

# PRACTICE NOTES

For North Carolina's Child Welfare Workers

From the NC Division of Social Services and the Family and Children's Resource Program

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*In summarizing recent research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.*

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## CHILD WELFARE PRACTICE WITH PARENTS WHO HAVE COGNITIVE LIMITATIONS

Darrin is a father with cognitive limitations who became involved with the child welfare system in 1998. Child protective services first paid a visit to his family after someone expressed concerns about the safety of Darrin's young daughter, Diamond.

When they assessed the family, social workers identified substance abuse and parenting issues, areas of concern they felt were complicated by Darrin's intellectual needs. Despite their efforts to support the family, child welfare workers eventually removed Diamond from the home.

Sadly, many child welfare stories involving parents who are cognitively limited end here. The tremendous needs of these parents are partly responsible, but insufficient training of child welfare workers, a lack of appropriate services, and outright discrimination can also be to blame.

Whatever the cause, experts estimate that more than 50% of all parents with cognitive limitations experience permanent or temporary removal of their children (Keltner & Tymchuk, 1992).

To child welfare workers who have been around awhile, this is not news. They know firsthand the frustration of trying to support these parents, and the disappointing outcomes that often result. Some cannot recall a single time when a child was reunified with a cognitively limited parent.

But it does happen. Darrin was lucky enough to live in an area where specialized services for parents with developmental disabilities were available. He had strong support from his family. Most importantly, Darrin and those around him truly believed he could

succeed as a parent. Darrin's telling of his story (see sidebar) captures the resilience and the joy in fatherhood that helped his family succeed.

This issue of *Practice Notes* aims to help you achieve similar successes with parents who have cognitive limitations. To this end, it provides basic information about people with cognitive limitations, presents a tool for identifying them, and explores the way cognitive limitations can affect family-centered interventions. ♦



Photo Illustration

**What does it mean to be family-centered when the parents are cognitively limited?**

## DARRIN TELLS HIS STORY

It was kind of a shock when the County people stepped in. I broke down and cried. But my brothers and sister sat me down and let me know that I was raised from a good family. "You're the dad," they said, "and you can bring this child home." They gave me the support and love I needed. . . .

So I went to the County and said, "Hey, I'm new to this. As a dad, what are my rights?" And they calmly sat me down and told me my rights and what I would have to do to get my child back. They called that the case plan. I said, "Well, what is the case plan?" The case plan, as told to me, was parenting class, urinalysis, and all that. So I did all that. . . .

My child went into foster care. It was a hurting feeling to see her cry. I'd leave her in the van that took her back. The strong person I am, I'd say, "It's going to be okay, Diamond. Daddy's going to bring you home". . . . When she came home it was a real happy feeling. . . . I just want her to know that everything is going to be okay. And with her progress, it's showing me I can do it, I can be a daddy.

Adapted and reprinted with permission from *Impact: Feature Issue on Supporting Parents Who Have Cognitive Limitations*, 11(1), Spring 1998, published by the Institute on Community Integration, University of Minnesota, Minneapolis.

## BASIC INFORMATION ABOUT PEOPLE WITH COGNITIVE LIMITATIONS

Because child welfare professionals see parents of varying levels of intellectual disability and because they often do not know a parent's specific diagnosis, in this issue we use the broad term **cognitively limited** to refer to parents who have intellectual limitations. To appreciate the many different individuals who fall into this category, one must know something about the way intelligence is measured and classified.

In the U.S. today intelligence is commonly measured using a standardized IQ test, often the Weschler test. On these tests the average IQ score is 100, with 66% of the population scoring between 85 and 115 (Quinn, 2003), and 5.5% scoring below 75 (Welner, 2003). A person is considered to be **mentally retarded** if she has an IQ below 70–75, has significant limitations in her capacity to handle everyday tasks, and this condition manifested itself before she turned 18 (AAMR, 1992). Often individuals are identified as being at a specific point on the continuum of mental retardation, which spans from profound to mild.

Most people with retardation (89%) have mild mental retardation. Persons with moderate mental retardation account for only 7.5% of people with retardation, while those classified as severely or profoundly retarded account for 3.5% (Field & Sanchez, 1999). Thus, when child welfare workers encounter parents with developmental disabilities, chances are their cognitive limitations will be relatively mild.

