

TAB 9

Enhancing Your Ability to Represent Your Client
Understanding the Clinical Aspects of the Child Protection
Case

Parenting Capacity Assessment

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**Best Practices For The Conduct of a Child
Protection File - Part I**
Enhancing Your Effectiveness at the Early Stages of Representation



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PARENTING CAPACITY ASSESSMENT

I have been asked to talk to you about parenting capacity assessments and I do so with some trepidation, firstly because as a clinician I find it a formidable task to talk to lawyers whose practice is so different from my own. Secondly, because I suspect that what I am to say will be frustrating in that the clinical voice always has within it an element of judgement which precludes the clarity and certainty that would dramatically lighten the counsel's burden. I proceed, however, because I am confident we both share in the same underlying goal of improving the lot of disadvantaged children.

Parenting practices are determined by a conglomerate of cultural and personal values and experiences. As such, it sounds presumptuous to try to evaluate the quality of another's parenting. Nevertheless how a child is parented has profound and enduring effect on the well being and function of that child. It then becomes the daunting task of those in child welfare to undertake evaluation of parenting skills.

I will first give a description of one parenting capacity model, briefly look at some of the problem areas, and end with some suggestions how to implement a Parenting Capacity Assessments in the court system.

History:

In 1988 Dr. Paul Steinhauer with others, initiated a Parenting Capacity Project with the support and involvement of both Toronto's Children's Aid Societies, the Family Court Clinic and the Hospital for Sick Children through the Child Psychiatry Section of the Department of Psychiatry, University of Toronto. They came together because they realized that some mechanism was necessary to make timely appraisal of the quality of parenting in order to facilitate permanent planning. This would help eliminate children drifting in limbo and the repeated removal and return of children from and to their homes. In 1993 this project culminated in the formation of Guidelines for Assessing Parenting Capacity.

They understood that the sooner one can realistically answer three key questions about parenting, the sooner one can appropriately begin the process of permanent planning.

- a) How bad is bad enough? (i.e. the assessment of current parenting ability).
- b) How much and how likely is parenting to improve, given the help that is realistically available and the caretaker's ability to form enough of an alliance to use help? (i.e. the prediction of future parenting capacity).
- c) What are the key parameters which we need to answer (a) and (b)?

In 1993, through a combination of research and clinical experience the project culminated in the formation of Guidelines for Assessing Parenting Capacity. The guidelines consisted of a number of categories and questions which were felt to be useful in assessing parenting. It was understood that while all categories could be considered, their usefulness and applicability in any one case would depend on the particular circumstances of that case.

The guidelines were developed to assist child welfare staff to come to timely and sensible decisions and were designed to be used by the staff from the time they became first involved with the child and family. The guidelines were to assist in teaching and practice, but were also seen as useful in selecting and organizing material for presentation in court.

The guidelines were developed without quantifying. There was no score. They were designed to answer specific questions. The use and applicability of a particular guideline would depend on the particular circumstances of that case.

Guidelines:

A summary of the Toronto Parenting Capacity Guidelines is presented in order to give some idea of the kind of information that is used in coming to an opinion on parenting quality. It is understood that this is one way of organizing assessment information and assessors may effectively use other models. The important point is that whatever model is used, it is based on sound clinical practice and research.

A. Focus on the Context

1. Immigrant/Displacement/Ethnic status:

draws attention to the effects of migration or minority status on the family's parenting capacity, looks at ethnic parenting values and the level of their acceptability

2. Current Stressors:

essentially an environmental screen, examines a number of conditions which are frequently implicated in contributing to stress in parents, it is understood that environmental stress alone is neither necessary or sufficient to cause abuse. The presence of a particular condition (or potential stressor) may or may not produce stress in the particular person. However the presence of many potential stressors i.e. economic, legal, health related, housing may be sufficient to adversely effect parenting. The potential and likelihood for a change in the stress and a concomitant improvement in parenting ability is also an important consideration.

B. Focus on the Child

Child's Developmental Progress

A person's ability to care for a child cannot be assessed without considering the characteristics and needs of a particular child. Age, temperament and patterns of behaviour require different parenting skills. The assessor may use various standard testing for development and behaviour. Of particular interest may be the demonstration of progress or regression in a child's development or adaptation over a particular period of time.

C. Focus on the Parent - Child Interrelationships

1. Predominant Pattern of Parent/Child Relationship

The relationship this guideline reveals is meant to be a clinical estimate of a child's attachment status. The ratings should not be just of a single occasion, it should be repeated on a number of occasions - to be sure that the behaviour is typical of that child's pattern of

relationship with that caregiver - or the rater should be able to compare with the reports of reliable informants.

Key relationships of the child can also be surveyed.

