

# MUNCHAUSEN BY PROXY SYNDROME

Misunderstood  
Child Abuse

Edited by

Teresa F. Parnell  
Deborah O. Day

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MUNCHAUSEN  
BY PROXY  
SYNDROME

*To Edward,  
whose love and unwavering support  
are an inspiration;  
and to the other special people in my life—  
Carol, Cam, Tiffany, Lulu, Cleo, and especially Nicholas*

*—Teresa Parnell*

*To Calvin, Ryan, and Lauren,  
without whose love, patience, and support  
this book would not have been written*

## Foreword

Our own journey into the world of Munchausen by proxy syndrome and the unusual mix of patients, victims, therapists, attorneys, pediatricians, and social workers who inhabit this world began unexpectedly some 12 years ago. Encountering a surprising number of what at the time appeared to be a series of bizarre cases of factitious illness at our pediatric hospital started us on our own search to learn more about the nature of the disorder and how we could work therapeutically with these cases. A process of researching the mental health literature, encountering more cases, writing some journal papers, and consulting on patients with our colleagues around the United States revealed the unfortunate dearth of literature and clinical knowledge available to those working with these challenging cases; it also began a long and fruitful process that evolved into our own long commitment to the study and treatment of this disorder.

One of the most rewarding outcomes of this process was the bonus of developing long-distance collegial relationships with fellow professionals who were also crossing this uncharted terrain, equally eager to share observations, data, and clinical experiences. Drs. Parnell and Day are among the mental health professionals we have discovered as colleagues and have had the pleasure of collaborating with in professional presentations, informal cross-country consultations, and brainstorming sessions aimed at developing research ideas. Thus it is an honor for us to share some remarks on this contribution to the small but growing Munchausen by proxy syndrome literature—this edited book about the disorder.

The first series of chapters in this book thoroughly reviews the past and current literature on the basics of Munchausen by proxy syndrome, explicating the latest thinking on how these cases present in the pediatric setting, what we know about these families, and the process of making the diagnosis. But the major contribution of this particular volume comes in Part II, which addresses the psychotherapeutic treatment of the parent with the disorder as well as the child-victim, as up until now there has been little in the way of useful theory development or data available on successful treatment approaches. Much thought and practice have obviously gone into the chapters in this book that conceptualize the treatment process. The contributors offer many useful guidelines outlining the steps necessary for practitioners to develop trusting, supportive therapeutic relationships with perpetrator-parents in which those parents can begin to acknowledge their abuse of their children and their own dangerous deceptions, along with the parents' own histories of neglect, abuse, or other family secrets.

Many of us who work primarily in the pediatric, child abuse, and victim treatment arenas approach our work from a child-centered perspective, which sometimes leads us to have blind spots when it comes to taking the perspective of the parent or backing up to look more evenly at the family systems view of the problem. As adult therapists in a private practice independent of the world of children's hospitals, social services, or the courtroom, Drs. Parnell and Day have been able to immerse themselves in the world of the perpetrator-parent and the Munchausen by proxy family system with a level of empathy and openness that allows for new insights and productive working relationships. This is a very important contribution to the growing literature on this disorder.

The bizarre presentation of Munchausen by proxy syndrome, coupled with the sensationalism of the mass media treatment of this disorder (in no small part fostered by both the perpetrators and members of the legal profession who often enter unwittingly into their spheres), makes this work frequently difficult, and at times harrowing. Successful outcomes in these cases require not only treating the patients, but moving beyond that treatment to engage the social realm in a "therapeutic" manner, which many of us are untrained or ill equipped to do. For those who find themselves in this predicament, this book, with its attention to the details of every aspect of the process, will afford a welcome set of guideposts.

