

Family and Children's Services of Cumberland County

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Parental Capacity Assessment In Child Welfare Settings
5th Annual Foster Care Adoption and Children in Care Conference
May 15th, 2002

1. Introduction - What do you want to know?
2. What is a Parental Capacity Assessment?
 - The systematic review of key factors identified in the literature, not only associated with positive parenting but also the ability of an individual to improve parenting ability over time. Parental Capacity Assessment is a prognosis not just a snapshot.
3. Why the increase in Parental Capacity Assessments anyway?
 - new legislation in 1991 articulated "clinical" concerns as child welfare issues
 - increased expectation to intervene in families prior to evidenced harm (risk)
 - time-line driven need to "prognosticate" rather than wait until harm is evidenced
 - high caseloads and increased standards increased brokering aspect of child welfare work
4. Consequences to brokering Parental Capacity Assessment - the Pros and Cons
5. We already assess
 - 9 Key Decision Point
 - Foster Home Assessment
 - Adoptive Home Assessment
 - Adoption "match" assessments (yes, this is assessment)
6. The Cumberland Experience
 - Hired half-time assessor in August 1997
 - In first year assessor conducted 10 assessments, many tested in court
 - currently providing training and supervision to other staff to conduct assessments
 - court has readily accepted Agency prepared assessments in few cases external assessments preferred by court
7. The 9 Guidelines

Day 1

The use of the "hired gun" assessor

Pros	Cons
An external assessor brings objectivity	An external assessor may not fully understand the nature of child welfare
An external assessor brings expertise we don't have	Reliance on external expertise robs us of the opportunity to develop it
An external assessor can sometimes do the work quicker	An external assessor sometimes takes more time than we have
An external assessor can take a controversial position and then leave	Avoidance of practice conflicts robs us of opportunities to examine our practice
An external assessor brings credibility to court	Use of external assessors robs us of the credibility we need to have with the court
An external assessor can do assessments that social workers don't have time to do	The cost of external assessments drain our resources for more staff and increased services

