PARENTING CAPACITY ASSESSMENT AS A TOOL FOR HELPING CHILDREN IN CARE

By Margaret Osmond

Reprinted with permission from Volume 29 of IMPrint, the Newsletter of the Infant Mental Health Promotion Project. For subscription information, see www.sickkids.ca/imp

Dedicated to the memory and work of Dr. Paul Steinhauer

Over the past decade, the Treatment Foster Care Program for the Children's Aid Societies of Durham, Kawartha-Haliburton, and Northumberland was the beneficiary of an outstanding contribution from Dr. Paul Steinhauer, a well-known advocate and teacher in the field of child welfare. Our paths crossed when we began to understand the degree to which children in foster care were affected by living in planning "limbo" (i.e., a prolonged period of time in which a child is subjected to lack of continuity in relationships with major caregivers). These children manifest confusion, conflict or uncertainty about parenting figures and authority, family relationships and history, and especially their future plans. As the program struggled to learn better management strategies for this very difficult-to-serve population, we sought Dr. Steinhauer's help. The result was a rich collaborative and mutual learning process that led to a way of understanding child welfare work as a *clinical* undertaking with *protective* functions. Together, we subsequently provided training opportunities for child welfare colleagues on working with children in limbo and dealing with attachment disorder.

Treatment Foster Care (TFC) programs are a family-based service delivery approach to providing individualized treatment for children, youth, and their families. Treatment is delivered through an integrated constellation of services, with key interventions provided by trained foster parents who are supervised and supported by program staff. These programs provide care for difficult-to-serve children whose needs would otherwise preclude a foster care placement. Services include a range of clinical interventions provided by clinicians whose caseloads do not usually exceed eight and who have access to competent clinical supervision in a variety of modalities. TFC programs in North America are research based, and share a culture prepared to "go the extra mile" on behalf of children. As a result, they have demonstrated the capacity to serve children who would normally have been placed in staff model settings (Meadowcroft et. al., 1994; Osmond & Dorosh, 1992). As the model is just over two decades old, how and why it is able to achieve positive outcomes with deeply troubled children is still being investigated.

The Tri-CAS TFC Program is a typical example of the TFC model, and provided fertile grounds for the kind of collaborative experimentation entered into with Dr. Steinhauer. Over the decade of its operation, significant effort has gone into understanding the child population referred by the participating children's aid societies. This population falls into two categories with significant overlap: children with major attachment difficulties, and children suffering from trauma associated with their early care. Their families of origin typically show significant mental health issues, substance abuse, transience, chaos and violence. Issues of neglect, abuse, exposure to anti-social behaviour, and multiple caregivers are often found in the histories of referred children.

To be consistent with a child welfare policy favouring the least intrusive intervention, reunification of child and family of origin was usually the stated goal. However, reunification was seldom the placement outcome. Less than 1% of children could be re-integrated into their family of origin, and the process of making decisions regarding permanency was often lengthy. A period of two years to reach a conclusion was common,

and sometimes much longer was needed to test out the possibility of the parents' capacity to resume care. To examine the likelihood of reunification, case management practices involved setting expectations to be met by the parents in the area of personal counselling, substance abuse assistance, and parenting education. Frequently, parents failed to meet the expectations. Decisions about future placement awaited the outcome of these parent-oriented service attempts, while the children remained in a state of emotional and life limbo.

During the limbo period, few treatment issues could be addressed, aside from basic behavioural containment. Traumatized children were unable to tell their stories of abuse, in fear that they might soon be returned home. Attachment disordered children resisted developing the emotional investments necessary to begin to grow relationally. Instead, they were preoccupied with their parents' progress and often highly reactive to any family developments. Our early attempts to offer direct services to child and family often stirred up unresolved issues for the children, and our attempts at reunifying parents unable to make good use of traditional services were no more successful than previous attempts. Sometimes, a protracted state of not knowing the future destabilized the foster care placement as the child experienced loyalty conflicts, disappointment and insecurity about to whom he or she "belonged". Even in the well-supported, clinically-oriented environment of a TFC model, placements began to break down.

Moving Children out of Limbo

The 1996 Report of Limbo Task Force of the Sparrow Lake Alliance helped us grasp the ramifications for children in a state of limbo, and understand that traditional child welfare practices may actually contribute to placement disruption. The big question became how to assist families to move towards more rapid decision making.

Dr. Steinhauer introduced us to the Parenting Capacity Guidelines. These have had considerable impact on the delivery of clinical services for children in TFC. We learned critical elements in how to predict whether or not a parent was likely to make use of remedial services. We also increased our understanding of environmental stressors, contributory child development factors, patterns in family relationships, parental behaviours such as impulse control, acceptance of responsibility, relationship to the community; and response to previous intervention attempts. All of these help to predict service outcomes. The guidelines also helped us to understand that parenting capacity may not improve along with improvements in mental health and lifestyle, and that in fact these might be two entirely different arenas for intervention.

