

***The Silent Cry***  
**Child Neglect and Parental  
Substance Use**

Pedicases

# Objectives

- List signs and symptoms of child neglect.
- Discuss how to communicate concerns to parents with concerning alcohol use.
- Describe a management plan for situations where child neglect is suspected.
- List appropriate multidisciplinary services available for families affected by substance abuse.

# Part I: Introduction

Michaela is a 25 month old girl brought to your office for an urgent care visit. Her mother, Ms. Nickerson appearing somewhat disheveled, reports that her daughter has been cranky for the past few days.

## *Current History:*

*“Has she had a fever?” you ask.*

*“Fever? No, I don't think so. She hasn't felt warm.”*

*“Has she told you that anything hurts?” you continue.*

*“No. She doesn't talk very much. She's only two. But something must be hurting her, because she's crying all the [\*bleep\*]in' time. I just can't listen to it anymore. Thank God she's my only one,” Ms. Nickerson states with exasperation.*

# Part I: Introduction

## *Review of Systems*

Ms. Nickerson denies any other pertinent symptoms including vomiting, diarrhea, cough, rhinorrhea, or poor oral intake. Ms. Nickerson reports no history of trauma, falls, or injury.

## *Past Medical History*

On further review of the medical record, you find that Michaela is a former 32 week gestation infant born to a 20 year -old mother. She has had no hospitalizations or surgeries. You notice that Michaela has missed several well child visits and has not received her 12-15 month immunizations.

# Part I: Introduction

## *Family/Social History*

You ask Ms. Nickerson some additional questions (adapted from *The Bright Futures Guidelines for Health Supervision*):

*“How are other things going in your family?” you ask.*

*“We’ve been better. Michaela’s father moved out three weeks ago.”*

*“Do you have anyone else to help take care of her?” you ask.*

*“No. Her grandparents live on the other side of town, but I don’t have a car and haven’t seen them in months. It’s just the two of us. Right, Sweetie?”*

*“Are you working outside the home?” you ask.*

*“I work once in a while as a waitress or cashier, here and there.”*

*“Who takes care of Michaela when you’re working?” you ask.*

*“Umm, . . . there’s a lady across the hall from us. She helps sometimes.”*

# Part 1: Introduction

## *Physical Exam*

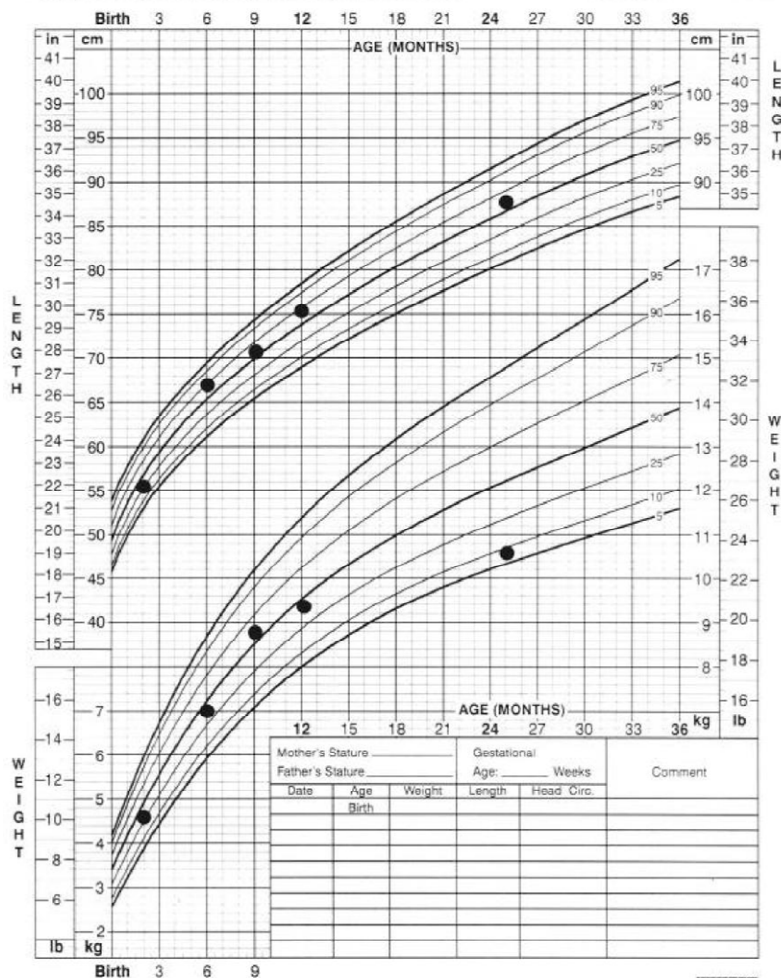
You proceed with the physical examination. Michaela has an axillary temperature of 38° C. Her other vital signs are normal. She is a somewhat thin-appearing toddler (refer to growth charts) with a tear in her slightly soiled dress. Her face is expressionless and does not appear to have been washed recently. She has been sitting quietly in her mother's lap while the two of you have been talking. You show her several colorful stickers, but she doesn't reach for them or say anything.

