

12

Parents with Severe Mental Disabilities

Time	Lecture: 45–75 minutes Optional discussions: 30–45 minutes
Purpose	To define the severe mental disabilities of parents that are reportable, including severe mental illness, severe mental retardation, and alcohol and drug abuse; and to sensitize participants to the diagnostic significance of a parent's inability to care for a newborn.
Rationale	Parents who suffer from severe and demonstrable mental disabilities are often unable to care for themselves, let alone their children. Such parents should be reported, even if their children have not yet been harmed and even if they have never had custody of their children.
Objectives	In this module, participants should learn: <ul style="list-style-type: none">• the concept of severe and demonstrable mental disabilities• guidelines for reporting parental mental illness and retardation• guidelines for reporting parental alcohol and drug abuse, and• guidelines for reporting parental inability to care for a newborn.
Materials	<ul style="list-style-type: none">• overheads 47–50• state reporting law or other materials that establish reporting procedures and obligations in cases involving parents with mental disabilities (including mental illness, mental retardation, and alcohol and drug abuse), either specifically or under the general rubric of “abuse,” “neglect,” or a similar term• name, phone number, and address of CPS contact person and agency liaison person, if there is one

Step 1: Introduce module

Trainer's note: This module discusses parents with mental rather than physical disabilities. Ordinarily, parents with physical disabilities should not be reported unless there is specific evidence suggesting that their children are suffering serious harm, or are likely to do so.

Parents who suffer from severe and demonstrable mental disabilities are often unable to care for themselves, let alone their children. Such parents should be reported, even if their children have not yet been harmed and even if they have never had custody of their children. The reporting obligation may stem from either a specific legal provision or, as is more likely, the general mandate to report endangered children, as described in Chapter 3.

This module explains how society's preventive orientation toward protecting children from future harm applies to parents with severe and demonstrable mental disabilities. It provides guidelines for reporting parental mental illness, mental retardation, and drug and alcohol abuse, all the while emphasizing that the disability must be severe and demonstrable. The module also explains the diagnostic significance of a parent's inability to care for a newborn.

Step 2: Introduce the concept of severe and demonstrable disabilities

Local law and practice: Consider reading from, summarizing, or referring to the relevant portion of the state definition that covers the mental disabilities of parents. However, many state definitions are vague or cryptic on the subject. Some states do not even have an actual separate definition, but include the concept under more general terms such as children who are in an "environment injurious to their welfare," children who "lack proper parental care," children who are "without proper guardianship or care," or children in the care of "unfit" parents.

Thus, after referring to the state's definition, consider using the following generic discussion of definitional issues. To the extent appropriate, try to use the state's terminology in your discussion and try to explain how the textbook's generic definitions are consistent with the state's definition.

Severe and Demonstrable Disabilities 49

Extreme cases of parental brutality and neglect make society eager to protect children from future maltreatment. This has led some authorities to suggest the reporting of “high-risk” parents, that is, parents with a propensity toward abuse or neglect. But such sophisticated psychological assessments of future parental behavior are beyond even the best clinicians.

Despite years of research, no psychological profile accurately predicts which parents will abuse or neglect their children. Hence, a report cannot be based on a psychological diagnosis that an individual is a high-risk parent who may maltreat a child in the future. The only trustworthy basis for a preventive report is the parent’s current ability—or, rather, inability—to care for a child.


Only current impairments of parental judgment or ability to function are a valid basis for preventive reporting. In the absence of suitable arrangements for their children, intervention is essential—no matter how caring such parents may seem. A report should be made, even if the child is not yet harmed and even if the parent has never had custody of the child. To wait until the child shows signs of abuse or neglect would unreasonably endanger many children.

- Such parents will not necessarily lose custody of their children. Supportive services provided by child protective or other agencies may permit them to care for their children. But that is a question to be resolved by the child protective agency. If such parents are not reported, the helping process cannot begin.

There are, however, many degrees of parental incapacity, and a prediction of future serious injury to the child—and, therefore, a report—is justified only in situations of **severe and demonstrable mental disability**.

- Only in such extreme cases can the danger to the child be presumed. Only severe mental illness raises a sufficient likelihood of violence or other harmful behavior toward the child. Only severe mental retardation raises a sufficient likelihood that a parent cannot care for a child. Only actual addiction to alcohol or drugs, as opposed to occasional use, raises a sufficient likelihood that the parents will ignore the child's needs.

Moreover, there must be a connection between the parent's disability and the likelihood that the child will be abused or neglected. Thus, for example, the parent's disability should be current or at least so recent that its continued presence can be assumed. Long-past disabilities should not be the basis of a report.

