

CASCW Practice Notes

Center for Advanced Studies in Child Welfare

Winter 1999

CASCW Practice Notes is produced by the Center for Advanced Studies in Child Welfare and supported by Title IV-E funds, through the Minnesota Department of Human Services.

This edition of *Practice Notes* inaugurates the series for 1999. The theme is a consideration of practice issues in concurrent planning, a concept recommended in federal legislation (Adoption and Safe Families Act, 1997, P.L. 105-89,) and translated into a state mandate (Chapter 406, Minnesota Session Laws, M.S. 257.0711).

Concurrent planning requires county social services to make reasonable efforts to reunify a child with the family, while simultaneously exploring alternative permanent options. The target group is children, eight and under, who remain in out-of-home care for more than 90 days. A permanency hearing must be conducted no later than six months after the child is placed out-of-home.

Concurrent planning is a concept that provides a strong affirmation of the necessity to pay attention to the developmental needs of young children. Practitioners are required, with renewed emphasis and within strict timelines, to focus on the safety of the child as a paramount factor in assessing family capacity.

This edition of *Practice Notes* is concerned with issues that deal with protecting the young child in the care of an emotionally disturbed parent. *Practice Notes* is offered as guidance for crucial decision-making in assuring safety, permanency, and best interests of the young child.

These *Practice Notes* should be read with this key in mind: how the emotional disturbance affects parenting capacity.

-- Esther Wattenberg, Director of CASCW

Parenting, Mental Illness, and the Law

Mental illness in and of itself is not sufficient basis for the termination of parental rights (*re The Welfare of Kidd*, 261 N.W. 2d 833, 835 (Minn, 1978)). “[I]n each case, the actual conduct of the parent is to be evaluated to determine his or her fitness to maintain the parental relationship with the child in question so as to not be detrimental to the child.” *Id.* If the parent remains “permanently unable” to care for the child, the rights are to be terminated. If, however, the evidence indicates that within a foreseeable time, the parent will be able to care for the child, then the district court should decline to terminate parental rights and should establish a supervised plan to give custody to the parent with whatever counseling and assistance is appropriate. *Id.* at 835-36 (citing *In re Welfare of Forrest*, 246 N.W. 2d 854, 857 (1976)). Thus, while the nature of the parent’s condition may support termination, it does not do so ipso facto.

Source: Quoted in entirety from: *In the Matter of the Welfare of: S.Z. C0-95-763*, Minnesota Supreme Court, May 23, 1996

Recognizing Symptoms of Severe Emotional Disturbances

While mental illness, by itself, is not a sufficient basis for terminating parental rights, these factors have been identified in appeal petitions as high-risk conditions:

- Failure to take medication
- Hallucinations that involve the child
- Suicide attempts
- Frequent police contact due to violent behavior
- Failure to see psychologist, therapist, or psychiatrist

Source: Minnesota termination of parental rights cases upheld by the Minnesota Supreme Court and the Minnesota Court of Appeals

One of the central roles of the practitioner is to determine whether mentally ill parents are able to adequately care for their children while managing the symptoms of their illness. Below are some practical guidelines to assist in this evaluation.

Assessment of Parenting Capacity of Mentally Ill Parents

Professional assessment is recommended in order to provide...

- Parent's current and anticipated level of functioning
- The attachment between the parent and the child
- Infant behavior and development

For best results...

- Assessments should be completed in the home setting
- Parents should be involved in the assessment process
- Social history of the parent should be available
- Previous history of abuse and neglect of children, substance abuse, cognitive and/or physical deficits, and/or involvement with the criminal justice system should be considered

Prognosis of mentally ill parents depends on...

- The ability of parent to benefit from treatment
- Effects of medication the parent is taking to manage the mental illness
- Availability of familial support and community resources

Source: Joint Committee of Children's Charter of the Courts of Michigan, Inc. & Michigan Association for Infant Mental Health. (1985). Guidelines for assessing parenting capabilities in child abuse and neglect cases with special reference to infants of mentally ill and mentally impaired parents. Lansing, MI: Author.