Judith A. Libow  
Herbert A. Schreier  
*Children's Hospital, Oakland*

## Preface

In 1989, a local child protection agency selected Dr. Deborah Day to evaluate a woman suspected of having perpetrated Munchausen by proxy syndrome abuse. This request came because of Dr. Day's years of experience with abuse perpetrators and victims, not because of any expertise she was thought to have in Munchausen by proxy syndrome. As awareness of the disorder slowly began to emerge in a local research/teaching hospital, more cases were suspected. Out of necessity, Dr. Day's experience with one case made her the local "expert" psychologist, as more requests came for evaluation and then treatment of these women and their child victims.

Of course, a single case does not make one an expert, especially where the stakes are as high as a child's life or the dissolution of a family. However, when we searched the literature in hopes of finding guidance from other professionals' experiences, we were disappointed. Excellent work had been done toward clarifying the diagnosis of Munchausen by proxy syndrome, or MBPS, and toward providing guidelines for identifying cases, by writers such as Drs. Roy Meadow, Herbert Schreier, Judith Libow, and Donna Rosenberg. Unfortunately, there was virtually no information for mental health professionals on psychological evaluation of and psychotherapy with perpetrators or victims. Therefore, we continued to learn by experience with these families, while watching knowledge of the syndrome grow in the research literature.

We have now been consulted in more than 30 suspected cases of Munchausen by proxy syndrome nationwide. We have also been contacted regarding approximately 10 additional suspected cases in which the professionals



involved have been unable to arrange the comprehensive evaluations recommended. MBPS cases are extraordinarily overwhelming, and it is only through a team approach that we have been able to endure and learn so much.

Like other forms of child abuse, Munchausen by proxy syndrome raises many troubling issues, such as believability of the accusations, how to balance victim and perpetrator needs, and potential destruction of a family unit. So persuasive are the perpetrators, and so incomprehensible are some of the allegations, that at times we have had our own struggle with the veracity of allegations. We have also struggled with finding a needed balance in situations where one human being purposely victimizes another: recognizing the horror of some victims' experiences while acknowledging the pain that would lead perpetrators to be so severely detached from their children. We have also struggled with the issue of the safety of the child versus the loss associated with removal from family, recognizing that there is always potential for misidentification of cases.

The "one-case phenomenon" continues to confront us as we consult with other mental health professionals. MBPS is still so recently recognized that our psychologist colleagues are finding few communities in which there are "experts" in this diagnosis. Thus a clinician may find him- or herself handling a single case in the course of an entire career, and must scramble for ideas on the long-term management of the Munchausen by proxy family, especially for therapy models for treating the perpetrator.

Whereas these struggles regarding psychological evaluation and psychotherapy occur within the scope of our discipline, it is rarely within the mental health field that this syndrome first affects a community. The fields of medicine, child protection, social work, and the law are often already grappling with the impact of a case before mental health professionals are consulted. The broad community influence of the MBPS case demands multidisciplinary communication and cooperation for effective management. Such collaboration has been achieved by many of the contributors to this book through the development of a protocol for action in their community. Perhaps because of this protocol, a relatively large number of case investigations have resulted in acknowledgment by perpetrators of their actions. This in turn has opened the way for meaningful treatment of the perpetrators.

As our work continued with this fascinating population, we considered writing a book in the fall of 1992 to share the exciting advances being made in perpetrator therapy. In the meantime, Schreier and Libow published *Hurting for Love: Munchausen by Proxy Syndrome* (1993a), which provides a wonderful review of the literature and immensely interesting dynamic

formulations of the MBPS perpetrator. We intend this book to be an extension of their work, with more insights into therapy and the multidisciplinary impacts of these cases.

The purposes of this volume are threefold: (a) to provide an overview of Munchausen by proxy syndrome; (b) to present an intensive, long-term psychotherapy model that has developed out of our work with acknowledged perpetrators; and (c) to increase understanding of the impact of MBPS cases on various disciplines, clarifying each discipline's role in case management and presenting techniques for handling cases from each perspective. In order to accomplish the third purpose, we have called upon the expertise of our colleagues in the fields of medicine, education, social work, law, and hospital administration. Without the contributions of Matthew Seibel, Robin Wilkinson, Toni Baker, Sue Whelan-Williams, Karen Palladino, and Ralph "Terry" Hadley, this book would lack a vital multidisciplinary focus.