 *Use textbook*

“Severe Mental Disabilities of Parents That Should Be Reported.” Chart 12-1, p. 125, describes the parental disabilities that are sufficiently severe to be the sole basis of a report. Review the forms of disability listed, highlighting how each emphasizes severe and demonstrable disabilities. Mention that diagnosing these conditions often requires expert knowledge, and that you will be providing only general guidelines on the subject.

If a question arises about why mentally disabled parents are being labeled as “abusive” or “neglectful” simply because of their condition, explain that the textbook explicitly warns against doing so and, instead, recommends a service-oriented response to such cases (pp. 125-126).

Local law and practice: Consider reading from, summarizing, or referring to the relevant portion of the state definition that covers the mental retardation of parents. However, many state definitions are vague or cryptic on the subject. Some states do not even have an actual separate definition, but include the concept under more general terms such as children who are in an “environment injurious to their welfare,” children who “lack proper parental care,” children who are “without proper guardianship or care,” or children in the care of “unfit” parents.

Thus, after referring to the state’s definition, consider using the following generic discussion of definitional issues. To the extent appropriate, try to use the state’s terminology in your discussion and try to explain how the textbook’s generic definitions are consistent with the state’s definition.

Step 3: Discuss guidelines for reporting parental mental illness and retardation

Severe Mental Illness and Retardation 50

Parents who suffer from a severe mental illness are simply incapable of providing adequate care for their children. A report should be made if the parents suffer from:

- **overt psychoses** so severe that the parents are significantly detached from reality, or
- **major depressions** so severe that the parents cannot cope with the world around them.

The most common indications of such mental illness are **parental behaviors and statements**. You should report parents of infants or very young children who say that they feel themselves slipping out of control or who say that they fear they may hurt or kill their children.


Parental threats to kill (or seriously harm) a child are a clear suggestion of severe mental disturbance, unless the context suggests otherwise. They require an immediate report, even if the child has not yet been injured.

Parental descriptions of anger or loss of control require further assessment. Many parents have “angry thoughts”

about their children; some find themselves thinking about beating their children. That the parents have summoned the courage to tell an outsider about such feelings is a reflection of how disturbing these feelings can be.

In parents of newborns and infants, such feelings are a signal of serious danger that should not be ignored. But in parents of older children, the verbalization of such feelings is an all-too-common symptom of problematic parent-child relationships. Although such feelings are destructive and the parents may benefit from treatment, they do not necessarily lead to actual abuse or neglect. Thus, for parents of older children, “angry thoughts” warrant a report only if there are sufficient additional reasons to believe that they signal real danger to the child.

Unless you are professionally trained to deal with mental health issues, your ability to identify cases of severe mental illness will be limited to its more extreme manifestations, as listed in Chart 12-2.

 *Use textbook*

“Frequent Symptoms of Psychosis.” Chart 12-2, pp. 126-127, describes the kinds of behavior that indicate that a parent may be suffering from psychosis. Review them now, again cautioning against making an actual diagnosis without professional training. The behavior itself, not the mental condition, is being reported—because of what it suggests about the care of the child.

- **Periods of stable functioning complicate case handling.** Many parents with psychiatric illnesses have periods of stable functioning when medication and supportive therapy enable them to take care of their children. Whether a report should be made depends on the parent’s current level of functioning as well as the prognosis for the future.

Finally, **severe mental retardation** also can prevent a parent from adequately caring for a child. Research suggests that parents with IQ's below 60 generally lack the ability to care adequately for children. Many parents of borderline retardation (with IQ's between 68 and 83) and even mildly retarded parents (with IQ's between 52 and 67), however, can care adequately for their children. Such parents have to be **judged individually**—especially if they have help from relatives or social agencies.

But beyond these few broad guidelines, no generalizations about mental retardation are possible; the variables are too great and the ability to measure them is too limited. The decision to report a parent's mental retardation must be made on a case-by-case basis.

Optional discussion: Severely retarded parents. Consider asking for specific examples of how severe mental retardation can prevent parents from adequately caring for their children. Expect examples such as:

- Parents with limited ability to anticipate and plan for each of the child's new developmental stages, so that the child is palpably suffering inappropriate care.
- Parents who provide so little developmentally appropriate stimulation that their children suffer severe developmental lags, evidenced by, for example, poor language development.
- Parents with a very literal and concrete approach to problem solving, so that they are unable to tailor their disciplinary actions to new circumstances. In trying to control and protect their children, severely retarded parents may use excessive corporal punishment or exercise no supervision at all.
- Parents who are unable to tell time or perform other basic adult functions. They may have difficulty preparing formula, cooking meals, reading medicine labels, or using a thermometer.

Optional discussion: Services for parents with mental disabilities. Consider asking for examples of the kinds of services that would allow a child to remain in the care of a parent

Step 4: Discuss guidelines for reporting parental drug and alcohol abuse

with such severe mental disabilities. List correct responses on a flip chart or blackboard.