Michaela has no dysmorphic features. Her pupils are equal and reactive to light, and visual tracking of your penlight seems normal. The tympanic membranes are normal in appearance and move well on pneu--otoscopy. Oral examination is notable for several upper incisors with brown areas of decay. Skin examination reveals a 2cm superficial laceration with circumferential swelling, induration, and tenderness on her left lower leg.

Birth to 36 months: Girls  
Length-for-age and Weight-for-age percentiles

NAME Michaela Nickerson

RECORD # \_\_\_\_\_



Revised November 28, 2000.

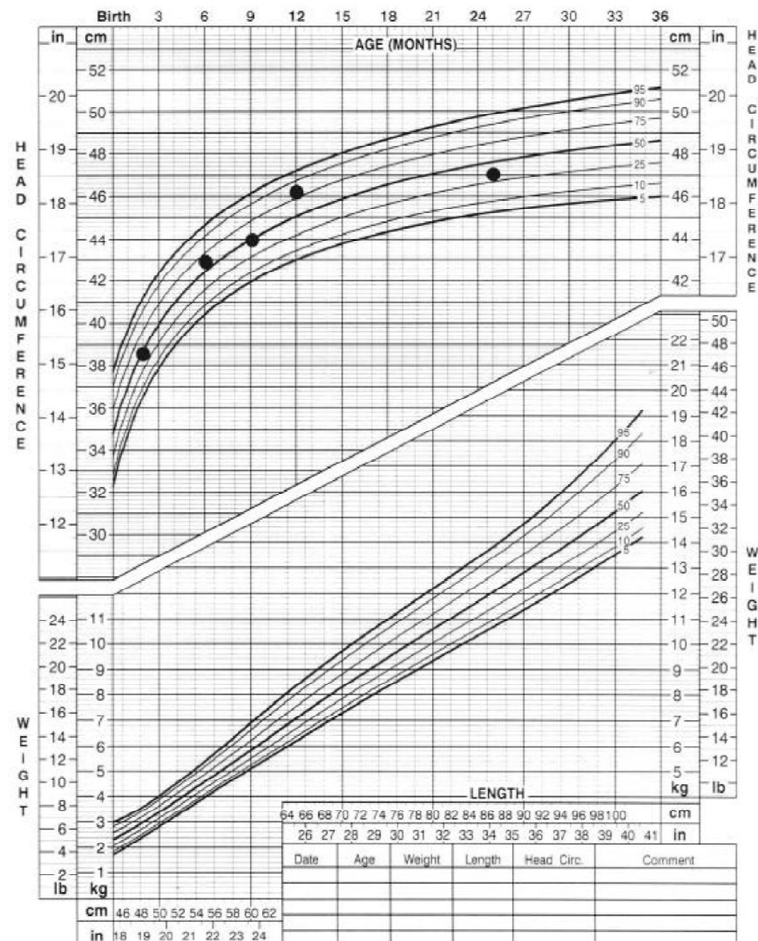
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



Birth to 36 months: Girls  
Head circumference-for-age and Weight-for-length percentiles

NAME Michaela Nickerson

RECORD # \_\_\_\_\_



SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).  
<http://www.cdc.gov/growthcharts>



## Part II: Next Steps

You decide to admit Michaela to the hospital. She receives IV antibiotics and local wound care. Social work and nutrition consults are obtained.

On your hospital rounds the next day, you are told that Ms. Nickerson left the floor soon after Michaela was admitted. She returned at 5 AM and was observed to have a somewhat unsteady gait. Shortly after going into Michaela's room, the nurse on duty heard a "crash." When she went to check, she found that Ms. Nickerson had tripped over a chair. The nurse reported that she thought she smelled alcohol on Ms. Nickerson's breath.



## Part II: Next Steps

You go in to see Michaela and her mother is there. When you ask her how she is, she replies, *“I’m OK; I just have this really bad headache.”* She appears very fatigued and her conjunctivae are injected. You decide that it would be best to wait until later in the day to talk with her further. You arrange to have a social worker available for this meeting.

# Part III: Epilogue

In your meeting with her, Ms. Nickerson admits that things have been difficult. She has tried to quit drinking on her own but could never seem to stop for long periods of time. She is open to your suggestion about entering a treatment program and receiving counseling. She keeps the same-day appointment that is scheduled for her at a local program.

# Part III: Epilogue

A mandated report is filed on behalf of Michaela with the state child protection agency. The assigned family worker formulates an intensive service plan that includes counseling and monitoring for Ms. Nickerson. Early Intervention and daycare services are arranged for Michaela. In addition, an appointment is scheduled for her to be seen by a developmental/behavioral pediatrician, as well as a pediatric dentist in the upcoming weeks. The Visiting Nurse Services will go to the home daily once Michaela is discharged. The delivery of nutritional supplementation (recommended by the nutritionist) is facilitated by the social worker. A parent aide is assigned to Ms. Nickerson to assist with the routine stressors of daily living.

# Part III: Epilogue

Michaela remained in the hospital for 2 days. Her immunizations were updated. A routine lead level was normal. PPD screening was negative. Given the intensive service plan, Michaela is discharged into the care of her mother with a follow-up appointment with you in one week.

At the follow-up appointment, Ms. Nickerson says that not drinking is tough but she's determined this time. One year later, she has found a new job and reestablished contact with her parents. Michaela has gained weight and seems to enjoy the other children at her language-based preschool.