It became apparent that any services would need to be directed at resolving limbo expeditiously. The guidelines, in the hands of a competent assessing clinician, could be used to determine the kinds of services most likely to succeed in remediating family circumstances, and put focus on intervention planning and timely outcome measurement. Our response was to work with a local psychologist who became adept at applying the guidelines. This brought clarity to the clinical planning process. By being more precise about potential outcomes and viable services, we could begin to reduce the time children and families spent in limbo, and move on to permanency planning in a more timely way. As a result, TFC resources were directed towards resolving case planning limbo as soon as possible.

As our participating societies, in partnership with TFC, became more efficient at moving cases out of limbo, children began to settle and enter into effective therapeutic alliances earlier. In addition, there was a reduction in placement breakdowns associated with agitation related to lack of clarity about future family relationships.

Over time, and with the assistance of other researchers in the field (Maluccio et.al, 1996), we began to be able to predict earlier which families might achieve reunification and which families might respond to alternatives such as inclusive

foster care or parenting arrangements shared by foster parents and biological parents. This discovery led to the creative use of TFC clinical resources in the area of optimizing parent-child relationships. Our findings, along with those of our colleagues, were developed into a paper on the role of access and family relationships in permanency planning (Osmond et.al, 2000). An early draft was delivered to Dr. Steinhauer before his death, allowing him to see where his work might potentially lead.

New Approaches to Treatment Foster Care

The clinical practice of TFC and our participating societies, as well as the responses of parents and children in care, have changed as result of our collaboration with Dr. Steinhauer. Some of these changes include:

Case goals on admission are less likely to be reunification, and more likely to be resolution of limbo and permanency planning based on an understanding that there are solutions other than parents and child residing together.

The effective use of the Parenting Capacity Assessment Guidelines is critical to achieving effective and satisfying resolution of family circumstances.

Through application of the guidelines and changes in case management practices, the period in limbo for our residents has been reduced drastically to as little as six months after admission.

With support, children's parents have been able to assume some responsibility for the resolution of limbo. Once their needs for validation, understanding, and a viable role in the child's life have been met, parents are often able to make courageous decisions about their children's well-being. However, this resolution requires an inclusive and respectful service delivery approach that focuses on partnerships in child care and flexibility in how adequate parent-child relationships can be achieved. More importantly, sufficient human and program resources are essential for the assessment, planning, and clinical time necessary to achieve process resolutions, rather than legally driven outcomes.

Children whose parents become partners in resolving limbo are more likely to come to an effective resolution about past issues, the assets and needs of their parents, and to find an appropriate place for the parent in their emotional lives. This resolution frees the child to move on with other developmental tasks, while preserving a sense of belonging and continuity.

Foster parents who have been trained to work in partnership with children's families within a clear clinical plan, report heightened satisfaction with their role both as caregivers to children and as resources to families of origin.

TFC and society caseworkers report a greater degree of professional satisfaction when resolution has been achieved using active clinical means.

While there is more work to be done and learning to be achieved about how, why, and for whom a more clinical approach to resolution of limbo is effective, the preliminary experience is promising. Understanding how parenting capacity can be assessed in order to predict outcome with some assurance early, and to develop realistic service plans taking into account the needs of both children and families, has been key in achieving these outcomes.

The next steps are to build on the wisdom and clarity of one of child welfare's greatest teachers. We owe our collaborator a great debt. Although Dr. Steinhauer will be greatly missed, the path he set for us will be followed and explored with the dedication and scientific acumen he would have expected.

References

Meadowcroft, P., Thomlinson, B., and Chamberlain, P. (1994). *Treatment foster care services: A research agenda for child welfare.* Child Welfare, V. LXXIII, n. 5, September-October, 1994.

- Osmond, M., and Dorosh, M.E. (1992) "The tri-CAS treatment foster care program: A

summary of findings of a pilot project". *Ontario Association of Children's Aid Societies Journal,* 36, 18 - 20.

Maluccio, A., Abramczyk, L., & Thomlinson, B. (1996) Family reunification of children in out-of-home care: Research perspectives. *Children and Youth Services Review*, 18, 287-305.

Osmond, M, Palmer, S., Perlman, N., Dale, N., & Steinhauer, P. (2000) The role of access in permanency planning. In *A Canadian approach to permanency planning*. Publication of the Sparrow Lake Alliance, Toronto: In press.

About the author:

Marg Osmond was formerly Manager, Treatment Foster Care Program, Children's Aid Societies of Durham, Kawartha-Haliburton & Northumberland and is currently Manager of Training Development at OACAS.