Trainer's note: This is a particularly controversial topic, with sharp variations in law and practice—even among counties in the same state. Many people do not understand why obviously dangerous prenatal behaviors, like drug and alcohol abuse, are not automatically reportable; other people are equally sure that the whole topic reflects ignorant and perhaps racist views of drug use in our society.

The best response is to say that lay and expert opinion is divided on the subject, but that professionals must be guided by their state's law. Express the hope that this module—by distinguishing between occasional, or “recreational,” drug use and actual addiction—will help participants apply the law to the conditions they confront in daily practice.

Local law and practice: Consider reading from, summarizing, or referring to the relevant portion of the state definition that covers the mental disabilities of parents. However, many state definitions are vague or cryptic on the subject. Some states do not even have an actual separate definition, but include the concept under more general terms such as children who are in an “environment injurious to their welfare,” children who “lack proper parental care,” children who are “without proper guardianship or care,” or children in the care of “unfit” parents.

Thus, after referring to the state's definition, consider using the following generic discussion of definitional issues. To the extent appropriate, try to use the state's terminology in your discussion and try to explain how the textbook's generic definitions are consistent with the state's definition.

Drug and Alcohol Abuse 51

Parental abuse of alcohol has always been a threat to children, and heroin and other drugs have been child protective problems since at least the 1960s.

But since the mid-1980s, American children have faced a problem many times more serious: crack, a derivative of cocaine. No one knows how many women now use crack and other drugs, but the large number of reported crack-exposed babies has changed the face of child welfare.

Most parents who are heavily addicted to either alcohol or drugs suffer debilitating physical and mental effects, and have great difficulty caring for their children. Most drug-addicted parents are simply more interested in feeding their habits than in caring for their children.

- Crack-abusing parents, for example, have been described as “extremely volatile with episodes of ‘normal’ behavior interspersed with episodes of unpredictable, dangerous and even violent behavior.” Cases of drug-crazed adults battering children are not uncommon.

Optional discussion: The effects of parental addiction. Consider asking for examples of how parental addiction to drugs and alcohol endangers children. Expect answers similar to the textbook’s discussion on pp. 129-131. In your responses to the answers, emphasize the importance of distinguishing between actual addiction and occasional, or “recreational,” users—to set the stage for the following discussion.

Local law and practice: Consider reading from, summarizing, or referring to the state law that explicitly or implicitly requires reports of parental drug or alcohol addiction or abuse. Whether or not there is state law on the subject, consider using the following generic discussion of the issues.

Many states have specific laws that make serious drug or alcohol abuse reportable, sometimes by making them prima facie evidence of child neglect. But such specific laws are not necessary. If substance abuse severely impairs parental judgment and ability to cope, a report can be made under the general statutory provisions concerning endangered children, as discussed in Chapter 3.

- Except in those states in which any level of drug addiction must be reported, the parent’s participation in a treatment or counseling program does not establish, by itself, that a

report should be made. The parent, perhaps with outside help, may be adequately caring for the child. Some states specifically exempt parents who are in treatment programs from being reported.

✓ *Check state law and practice*

However, like other disabilities, there are many levels of substance abuse and addiction. Only parental alcohol or drug abuse that is severe enough to make future child abuse or neglect likely should be reported.

Occasional, or “recreational,” drug use is not the same as actual addiction. Contrary to media stereotypes, not all substance abusers are equally caught up in severe addictions. Some people who abuse illegal substances do so only occasionally and in a controlled way, what is often called “recreational use.”

Although even occasional use of illegal substances is a crime, so long as parents are in control of their use, they are generally not a danger to themselves or to their children. The problem, of course, is that they are at high risk of becoming seriously addicted. But until that happens, there is no way of knowing which parents will lose control and require child protective intervention.

That is what makes the **fetal exposure to drugs so significant.** For a newborn to evidence the symptoms of drug exposure means that the mother was probably a heavy user while pregnant, and that, in fact, she was so addicted that she could not reduce her drug taking in order to protect her unborn baby—or to avoid having her addiction revealed to the authorities.

There are, thus, two reasons why newborns showing signs of fetal exposure to drugs or alcohol should be reported.

First, a mother's diet and drug use during pregnancy can **put her unborn child at special risk**. A pregnant woman who continues to use crack, cocaine, heroin, methadone, or large quantities of barbiturates or alcohol can give birth to a child with severe health problems.

Untreated neonatal addiction to heroin, for example, can be fatal. Fetal exposure to cocaine can have equally serious effects and is not as easily remedied. Cocaine constricts the blood vessels in the placenta and the fetus, cutting off the flow of oxygen and nutrients and often causing miscarriages, stillbirths, and premature and low-birth-weight babies, often with various physical and neurological malformations. Some crack-exposed babies have deformed hearts, lungs, digestive systems, or limbs; others have what amounts to a disabling stroke while in the womb.

