearm, it tends to be related to the child accessing an unsecured firearm in the child's home (Jennissen et al., 2019). In Jaquann's case, he acquired the firearm outside of the home in a circumstance where it was reasonable that he would be without adult supervision, i.e. hanging out with friends. It would not be reasonable to expect that his parents would be aware that he was in possession of the weapon, nor would be supervising his whereabouts at the time that he received the weapon. Thus, it does not appear that the issue of maltreatment would be predicated on his possession of a firearm. Moreover, to the authors' point, the legal charges Jaquann faced related to the weapon may reflect a criminal justice system that is racially biased and prone to harsher legal charges and sentencing of black youth more than white youth for similar offenses (Singer, Deboard-Lucas, & Fuentes, 2023). Overall, in both of these cases, the question of child maltreatment seemed appropriately considered and the therapeutic work in each case identified competent solutions to remedy the issues causing the maltreatment to occur.

RISK ASSESSMENT AND OTHER NOTABLE OBSERVATIONS

In reviewing the stellar therapeutic work provided in these cases, additional relevant

themes emerged for further consideration, firstly, the role of risk assessment. When Jaquann verbalized suicidal thoughts as he was facing the impending detention period, his therapist initiated a suicide assessment and then collaborated with him to develop a safety plan that included informing his mother and appropriate detention center staff. In doing so, Jaquann's safety was reinforced by equipping him with tools to remain safe.

Notably, a key element in managing suicide risk is a strong therapist-patient alliance (Østlie, Stänicke, & Haavind, 2021), which was evident in Jaquann's therapy. When he expressed his ideation, it appears that his concerns were taken seriously and his therapist joined with him to address his worries, which likely helped to mitigate his level of risk. Given the increasing risk of suicide among adolescents and with suicide being the second leading cause of death for adolescents (Morris-Perez et al., 2023), every instance of suicidal ideation needs to be met with compassion and competent risk mitigation, as was the case for Jaquann. Notably, one of the risk factors for suicide is access to lethal weapons (Morris-Perez et al., 2023). It would be worthwhile in such cases to restrict access to such weapons in any way possible. In Jaquann's case, addressing this issue in therapy could be helpful, for example, talking with him about the danger posed by having access to lethal weapons particular when a person has experienced or has a history of suicidal ideation.

The authors made an important observation about Jaquann's psychoeducational testing results indicating an IQ in the 70's, which his therapist aptly recognized was likely a misrepresentation of his abilities. The authors noted that this mismatch—between documented and demonstrated intellectual abilities—was an example of systemic racism's influence on the services Jaquann was offered and received. To expound, it could be helpful to consider what might account for the difference in his presentation and the psychoeducational data. Standardized assessment measures are known to be associated with cultural bias and can lead to inaccuracies, particularly when persons in minority groups are assessed (Kim & Zabelina, 2015). The growing awareness of this issue has led to research that has identified ways to reduce bias, such as including alternative assessments in addition to or in place of traditional assessments, that may include non-timed and/or hands-on performance measures (Kim & Zabelina, 2015). Being familiar with the issue of cultural bias of assessment can allow anyone working with a child to advocate for use of more culturally fair assessment options, and to speak on their behalf if there is concern about an assessment that may not be an accurate representation of that child.

FINAL THOUGHTS

Taking a closer look at the therapeutic work conducted with Bashiir and Jaquann was a richly informative endeavor. These cases provided an excellent context for deeper understanding of how an individual is impacted by internal factors and external systems, both of which shape the opportunities, challenges, and outcomes they encounter. The ecological context within

which they exist was thoroughly considered as therapy was provided to them and every intervention provided was done so through a culturally informed lens. The authors brought to light the importance of ecological context in the phenomenological exploration of therapeutic interventions. This article served well to expand the breadth of research in this area, and to forge a more defined path for culturally informed research and practice in cases where child maltreatment was a factor.

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