There are, unfortunately, some perspectives that are not covered in this volume. We solicited chapters from such professionals as nurses, child protective service attorneys, gastroenterologists, and defense attorneys, but we found that many professionals who are experienced with MBPS cases were uncomfortable as first-time authors, and that those with more writing experience had limited exposure to the disorder.

Inasmuch as research into Munchausen by proxy syndrome represents a rapidly changing field of study, we hope to hear from our colleagues worldwide about their reactions to this book, so that we may add to and refine our perspective. We should note that, although many of our own chapters here carry the name of a single author, this merely reflects which of us assumed responsibility for the actual writing. We have worked jointly on the majority of the cases discussed in this volume and on formulating our ideas and hypotheses about this puzzling disorder.

# Acknowledgments

The ideas presented in this book have developed not only from the many conversations we have had regarding Munchausen by proxy syndrome, but also from the work of numerous other researchers and authors, discussions with participants at conferences, collaboration with colleagues, and, most important, our work with Munchausen by proxy perpetrators and their families. Additionally, the actual writing of the book was encouraged and supported in many ways by numerous individuals. We wish to acknowledge the contributions of the following persons.

For their collaboration at conferences, which was both enlightening and greatly appreciated, we thank Judith Libow, Ph.D.; John E. B. Myers, J.D.; Mercedes Ojeda-Castro, Ph.D.; Matthew Seibel, M.D.; Mary J. Sanders, Ph.D.; and Herbert Schreier, M.D.

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We thank the staff of Psychological Affiliates, Inc., especially Michele Simmons and Sheila Burgett, for their technical support, and the District Seven Florida Department of Health and Rehabilitative Services administrators, caseworkers, and legal department, not only for being willing to believe such abuse exists, but for working tirelessly to protect the young child-victims.

We are grateful to the Arnold Palmer Hospital for Children and Women and its Child Protection Team for recognizing this disorder, diligently working to establish a multidisciplinary team, and allowing us to be part of this groundbreaking work, and to our patients for trusting us enough to allow us to enter their secret world. We especially thank the first few mother-perpetrators whom we saw in therapy, who were aware that they were guinea pigs but allowed us to learn together.

Our thanks go also to our editor at Sage Publications, Terry Hendrix, and to senior editorial assistant Dale Grenfell, who believed in the project and gave us this opportunity.

Finally, we thank especially our families, for their patience, sacrifice, and support.

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# Part I

## Identifying and Managing the Munchausen by Proxy Syndrome Case







# 1 An Overview

Teresa F. Parnell

*Some patients consistently produce false stories and fabricate evidence, so causing themselves needless hospital investigations and operations. Here are described parents who, by falsification, caused their children innumerable harmful hospital procedures—a sort of Munchausen Syndrome by proxy.*

*—Roy Meadow, "Munchausen Syndrome by Proxy: The Hinterland of Child Abuse," 1977*

As a pediatrician in Leeds, England, Roy Meadow (1977) encountered two young patients with puzzling symptoms that he described in a seminal paper.<sup>1</sup> The first case was that of a 6-year-old child, Kay, who was seen at three medical centers due to recurrent passing of foul-smelling, bloody urine throughout her young life. Since the age of 3 years, she had been on continuous antibiotics that produced secondary symptoms such as drug rashes, fever, and candidiasis. Medical professionals were especially puzzled by the intermittent nature of her symptoms. Purulent, bloody urine specimens were followed by clear ones within hours. Similarly, foul discharges on her vulva would be gone within the same day. Curiously, she otherwise appeared to be a healthy girl who was developing normally.

Kay's parents were described as most cooperative, and her mother always stayed with her in the hospital. The mother was further described as loving and concerned, but not as worried about the cause of the symptoms as were the doctors. Suspicions were thus raised by what seemed an unsolvable problem, the inconsistency of facts, and the mother's temperament.