It is important to note that a person with limits in intellectual functioning/low IQ who does not have limits in adaptive skill areas may not be diagnosed as having mental retardation (Arc, 1999). There is also a segment of the population who

have IQs above 75 but who have intellectual limitations such that they need education and/or supports to succeed with complex tasks, such as child rearing (Tymchuk, Lakin, & Luckasson, 2001).

### CAUSES

Cognitive limitations can be caused by genetic conditions, problems during pregnancy, problems at birth, problems after birth, and

poverty (Arc, 2003). There are thousands of causes of cognitive limitations. Most are not genetic (Ingram, 1990).

### PREVALENCE

Fujiura and Yamaki (1997) estimate that 1% of Americans have some form of mental retardation. If we accept this estimate and apply it to our state, we would expect 82,000 North Carolinians (children and adults) to be mentally retarded.

The actual number of people with mental retardation in North Carolina is not known. We do know, however, that in 2003 approximately 31,000 children and adults (or 0.38% of the population) were identified by

North Carolina's area mental health programs as receiving or requesting services for developmental disabilities. This figure does not reflect those who are cognitively limited but living in the community without formal support services (Realon, 2003).

We do not know how many people with cognitive limitations in the U.S. choose to have and raise children. "Most researchers agree, however, that their numbers are steadily increasing and will probably continue to do so as a result of changing attitudes towards sexuality, deinstitutionalization, decreased segregation, and wider opportunities for independent living and participation in the community" (Booth & Booth, 1993).

### STRENGTHS

Like everyone else, people with cognitive limitations possess a wide range of strengths and resources. These may include resilience, a sense of humor, musical and artistic talents, and jobs they love. Many have a strong network of supportive friends and helping professionals. Their families of origin are often a major source of strength for them (Llewellyn, et al., 1998). Virtually all parents with cognitive limitations feel tremendous love for their children and want them to grow up healthy and happy. They want to be good parents.

Although their IQs will not change, most people with cognitive limitations possess the ability to learn. Individuals in this population often continue to develop skills for managing day-to-day life throughout their lives (Edgerton, 2001). Formal instruction, tailored to their needs, has proven effective in helping people with cognitive limitations develop life skills, including parenting skills (Field & Sanchez, 1999).

### NEEDS

Depending on the extent of their disabilities, people with cognitive limitations may be more likely than people in the general population to struggle with the following challenges:

**Intellectual Tasks.** Even people with mild cogni- *cont. p. 3*



Photo Illustration

**To support these parents you must understand their strengths and needs.**

Weschler Score Classifications of Intelligence	
IQ score	Definition
>130	very superior
120–129	superior
110–119	high average
90–109	average
80–89	low average
70–79	borderline
55–69	mild retardation
40–54	moderate retardation
25–39	severe retardation
<24	profound retardation

*continued from page 2*

tive limitations may have limited skills related to planning, decision-making, and coping. They may have difficulty understanding and using information in the formats commonly used in society. Many have problems understanding written and spoken language (Tymchuk, Lakin, & Luckasson, 2001). Illiteracy, school failure, dropout, and unemployment may result.

**History of Personal Victimization.** Studies have found that people with mental retardation are much more likely than the general population to have been sexually abused (Lumley et al., 1998) or abused or neglected as children (Tymchuk, 2001), to be the victims of domestic violence (Carlson, 1998), and to be taken advantage of by strangers, "friends," and relatives.

**Poor Physical and Mental Health.** In a review of various studies, Tymchuk, Lakin, and Luckasson (2001) found people with mild cognitive limitations to have an increased risk for lack of health care, poor health outcomes due to disease and violence, and mental illness (including stress, depression, loneliness, anxiety, and substance abuse). The need for glasses or hearing aids in mothers with mental retardation is more likely to go unidentified or unmet (Keltner & Tymchuk, 1998).

**Fewer Social Supports.** Though their need for social support is greater, individuals with cognitive limitations often lack the support they need to live stable, happy lives. Reasons include: the effects of institutionalization, inability to negotiate formal support systems, and relatives/friends worn out by the burden of support or who are themselves cognitively limited.

**Poverty.** Most people with cognitive limitations, including those with the mildest forms of retardation, are poor (Edgerton, 2001). This is not surprising, since all the other challenges faced by this population interfere with their ability to obtain an education, find and keep a job, and get ahead in society. Often cognitive limitations and poverty combine to bring families to the attention of DSS.