But because of concerns about privacy rights and “womb police,” it is important to emphasize that a report—and any possible subsequent intervention—is also based on the presumption of **future danger to the child caused by the extent of the mother's addiction**. The neonatal exposure implies that the mother is seriously addicted.

Some states specifically require reports of prenatal drug exposure. Others allow them under general provisions concerning threatened harm. Because of the need to mobilize child protective efforts, some states accept reports while the mother is still pregnant.

✓ *Check state law and practice*

The absence of withdrawal symptoms or side effects, though, is **not conclusive evidence that the parent does not use drugs** or that the situation should not be reported. Not all babies who are born to even heavy drug users exhibit withdrawal symptoms. (Anywhere from 30 to 50 percent do not.) Although medical studies have

yet to develop predictive measures, it appears that the existence and severity of withdrawal symptoms are functions of the type, dosage, and regularity of drug use. All babies born to drug addicts should be reported because, after all, they will be in danger when at home.

- Most parents deny that they abuse drugs or alcohol, of course. But a surprising number admit to their addiction. For example, some drug-addicted mothers freely describe the size of their habit, the difficulties they have in obtaining a sufficient amount of drugs to satisfy their habit, and their inability to care for their children.

Fetal Alcohol Syndrome (FAS) is the name given to the developmental effects on children that can result from a pregnant woman's consumption of alcohol. They include such effects as cognitive difficulties, attention disorders, and impulsivity. Even more than reporting prenatal use of drugs, drinking while pregnant—even heavy drinking—is a controversial area for child protective action, and many agencies will not accept reports based on it alone.

✓ *Check state law and practice*

Step 5: Discuss guidelines for reporting parental inability to care for a newborn

Parental Inability to Care for a Newborn 52


The parent's demonstrated inability to care for a newborn should be reported. Very young children are the most vulnerable to serious injury and death caused by parental incapacity or dysfunction. More than three-quarters of all child abuse fatalities involve children under age six. More than half involve children age two or under. These most vulnerable children must be identified as soon after birth as possible, so that they can be protected.

Hospital maternity wards are an excellent setting for observing early parent-child interactions that are suggestive of future abuse or neglect.

- Over the years, numerous efforts have been made to develop questionnaires, checklists, or other screening devices to identify parents who will later abuse or neglect their children. However, these “high-risk” indicators cannot be used as a basis for reporting because, as their authors carefully point out, far too many parents are incorrectly identified as being potentially abusive or neglectful. (They are, nevertheless, valuable screening devices for neonatal counseling and follow-up programs.)

The parent’s demonstrated inability to care for a newborn is the only valid basis for a report. And sometimes their inability is apparent from their behavior in the maternity ward: **What parents are unable to do in the hospital, where they have help, they are unlikely to be able to do at home—alone.** Thus, the parental behaviors listed in Chart 12-3 provide a sufficient basis for a report.

“Reportable Maternity Ward Observations.” Chart 12-3, p. 133, lists reportable maternity ward observations. Review them now, reminding the group that both fathers and mothers may exhibit these behaviors. Consider asking why the listed conditions are a valid basis for a report. Remember that reporting allows the child protective agency to assess the situation, as well as to evaluate any existing supports available to the parents.

 *Use textbook*

As a general rule, the conditions listed on Chart 12-3 should be reported as soon as they are **observed**. Those that do not involve parent-child interaction, such as severe mental disabilities and the past maltreatment of other

children, should be reported even before the new child's birth. Doing so will give the child protective agency added time to mobilize and develop an appropriate case plan.


Supportive services may obviate the need to report. Many of the situations listed in the chart involve an assessment of the parent's relative inability to care for the child or to function generally in society. In some cases, the hospital staff may conclude that the quality of child care will improve rapidly through short-term parental education or counseling.


- Some hospitals operate or have access to a Visiting Nursing Service or a similar neonatal follow-up program. If so, in appropriate cases, a decision to report may be deferred while efforts are made to work with the parents. (The major exception to this discretionary delay in reporting involves cases in which the child would be in immediate and severe danger if sent home with the parents.)

Parents who refuse to accept such help, later prove uncooperative, or show little improvement in their ability to care for the child on their own should be reported promptly. Infants are extremely vulnerable and a delay could be fatal.

Step 6: Summarize In this module, we saw how society's preventive orientation toward children applies to parents with severe mental disabilities. It described the reportable disabilities—mental illness, mental retardation, and drug and alcohol abuse—but emphasized that the disability must be severe and demonstrable. The module also explained the diagnostic significance of the inability to care for a newborn.

As I have ended several modules, let me repeat: If you have questions about a specific situation, or about general policies, feel free to consult the appropriate person in your agency or in the local child protective agency.

 *CPS contact*

 *agency liaison*