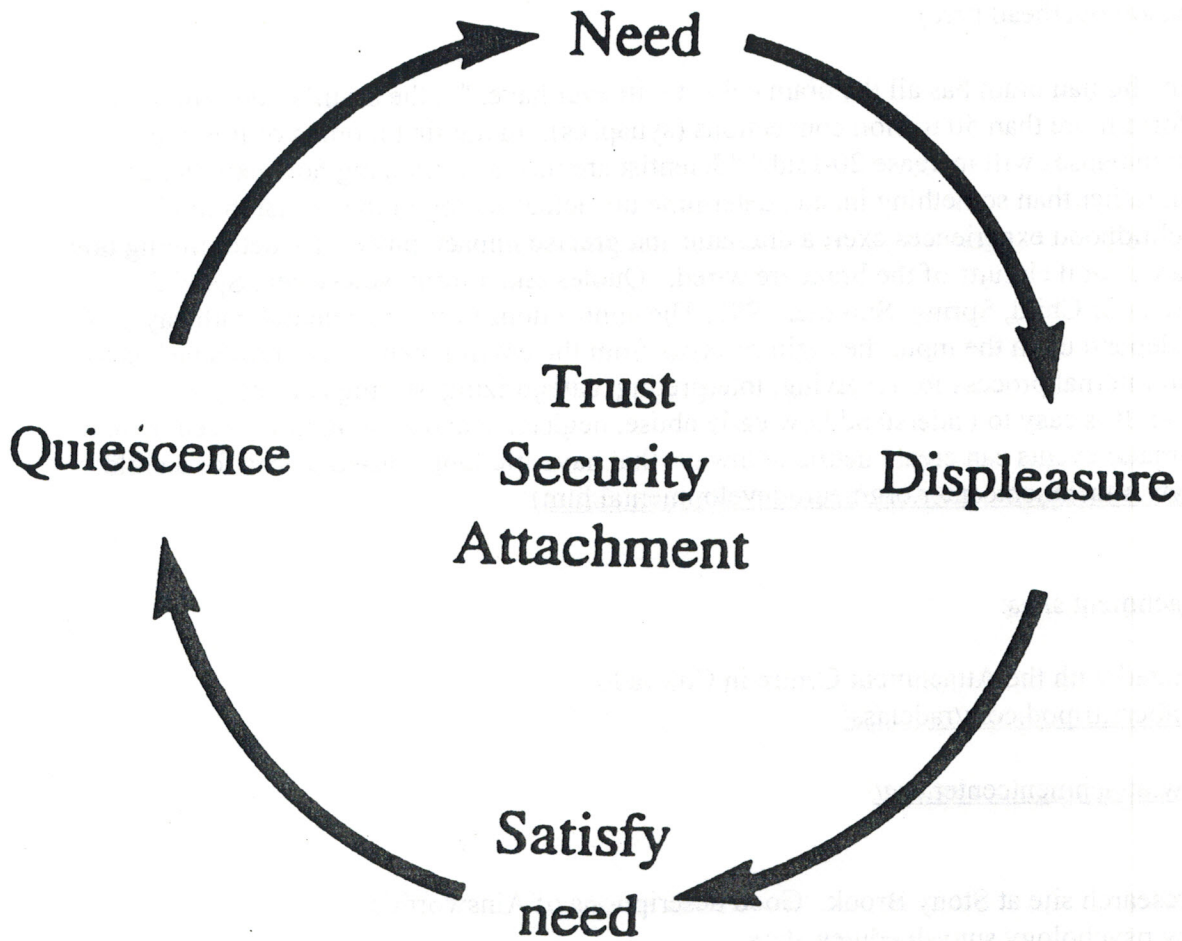


Figure 2.1 The 'arousal-relaxation cycle' (Fahlberg 1994), showing a successful interaction between a caregiver and child, as initiated by the child

What is Attachment?

Attachment is "an affectionate bond between two individuals that endures through space and time and serves to join them emotionally (Kennell 1976)." Attachment is a neurological and emotional process that has its foundations in very early childhood. It is all but indistinguishable from Erickson's first stage of psycho-social development.

(See Erickson overhead here)

At birth the human brain has all the brain cells it will ever have. "... the brain's 100 billion or so neurons form more than 50 trillion connections (synapses). In the first months of life, the number of synapses will increase 20-fold." "Scientists are just now realizing how experiences after birth, rather than something innate, determine the actual wiring of the human brain." "...Early-childhood experiences exert a dramatic and precise impact, physically determining how the intricate neural circuits of the brain are wired." Quotes taken from Newsweek, Special Edition on Your Child, Spring/ Summer 1997. The connections (known as neural pathways), that are made depend upon the input the brain receives from the environment. The brain's task is to develop an internal process for receiving, interpreting, categorizing, storing and utilizing information. It is easy to understand how early abuse, neglect, abandonment, unrelieved pain, or other traumatic events can create neural pathways that have life long consequences for a child. (<http://www.attachmentcenter.org/neurodevelopmental.htm>)

Other Attachment sites:

Sites affiliated with the Attachment Centre in Colorado
<http://members.tripod.com/radclass/>

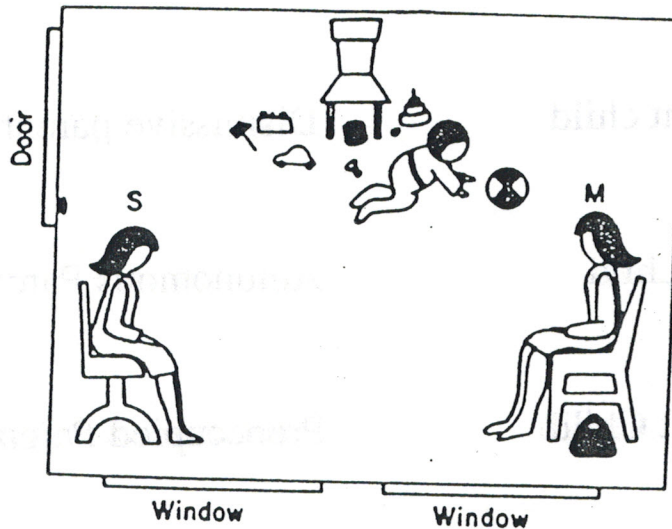
<http://www.attachmentcenter.org/>

SUNY's research site at Stony Brook. Good descriptions of Ainsworth's work
<http://www.psychology.sunysb.edu/ewaters>

Kennell, J., Voos, D., & Klaus, M. (1976). Parent-infant bonding. In R. Helfer & C. H. Kempe (Eds.), Child abuse and neglect. Cambridge, MA: Ballinger Publishing.

ATTACHMENT : AINSWORTH'S STRANGE SITUATION

The strange situation is a laboratory observation consisting of eight episodes in which the caregiver and a female stranger interact with, depart from, and reunite with, the infant in an environment which offers the child opportunities for exploration.



Sketch of the physical arrangements of the strange situation.