## **INVOLVEMENT WITH CHILD WELFARE**

We do not know for certain what percentage of child welfare caseloads involve parents with cognitive limitations. Child Welfare Institute's Danielle Nabinger says, "States don't know about or track this population. Therefore we have no real sense of how much it affects child welfare work. The impact may be huge" (Nabinger, 2003).

Anecdotal reports suggest these parents make up a significant number of child welfare-involved families. Laura Quinn, with Wake County Human Services, estimates 20% of the parents involved with child welfare in her county have a diagnosis of mental retardation, and that another 5% to 10% are cognitively limited in some way (Quinn, 2003).

## **OUR SHAMEFUL PAST**

In the early twentieth century, most Americans believed people with cognitive limitations would produce "defective" offspring. Some even feared these people would weaken our country by "polluting the gene pool." As a result the U.S. sterilized more than 70,000 people with mental retardation, many involuntarily.

North Carolina's sterilization program, one of the nation's largest and most aggressive, ended relatively recently, in 1974. Over its 40 years this program sterilized more than 7,600 people, most on the grounds that they were "feeble-minded." Many of these individuals were black and poor (Railey & Begos, 2002).

Using other rationales, for decades our society also routinely confined people with cognitive limitations in large, inadequate institutions. As a result, thousands lived out their lives under deplorable, dehumanizing conditions (Field & Sanchez, 1999).

In the past 30 years, attitudes have changed. Most institutions are closed, and there are services in place that enable people with developmental delays to live in their communities. Many Americans now feel people with intellectual limitations are valuable, legitimate members of society, and that we should help them lead full lives (Field & Sanchez, 1999).

If they are to be family-centered when it comes to serving this population, if they are to strike a balance between respectfully supporting parents and protecting their children, child welfare workers should reflect on this shameful history, and on their own true thoughts and feelings about parents with cognitive limitations.

Parents in this population are usually involved with child welfare due to neglect or dependency (Field & Sanchez, 1999). Abuse, when it happens, usually occurs because parents have not yet developed the coping skills they need. Once involved, parents with cognitive limitations are more likely than other parents to lose their children to the child welfare system (Keltner & Tymchuk, 1992).

## **PRACTICE IMPLICATIONS**

Parents with cognitive limitations may represent a significant challenge for child welfare workers because they often have many complex needs. To serve these parents and their children effectively, social workers should make a commitment to learning as much as possible about working with this population. Some of what they will need to know, such as how to identify these parents and respond to them in a family-centered way, are addressed in the following pages. ♦

*References and additional resources for this issue can be found at <[www.practicenotes.org](http://www.practicenotes.org)>.*

## IDENTIFYING PARENTS WITH COGNITIVE LIMITATIONS

Identifying parents with cognitive limitations is an essential first step for social workers interested in the safety, permanence, and well-being of their children. Unfortunately, this is not necessarily an easy task.

During an initial encounter, the majority of people with developmental disabilities may seem intellectually normal. Janice Doyle, a family assessment social worker with Alamance County DSS, recalls her surprise when she learned that a parent she had dealt with several times had an IQ of 56. "These parents can be very streetwise," Doyle says.

People with cognitive limitations have good reason to hide their disability. As explained elsewhere in this issue, there is long-standing and deep-rooted prejudice against people with cognitive limitations. To avoid stigmatization, some people lie about the fact that they



**People with cognitive limitations have very good reasons to hide their disability.**

attended special education classes while they were in school. Others refuse badly needed services because in order to receive them they must accept a label such as "mentally retarded."

This can be true even in the midst of a child welfare intervention. As one expert put it, "Most of the mothers with mental retardation I have met over the years would prefer to be called 'irresponsible' rather than 'mentally retarded'" (Keltner, 1998).

Parents with cognitive limitations often behave like other parents involved with the child welfare system. They may be suspicious and resentful of the intrusion of child welfare workers into their lives. Many times these feelings are based on negative personal experiences with schools and other institutions, and on the very real fear that CPS workers will take their children.

Failing to recognize a parent's intellectual needs can have devastating consequences. If their needs go unidentified, parents may be seen by the system as uncooperative and resistant, fail to receive the supports they require, and lose their children forever.