Federal and state laws have determined that the needs of the child are paramount in determining whether to maintain or terminate parental rights. The following sections provide guidance to inform this critical decision.

Indicators of a Child at Risk

- Five years old or younger at the onset of the parent's illness
- No siblings
- Below average intellectual resources
- Mother is the ill parent
- Maternal delusions are centered on the child
- Parental unavailability to provide basic human needs, emotional support, worth, and nurturance for child is absent because of serious and persistent mental illness

Resiliency Factors of a Coping Child

- More than eight years old at onset of illness
- Siblings
- Above average intelligence
- Availability of an empathic adult

Source: Bradshaw, William. (1988). Parents with mental illness and their children: Current research, critical issues and implications for practice. Paper presented at workshop for case managers at the University of Minnesota. University of Minnesota: School of Social Work.



Protecting the Infants of Mentally Ill Mothers

The age of the child is crucial. The first three years of life set the stage for the subsequent psychosocial and cognitive development of the child. To respond to attachment concerns many experts suggest an infant be placed in a permanent setting before the age of six months.

It is NOT safe for an infant to remain in the home when the mentally ill parent demonstrates:

- Inability to respond to the infant's needs
- Inability to love and invest emotionally
- Inability to cope with stress
- Inability to ask for help, especially in emergency situations

Criteria for Terminating Parental Rights

Practitioners should consider terminating parental rights when the following factors exist:

- Professional determination of severe and probably unremediable mental illness
- Risk to infant [and young child] is overwhelming
- Significant physical/emotional/developmental difficulties emerging in child due to inadequate parenting
- Little or no evidence that treatment has improved parental functioning

Source: Joint Committee of Children's Charter of the Courts of Michigan, Inc. & Michigan Association for Infant Mental Health. (1985). Guidelines for assessing parenting capabilities in child abuse and neglect cases with special reference to infants of mentally ill and mentally impaired parents. Lansing, MI: Author.

Case Plans for Emotionally Disturbed Parents Who Demonstrate Reasonable Capacity to Care for Their Children

- Help the parent to establish a personal network for in-home support when the parent is not well
- Consider a therapeutic nursery for mother and infant to enhance parent-infant attachment
- When the caretaker has an acute episode that may require hospitalization, arrange for infant and mother to remain together, if possible; for young toddlers, frequent visits should be arranged.

Source: Deborah Weatherston and Betty Tableman (1989). Infant mental health services: Supporting competencies, reducing risks. Lansing, MI: Michigan Department of Mental Health.



Critical Issues for Improved Care... Practice Wisdom from the Field

- Case management should: a) address the parent's grief in cases of termination of rights to help prevent subsequent births; b) develop a monitoring system to prevent parent's relapse; and c) build community resources/ plan and develop specialized services for parents with serious and persistent mental illness
- If parents with mental health issues are not in compliance with psychiatric case plans, explore the reasons
- If the parent is in crisis, determine if this is likely to be temporary or a relapse into a serious and persistent situation
- Ongoing assessment of parents with emotional disturbance should focus especially on a) whether the children are safe; and b) whether cases of parental clinical depression are related to intractable life circumstances and/or emotional stressors that can be remediated

Special Note: Referrals to references included in this edition of *Practice Notes* were made by Susan K. Schultz, LP, LICSW, private practice; Inta Sellars, Appeals Examiner, Minnesota Department of Human Services; and Christopher Watson, Coordinator, Center for Early Education and Development. "Critical Issues for Improved Care" were derived from conversations with William Bradshaw, Assistant Professor, University of Minnesota; and Susan Conlin, Clinical Supervisor/Parenting Assessment Coordinator, *Genesis II for Women*.



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Practice Notes is a publication of the University of Minnesota Center for Advanced Studies in Child Welfare. It is available in alternative formats, upon request. Comments and news items should be directed to:

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