



- WORKING WITH MUNCHAUSEN  
BY PROXY CASES  
Definitely a Team Approach
- Session 2S2E
- A Presentation from the Child Protection Unit  
Children's Hospital @ Westmead, Sydney  
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# Introduction

- Our context
- The Children's Hospital at Westmead (CHW)
- The Child Protection Unit (CPU)
- Presenters
- Session agenda
- The topic
- Managing different opinions in this session

# Session Agenda

1) Presentation

2) Group discussion

3) Feedback and recommendations

# The Issues in Managing MSBP Cases (1)

- The **names** of the situation - *not a disease or a syndrome, but behaviours within relationships.*  
*Eg. Factitious or induced illness, MSBP/ MBPS, abnormal illness behaviour, abuse*
- Differential diagnosis of **complex medical situations** - consider actively

# The Issues in Managing MSBP Cases (2)

- Involves the **whole family** - (usually mother is the focus)
- **Connection** of the family to the system is essential
- There are different understandings of the situation held by different professionals
- The importance of acknowledging and focusing on 'harm' - ie. rights to safety and health impacts

# Child Protection Frame on MSBP (1)

- There are a range of concerns and a range of effects of this behaviour
- The concerns include:
  - Creating symptoms,
  - Exaggerating symptoms,
  - Anxiety about symptoms
- Coexisting Problems

# Child Protection Frame on MSBP (2)

- Distorted Parent-Child Interaction
- (Speculation on) possible motivation includes :
  - comfort
  - anxiety
  - passive/aggressive response
  - self esteem, winning

# Child Protection Frame on MSBP (3)

- **Example of behaviours seen:**
- Poisoning with substances or medication not prescribed or recommended
- Induced infections with faeces or other contaminants
- Deliberate interference with treatment - eg holes in tubes
- Physical abuse - inducing fits through assault; burns
- Neglect - not giving prescribed medication which produces symptoms
- Failing attend to other treatments

# The Potential Impacts on the Child

- Trauma: including physical harm and psychological harm (attachment, wellbeing, emotional development)
- Rights denied: access to education, play, identity

# Dynamics Issues (1)

- Diagnosis and blame get mixed up
- Secrecy makes gathering information difficult
- Various motivations will inhibit the discovery process - eg politics or benefits
- Making ‘judgments’ is an important part of the assessment process

## Dynamics Issues (2)

- Trust (relationship) between doctors and patients
- Doctor's view of themselves and their role - they have the knowledge (also applies to other health professionals)
- Mistakes in medical evaluation (confusion)
- The problem of profiling (do not waste your time)

# Dynamics Issues (3)

- Family:
  - Family dynamics and the role of parents and extended family in both identification and case management and protection
  - Parent-Child
  - Parent-Parent
  - Extended Family

# Issues to be Addressed in a Hospital Setting (1)

- Recognition early and collaboration
- Minimising harm to a child
- Safe and accurate assessment and documentation
- Reliance of statutory agency on the medical (health professional) opinions

# Issues to be Addressed in a Hospital Setting (2)

- Risk for staff in being expected to monitor or be aware (covert and overt **surveillance**)
- Complex relationships between staff and parent/carer during the process
- Working with parents who have a need to keep caring for their child with a significant medical problem

# Assessment Issues to be Considered (1)

- **Parent**
- mental health issues
- emotional issues
- grief and loss
- personal history of fabricated or induced illness
- relationships

# Assessment Issues to be Considered (2)

- **Child**
- the effect on them physically,
- emotionally
- medically
- educationally
- relationships

# Case Study 1

- 6/12 girl born 4/52 prem - Mum HELLP syndrome
- Presentation 1 ? Apnoea - local hospital
- Presentation 2 ? Apnoea/gasping - paediatric hospital
- History - vague, inconsistent, CPR?, delay in presentation, episodes unwitnessed by medical/nursing staff, complex social issues
- Concerns about parenting ability, baby's development and parental anxiety

## Case Study 2

- 6/12 boy (twin 2) born 4/52 prem - Mum 16
- Referred for sleep study from another paediatric hospital following apnoeic episodes only seen by mum
- History of MGM with MSBP? - unable to clarify or confirm
- Episodes not witnessed by medical/nursing staff

## Case Study 3 (1)

- First presentation at a few weeks old - Mother said she had shaken him
- Restored to her care
- Breakdown in supports - diagnosed with Borderline personality disorder, presenting R for multiple hospital treatments and multiple appointments at the GP.

## Case Study 3 (2)

- Telling others (foster carers to over-medicalise him
- Alleging he has a heart condition (true) serious asthma? Shaking (even after going into care) and needing surgery
- Very poor relationship between mother and child
- Is this MSBP or something else?

# Case Study 4

- 2 older children abused the same way
- Newborn twins implicated in the mother's MSBP processes by her telling lies to the neonatologist which may have led to unnecessary investigations
- Someone interfered with the feeding tubes
- Mother charged - was it murder or MSBP

# Existing protocols

- Developed by hospitals in response to the complexity
- All emphasis early consultation
- All describe the process of identification of concerns evaluating other possible explanations and also risk of harm or similar concept
- All emphasise the importance of working with agencies who can keep children safe

# Issues to be Considered

- Staff: impact on them professionally of this confusing situation
- Legal issues: privacy, confidentiality
- Varying responses: from ignoring to contributing to over concern
- Dealing with negative emotions eg frustration, fear
- Time consuming nature of finding the detailed information required - the how, who, when

# Principles for Managing Cases (1)

- Consult early
- Accurate documentation of medical situation, results of tests, parental involvement, comments, involvements of others - relatives other staff etc

# Principles for Managing Cases (2)

- Using a map - for example:

Event	Date/Time	Issue	Source	Concerns	Implications

# Principles for Managing Cases (3)

- Risk of Harm - is the child being harmed - how?  
- **Consult**
- Legal - civil, insurance criminal, family court, privacy, ethical - **Consult**
- Medical - differential diagnosis - **Consult**
- Psycho social - dilemmas of accurate information  
- **Consult**
- Treatment - how, where, when - **Consult**

# Current Controversies

- MAMA (poor practice versus reality of abuse)
- Treatability
- Risk management
- Issues of Meadows (shaken baby) situation
- Managing in complexity
- Criminality
- Child morbidity and mortality

# Recent Literature

- The literature has expanded dramatically as people struggle with this issue.
- There have been 29 articles published in *Child Abuse and Neglect* since 1976. (Themes include determining if safety can be assured and whether understanding motivation is necessary for safety)
- Precey (1998): Casework with mothers who induce illness in their children

# A Way Forward

- Complex case review/ debriefing
- Consultation
- Specialist Team
- Other ideas