Only a psychologist or other qualified professional can accurately assess a parent's level of cognitive function. Pre-diagnostic tools like the one shown can help child welfare workers identify the parents who might benefit from such a cognitive evaluation.

This tool was developed by the Families on the Grow Program at Wake County Human Services based on its analysis of more than 30 traits exhibited by cognitively limited parents involved with CPS. Parents identified by the tool as possibly needing formal cognitive assessment are referred to Laura Quinn or another psychologist for one-on-one evaluation. If this evaluation shows that parents have definite intellectual needs they are eligible to participate in a specialized program, Families on the Grow.

Although most child welfare agencies do not have this kind of in-house expertise, this tool may help them identify parents who could benefit from a formal evaluation by a qualified professional. ♦

### ASSESSING THE NEED FOR COGNITIVE EVALUATION

*At Wake County Human Services, this questionnaire is completed during every child welfare assessment or investigation. It helps identify parents who might benefit from a formal cognitive assessment by a psychologist or other qualified professional.*

1. Does this parent have difficulty making and keeping appointments? (e.g., early, late, makes excuses, comes on wrong day)
2. Does the parent appear to lack motivation to care for self or family?
3. **Did the parent fail to complete high school (verified)?**  
Grade achieved: \_\_\_\_\_
4. **Did the parent attend special classes in school?**
5. **Has the individual's job history been sketchy (most jobs held three months or less)? Or is the parent chronically unemployed?**
6. Does the parent respond inappropriately to routine child management needs, or does he or she seem overwhelmed by family demands?
7. If parent is a mother: Are there two or more fathers of her children without the mother ever having been married?
8. Is one or more of the children in the family disabled or do they appear to be intellectually delayed?
9. Does the parent use public transportation?  
(Or, for non-urban areas) Does the parent not own a car?
10. Does the parent fail to provide stimulating activities to the children, other than TV?

#### Scoring

*Refer the parent to a qualified professional to be assessed for cognitive limitations if the answer is "yes" for:*

- Question four
- Any four items
- Any three questions, if at least one of them is question 3, 4, or 5

Developed by Families on the Grow, Wake County Human Services

## FAMILY-CENTERED PRACTICE WITH PARENTS WITH COGNITIVE LIMITATIONS

In family-centered child welfare practice the family is the primary unit of attention. Respecting, strengthening, and supporting the family—while guaranteeing child safety—are the hallmarks of this method.

Using this approach with any parent requires resourcefulness and conscious effort. To identify and build on a parent's strengths, child welfare workers must first believe that the parent has strengths to build on. This can be difficult when, as so often happens, there are significant cultural and socioeconomic differences between the worker and the parent. When the parent in question has cognitive limitations, workers may find the family-centered approach doubly challenging.

### ATTITUDE MATTERS

Believing in the potential of the parents you work with is critically important to family-centered practice. Research indicates this is especially true when parents have cognitive limitations. One study found that families whose children were removed permanently typically had only limited support, lost their support at a crucial time, or were viewed as incompetent by key figures within their support system (Espe-Sherwindt & Kerlin, 1990). Another found that the ability of parents with learning difficulties to succeed is significantly influenced by the attitude of the helping professionals, family members, and others who make up the family's support network (Tymchuk, 1990).

This suggests that child welfare workers' values and attitudes towards parents with learning difficulties are just as important as their knowledge and skills (Booth & Booth, 1993).

### OVERCOMING BIASES

Yet believing in parents with cognitive

limitations can be difficult, especially for those struggling with personal stereotypes and prejudices about people with developmental disabilities. The following discussion of research findings may make it easier to overcome these biases:

**People with cognitive limitations can be good parents.** Research has found that the ability of a parent to provide adequate child care is not predictable on the basis of intelligence alone (Booth & Booth, 1993; Field & Sanchez, 1999). When they succeed as parents, people with intellectual disabilities often do so on the strength of their emotional interactions with their children and—especially—on the strength of their social supports.

This is not to say that every adult with developmental delays is or can be a good parent. Like everyone else, the ability of people with learning difficulties to parent successfully depends on a wide range of factors, including environmental stresses (unemployment, housing issues, other crises), the models of parenting to which they

have been exposed, and the strength of their support network.