(Adapted from Bretherton & Ainsworth, 1974)

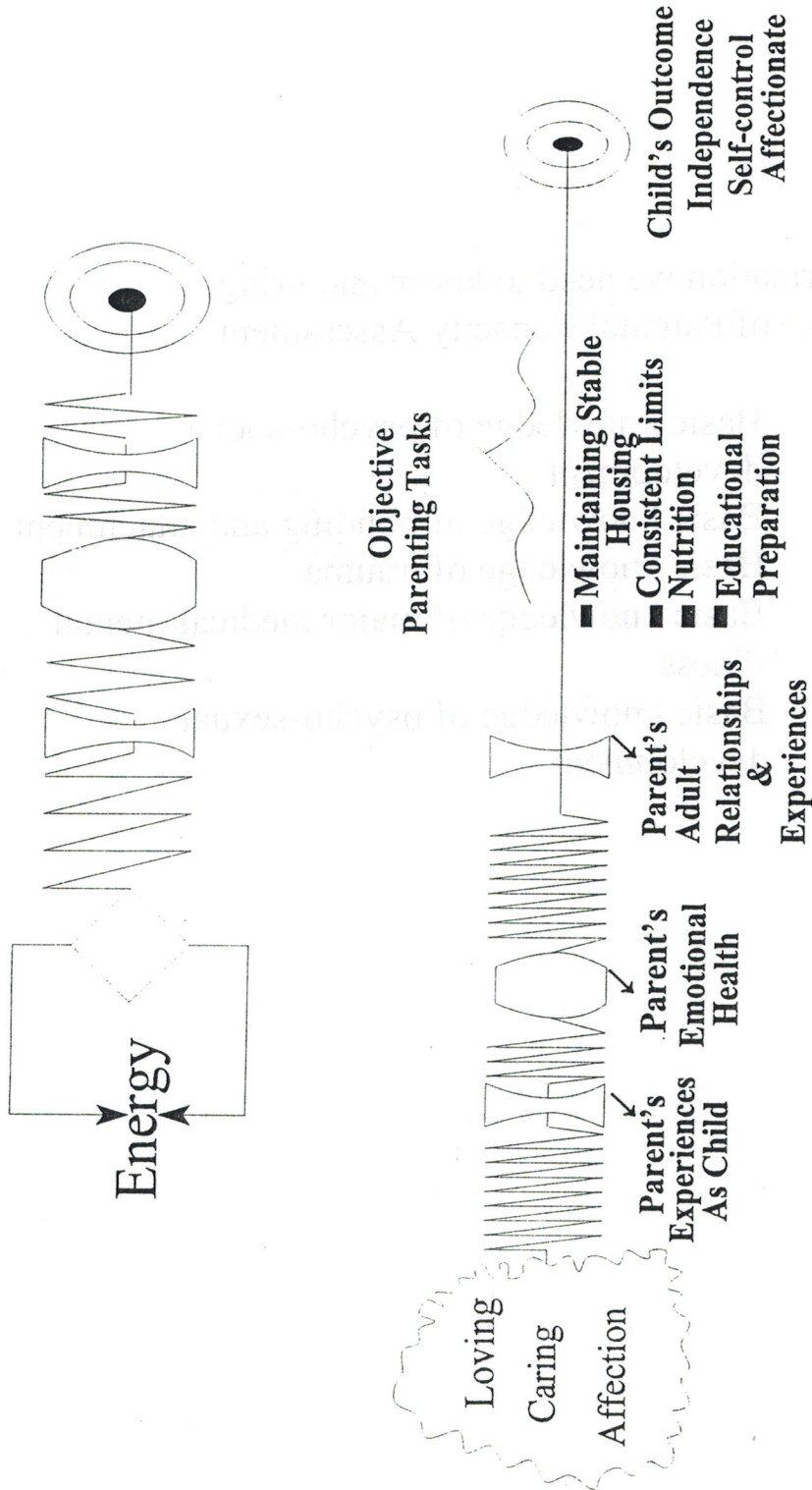
<u>INFANT BEHAVIOUR</u>	<u>AVOIDANT</u>	<u>SECURE</u>	<u>INSECURE</u>
PRE-SEPARATION	Little attention to mother - explores freely	Explores freely but "checks in" with mother	Preoccupied with mother- little exploration
TO STRANGER	May be more sociable to stranger than mother	Responds with interest to stranger looks at or moves toward mother while doing so	May cling to mother and reject or withdraw from stranger
AT SEPARATION	Little distress	May or may not be distressed, concrete efforts to contact mother (e.g. follow to door, call, search)	Extreme distress- may make some search efforts, may be angry or helpless
AT REUNION	Snubs or ignores mother or slow to warm up to her invitations	Greets mother positively, if distressed makes physical contact and is comforted	Ambivalent response- seeks and rejects contact, refuses to be comforted.

PATTERNS OF ATTACHMENT

Type A	Avoidant child	Dismissive parent
Type B	Secure Child	Autonomous Parent
Type C	Resistant Child	Preoccupied Parent
Type D	Disorganized Child	Unresolved parent

Copy for Staff &

PCA training participants



General information we need to know and bring
to the practice of Parental Capacity Assessment

- a. Basic knowledge of psycho-social development
- b. Basic knowledge of bonding and attachment
- c. Basic knowledge of trauma
- d. Basic knowledge of major medical/mental illness
- e. Basic knowledge of psycho-sexual development