Historical factors of the child show patterns of consistency in parenting and relationships with major attachment figures. Reasons for separations are explored along with the contact that was maintained with major attachment figures.

Historical factors of the caregiver explores the caregivers recall of her own experience of being parented and how this experience is currently affecting her feeling and functioning. It is important to assess how a caregiver has processed or is processing his/her own abusive history because the degree to which these feelings have been resolved will impact directly on the ability to parent evenly and effectively.

2. Observations of Current Parenting Ability.

This guideline is designed to help an assessor who has witnessed a child interacting with one or more caregivers assess and record systematically the major strengths and weaknesses observed in that caregivers parenting of the child. Of importance are:

- i) Capacity to meet child's basic needs
- ii) Parental affective response and involvement
- iii) Disposition towards child
- iv) Ability of parent to experience child as separate from self
- v) Child management
- vi) Strengths parent has that can be built on

D. Focus on the Parent

1. Impulse Control.

This focuses on the parent's impulse control within the context of the parent child relationship and on the parents ability to control tensions the parent is experiencing within the relationship. Lack of impulse control tends to increase the risk of abuse and/or inconsistent, inappropriate, and overly harsh parenting. This in turn will interfere with socialization and the development of inner controls in the child.

2. Parental Acceptance of Responsibility.

The ability to be self-reflective and non-defensive to be able to consider the impact of one's behaviour on others and to understand one's role in conflicted situations. Some may play lip service to accepting responsibility while their behaviour and attitude suggest that they really don't. The situation may be complicated by the parent being advised by counsel not to admit to certain behaviour.

3. Behaviour Affecting Parenting

This focuses on personal qualities, skills and behaviours that may influence parenting both positively and negatively. It is important to be clear on how they influence parenting. It is also important to assess whether problem behaviours are present consistently or come and go.

4. Manner of Relating to Society

This develops a perspective on the parent's social self. It assesses the presence or absence of "helpful" social alliances, the involvement with the community, the relationship with others, and the presence or absence of alienated or antisocial behaviour. The guideline looks at a determination of supportive relationships beyond the family unit, the level of demonstrated cooperation with social institutions, and any history of extrafamilial violence and criminality.

5. Parent's use of clinical interventions

This looks at factors of the caregivers use of clinical services and assesses the presence or absence of therapeutic alliances. Has the family been involved or have ongoing involvement with various agencies and service providers. What is the parent's perception and use of clinical interventions? What was the level of compliance?

Application to Court Process:

It is important to know the questions that the assessor is being asked to answer before seeking a PCA. To request a PCA without having a clear idea of what questions are to be addressed is likely to lead to an extensive and

largely irrelevant report.

It is helpful if there can be discussion between counsel and assessor in which clarification can be brought to the questions that are to be addressed. Ideally all counsel are involved in such discussion.

In the use of these guidelines one of the draw backs has been that in situations where litigation has become overly contentious the guidelines have been seen as a tool that has to be used in its totality rather than keeping to areas that deal with the specific issues at hand. A growing problem is that the in the court process reports have become overly inclusive with excessive detail in areas of marginal benefit at best. The questions and guidelines are useful and the assessor must select those which have direct bearing on the issues before the court. Once the assessor has gained sufficient information on which to base an opinion there should be no need for further collateral data. It is understood that the assessor, if requested, must be able to explain why further collateral data was unnecessary.

Suggestions in using Parenting Capacity Assessment in the court:

1. Establish the need for the Parenting Capacity Assessment.
2. Clarify the questions to be addressed. Focus of the questions should be on parenting capacity. Questions that deal with problem behaviour in the parent may not be of particular relevance. For example. the possible compliance of a parent with a drug rehabilitation program - is not likely to change the parenting capacity of a parent who continues to put his/her needs ahead of those of the child
3. Arrange a pre- assessment conference in which assessor and counsel sort out the questions to be addressed and the procedure the assessment is to follow.
4. Mental illness in a parent does not in itself prevent adequate parenting. Compliance with treatment and the availability of spousal and other supports

are among the significant considerations. The particular diagnosis is not an issue rather it is the parent's parenting function that has to be addressed. The assessment must deal with how the mental illness affects the parenting.

5. An assessment of the parent's mental state by itself is of no use in determining parenting capacity. The assessor must have evidence as to the quality of the relationship between the parent and the child.

6. In child welfare matters an assessment that is done without a full disclosure from the Children's Aid Society is inadequate. The CAS often has key information on a parent's behaviour and if this is not heard by the assessor then the merit of the assessment is severely limited.

7. The history of past parenting is the best predictor of future parenting. Where past parenting has been shown to be inadequate the question is whether change has taken place or is likely to take place and how this particular change would improve parenting ability to an acceptable level.