Studies have shown that people with intellectual limitations often exhibit similar parenting deficits, such as failure to adjust parenting styles to changes in their child's development, a lack of verbal interaction with the child (especially failure to praise), and insufficient cognitive stimulation. Critics of these studies point to their methodological flaws, most notably their failure to control for the effects of poverty (Booth & Booth, 1993).

**Children can do well in these families.** Many children raised by parents with cognitive limitations go on to lead healthy, normal lives, despite the fact that the environments in which they are raised are filled with difficulties (Booth & Booth, 1998a). *cont. p. 6*



Photo Illustration

**To truly support them, you must believe parents with cognitive limitations can be good parents.**

### WHAT THESE PARENTS WANT IN SUPPORT SERVICES

Although there is no substitute for asking each family individually what they want, child welfare workers might find it helpful to know that many parents with cognitive disabilities say they experience the following as effective support from professionals:

- Build a trusting, mutual relationship with parents.
- Acknowledge the parent's role as head of household.
- Appreciate the love between parent and child, despite the problems.
- Offer sustained, practical support directed toward building the parent's own skills and confidence.
- Match the family with support personnel who have a genuine liking for the family.
- Recognize the emotional needs of parents, and build parents' confidence.
- Mobilize community supports; connect with other agencies involved with a family.
- Integrate formal services with the support and involvement available from the extended family, neighbors, and friends.
- Turn to the parent to determine the most effective direction for support.
- Develop an advocacy role representing the family to the service system, rather than presenting oneself to the family as an agent of the system.

Sources: Mandeville, 1998; Booth & Booth, 1994.

## FAMILY-CENTERED PRACTICE *continued from page 5*

Protective factors that make it possible for these children to succeed include personal traits (sociable, responsive to others, outgoing), family characteristics (warm, stable, and secure), and external factors such as supportive relationships outside the home and participation and involvement in the wider community (Booth & Booth, 1998b).

At the same time, research has found that children of parents with cognitive limitations are at risk for a number of negative outcomes, including developmental delay, poor school performance, and removal from their families. Though they may be due more to poverty than parental disabilities, these risks are recognized by our service delivery system. For example, having a parent with cognitive limitations is one of the risk factors that can make a young child eligible for early intervention services in North Carolina.

**Parents with cognitive limitations who need improvement can often learn**

**to be better parents.**

Even when people with cognitive limitations have clear deficits in their parenting skills, research suggests appropriate training can help them improve (Thompson, 1984; Feldman et al., 1989; Whitman et al., 1989). Specially designed training courses have been shown effective in teaching parents to nurture their children, to express their affection appropriately, and to learn essential parenting skills such as menu planning, grocery shopping, and techniques for managing problem child behaviors (Field & Sanchez, 1999).

Reflecting on this research, the bottom line is that people with cognitive limitations are like other people—some will be good parents, some will not. The only way to assess and support them is on an individual, person-by-person basis.

**There's no magic formula for working with parents with cognitive challenges. It's about 'walking the walk' of family-centered practice.**

## FINDING STRENGTHS

Many parents with cognitive limitations are isolated, poor, and unused to thinking of themselves and their lives in strengths-based terms. To discover family strengths social workers need to use observation and creativity.

For example, a child welfare worker could react with dismay at the sight of a mother and her children eating off a newspaper "table" on the floor. Alternatively, he could see it as a demonstration of the mother's ability to establish a mealtime routine and to solve the problem of having no furniture. If he can see and build on small successes in a difficult situation, the social worker has the opportunity to build the parent's self-esteem, dignity, and competence (Espe-Sherwindt & Kerlin, 1990).

In seeking to support parents with cognitive limitations, child welfare workers should actively seek out and/or try to develop **benefactors** for them. A benefactor is someone without learning difficulties who helps with the practical difficulties of coping with everyday problems (Edgerton, 1967). "The one feature that has consistently been shown to distinguish families where the children remained at home from families where the children were removed is the presence of another adult able to give extended daily support" (Booth & Booth, 1993).

The presence of a benefactor can be essential to the success of one of the most important family-centered strategies practiced in North Carolina—child and family team meetings.

## CHILD AND FAMILY TEAM MEETINGS

Research and the direct experience of child welfare workers indicates that parents with cognitive limitations sometimes resist efforts to support them. "One study found that their opinions strongly *cont. p. 8*

### A LACK OF APPROPRIATE SERVICES

In many cases, parents with cognitive limitations can successfully raise their children if they receive supportive services appropriate to their needs, such as specialized parenting classes and in-home assistance with daily tasks.

Unfortunately, in many places these services are not available. For every place that manages to develop programs like the one described on the facing page there are dozens more that offer the same parenting classes to all parents, regardless of their individual needs.

Practitioners say parents with developmental delays sometimes "make it" in these classes, in the sense that they can fulfill the attendance requirements and verbally repeat what they are taught. But ultimately they fail, since they cannot demonstrate the parenting skills in question because they are not taught in a way that enables them to learn. As a result, these parents often lose their children.

One worker sums it up: "These parents want help. They try. They really, really love their kids. But they can't learn, and there are no services. It breaks your heart."

Child welfare workers owe it to these parents and their children to reach out to community partners to develop the resources these families need. Gaye Styron, CPS Treatment Program Manager with Wake County Human Services, suggests your local community college's compensatory education program might be a good place to start. These programs, which serve adults with developmental delays, may be able to set up programs for child welfare-involved parents, or engage them in existing Comp Ed programs. In the context of MRS, which asks child welfare agencies to join continually with others to support families and keep children safe, this kind of collaboration makes perfect sense.



Photo Illustration

## SPECIALIZED PROGRAM MODEL: FAMILIES ON THE GROW

As far as we know, Families on the Grow is the only child welfare program in North Carolina specifically designed to serve families where a parent has cognitive limitations. To learn about this innovative program we spoke with Laura Quinn, MA, the program's consultant psychologist and lead instructor.

### How did Families on the Grow get started?

It began in 1997 as an idea shared by two employees of Wake County Human Services: Gaye Styron, CPS Treatment and Program Manager, and Gretchen Evans, child welfare supervisor. They and other members of the community recognized that many more families with cognitively limited parents were being served by DSS in an involuntary way than through other community agencies. They wanted to find a way to identify and support these parents before they got involved with the child welfare system.

Families on the Grow took full form in 1998 as a multi-agency collaboration. Partners included our CPS treatment unit, the ARC of Wake County, Wake Technical Community College, and Community Partnerships, which provided in-home training to parents on a voluntary basis.

### What happened?

This collaborative enterprise struggled to stay together from the beginning. It had difficulty with conflicting responsibilities and mandates, communication problems, and a lack of sustainable funding for services to families not involved with child welfare. The collaborative aspect of the program came apart in spring 2000, though we kept meeting through spring 2002. Today, to get the support they need, cognitively limited parents in Wake County must either be involved with child welfare or be receiving services through one of the county's DD case managers. Child welfare is by far the swifter route to services—waiting lists for DD services in North Carolina can be long, and parents aren't given priority over other people, despite the consequences this can have for their children.

### What is Families on the Grow today?

Today Families on the Grow is based completely at Wake County Human Services. We have a special CPS unit consisting of six specially-trained CPS treatment case workers, one supervisor, and a part-time psychologist/trainer. The unit is paid for with a combination of county, state, and federal funding, just like our other CPS units.

Using information about the parents we were seeing, we developed an easy-to-use assessment tool (see page 4). Parents are assessed using this scale whenever there is an open CPS/foster care case. Parents identified as "at risk" are referred to me or another psychologist for evaluation. I use the Reynolds Intellectual Assessment Scale, the Weschler, and other tools to determine their level of cognitive function. If parents are found to be limited they are admitted to the program, where they are:

- **Enrolled in an intensive, specialized parenting class.** Unlike typical parenting classes, which meet for two hours or so once a week for ten weeks, Families on

the Grow parenting classes are offered in a 15-week series in which classes occur three times a week. To meet the needs of parents, these classes are characterized by more repetition; simpler, more concrete language; a slower pace; many hands-on activities; and a focus on the small parts that make up different parenting tasks. Reading materials are geared to people who read at a second or third grade level.

- **Referred to other community agencies and supportive community services.** Referrals are not enough with this population, Quinn says. "Social workers must take the time to train these parents to make and keep straightforward appointments, such as doctors' appointments." However, if there is any complexity to the appointment (e.g., one for SSI), parents fare much better when they have an advocate or professional attend with them.
- **In-home services delivered by specially-trained caseworkers.** The program often hires people with expertise in developmental disabilities or early intervention.

### Do you have any advice for child welfare workers?

Identifying cognitively-limited parents is a critical first step. After that, provide appropriate referrals and education. Get parents to keep a daily routine—it is great for them and their kids, but it is hard to do! Be prepared to provide extra support. ♦

For more information about Families on the Grow, contact Laura Quinn (919/212-7195; [laura.quinn@co.wake.nc.us](mailto:laura.quinn@co.wake.nc.us)).



Laura Quinn

## PARENTS AND CHILDREN SERVED BY FAMILIES ON THE GROW

- **Most are women.** 90% of the cognitively-limited parents involved with Families on the Grow are women. When men are involved, they are usually a partner/husband. Families on the Grow has never served a family where the father was the primary caregiver for the children.
- **Minorities are disproportionately represented.** White parents involved in Families on the Grow are often from rural areas.
- **Status of children.** In 50% of families involved with Families on the Grow the children are still at home. "The rate of removal is much higher for this population," Quinn says. "Reunification is rare, but it happens."
- **Parents suffer from isolation.** Because they often do not work, have no transportation, and often have no spouse and a limited social support network, mothers in Families on the Grow get depressed, overwhelmed, and lonely. When this happens, getting the children into a good daycare program is extremely useful; it gives the children the stimulation they need and reduces their mothers' stress.
- **Many have dual or multi-diagnoses.** Many mothers in Families on the Grow also suffer from depression, anxiety, mental illness, personality disorders, and substance abuse.
- **Domestic Violence.** These moms experience disproportionately high rates of domestic violence. Quinn suspects this is due in part to the fact many of these mothers depend heavily on their partners for income.

# FAMILY-CENTERED PRACTICE WITH PARENTS WITH COGNITIVE LIMITATIONS

*continued from page 6*

diverged from the views of social workers 85% of the time" (Field & Sanchez, 1999). Child and family team meetings may be one of the best strategies for overcoming this barrier, since they allow parents to help create their own service plans.

Joan Pennell, of NC State University's Family-Centered Meetings Project, has these suggestions for involving parents with cognitive limitations in child and family team meetings:

1. Take time to explain and re-explain the process to the parents. Expect the preparations to be longer.
2. Involve "benefactors"/support people (e.g., family's pastor, trusted relative) who can help the parents understand what is happening and make sure their views are heard at the conference.
3. Include in the plan someone from the parents' support network to help them follow through on the action steps and get help as needed.

Janice Doyle, a family assessment worker from Alamance County DSS, has held child and family team meetings with parents with cognitive limitations. She urges caution when inviting people to meetings. Because parents with developmental disabilities typically have so many issues and can be involved with so many systems, she says, child welfare workers may be tempted to invite lots of people. "Sometimes," she says, "that can be a mistake."

Like other people, these parents can feel threatened when surrounded by professionals and strangers in child and family team meetings. Doyle says that one mother she worked

with felt so overwhelmed that she shut down. "She stared at the ceiling without responding," Doyle says. "People didn't know what to think. But when I talk to her one-on-one and let her be the expert I find she's a totally different person."

We hope the points below, taken from the articles in this issue, will prove useful to you in your efforts to provide family-centered services to parents with cognitive limitations. ♦

*For references and additional resources see < [www.practicenotes.org](http://www.practicenotes.org) >.*

## KEY POINTS

- People with cognitive limitations are like other people—some will be good parents, some won't. Social workers should assess parents with cognitive limitations as individuals, hold them to the same standards as other parents, and provide them with educational and supportive services appropriate to their needs.
- Individuals with cognitive limitations have a right to have and to raise children. Do not presume a parent is incompetent simply because she is cognitively limited. Approach each family with an open mind.
- Most parents with cognitive limitations are poor. Neglect may be the result of poverty or other factors, not the parent's mental capacity.
- Provided the right supports and appropriate education, people with cognitive limitations who are struggling as parents can often provide effective care for their children. Agencies have a responsibility to provide the services these families need to stay together.



Photo Illustration

## IN THIS ISSUE: WORKING WITH PARENTS WHO HAVE COGNITIVE LIMITATIONS

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