MENTAL HEALTH EVALUATIONS AND THE EXPERIENCES OF MOTHERS WITH CHILDREN IN FOSTER CARE

By

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Introduction

For mothers whose children have been removed and placed into foster care, the experience of navigating the child welfare system is influenced by a myriad of factors. These mothers are expected to form healthy, productive relationships with workers in the context of a significant power differential, within which their performance is judged in terms of their compliance with mandated services. Conversely, workers must contend with the complex process of assessing 1) what is truly in the best interests of children; 2) whether mothers have demonstrated adequate behavioral changes for their families to be reunited; and 3) the future risk of maltreatment. Due to the inherent challenges in making life-altering judgments about such nebulous concepts, referrals for mental health evaluations are intended to aid child welfare workers in objectively and validly assessing mothers’ capacity to care for their children after the departure of child protective services from families’ lives.

The purpose of this paper is to explore the utilization of mental health evaluations in the context of foster care practice. This will include a systematic literature review, with a specific focus on practice-based research, recognition of gaps in the literature, and
policy implications. Practice-based research has been defined as “the use of research-inspired principles, designs and information gathering techniques within existing forms of practice to answer questions that emerge from practice in ways that inform practice” (Epstein, 2001, p. 17). The aim is to reflect what is occurring in practice environments.

**Scope: Mental Illness**

Current research estimates that approximately half of Americans will experience a mental health disorder at some time in their lives, with the initial onset typically occurring in childhood or adolescence. With regard to specific diagnostic categories, lifetime prevalence estimates for mood disorders are 21%, anxiety disorders 29%, substance use disorders 15% and impulse-control disorders 25% (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). Women are twice as likely as men to experience mood and anxiety disorders, and three times as likely to experience eating disorders. Men, however, outnumber women in their prevalence of substance use and antisocial personality disorder (Riecher-Rossler, 2010). Hispanics and African-Americans are less likely to experience mental illness than non-Hispanic Whites, except for bipolar disorder in which African-Americans have greater lifetime prevalence than Caucasians (Breslau, Aguilar-Gaxiola, Kendler, Su, Williams, & Kessler, 2006).

Approximately 65% of mentally ill individuals are mothers, and 52% are fathers. Estimating the prevalence of mental illness among parents with children in foster care, however, proves intrinsically challenging since this data is not routinely gathered, and evaluations often occur after parents become involved with child welfare services (Nicholson, Beibel, Hinden, Henry, & Stier, 2001). For parents with an active child protective services (CPS) case, Staudt & Cherry (2009) reported that 35% of caretakers
exhibited substance abuse or mental health difficulties. In a longitudinal investigation of caregivers that have experienced a CPS investigation, 40% met criteria for major depression and 9% for substance use at some point over 3 years (Burns et al., 2010).

**Scope: Child Maltreatment**

As a result of formally validated maltreatment reports, approximately 423,773 children in the United States reside in foster care settings. With regard to their gender, there is an almost even split with 53% male and 47% female. The average age of foster children is 9.6 years old. With regard to race/ethnicity, 40% of foster children are White, 30% are Black and 20% are Hispanic. Asians, American Indian and mixed race children comprise the other 10% (U.S. Department of Health and Human Services, 2010).

**Parents’ mental health evaluations**

Evaluators conducting parents’ mental health assessments are asked to make judgments of parenting capacity in the absence of specific indicators that define the minimum threshold of parenting skills (Budd, et al., 2011). Current models of assessment and standardized instruments are individually focused and less appropriate to evaluate the parent-child relationship and parenting skills (Azar, Lauretti, & Loding, 1998). Furthermore, instruments that comprise traditional psychological evaluations have not been systematically validated to assess the parenting capacity of mentally ill caregivers. Evaluations tend to occur in a single context; parents may function well in their homes, but less so in an office session with a clinician (Risley-Curtiss, Stromwall, Hunt, & Teska, 2004).

Although mental health evaluations of parents involved with child welfare services have become quite widespread, there is a dearth of literature that examines their
utilization in practice. In an effort to identify current trends, one study utilized a random sample of 190 mental health evaluations ordered for family court investigations in Cook County, Illinois. Most assessments were psychological evaluations that occurred in one session. The most frequently utilized procedures were projective and objective personality tests; parent-child observations occurred infrequently across all evaluation types except for more in-depth parenting assessment team evaluations. Descriptions of presenting problems were clearly stated in less than half of all reports (5-41%). Family reunification, adoption and termination of parental rights were the most common referral reasons. Parental weaknesses were emphasized more frequently than strengths across all evaluation types (Budd, Poindexter, Felix, & Naik-Polan, 2001).

Assessment Tools for Psychological Evaluations

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is one of the most commonly utilized instruments in psychological evaluations with documented reliability, validity and normative data scores. The MMPI-2 is routinely employed in forensic assessments of parents involved in child maltreatment cases. Since parents are clearly motivated to present themselves in the most positive manner, psychologists have asserted concern regarding self-presentation bias (Medoff, 1999 as cited in Carr, Moretti, & Cue, 2005). Validity scales seek to identify response patterns that may compromise the legitimacy of the results. The L scale indicates the participant’s denial of minor issues. The K scale implies a slight defensiveness toward questions, and the F scale suggests an exaggerated expression of symptoms, inadequate comprehension and hasty responding. In a study of 91 biological mothers, 48 biological fathers and 25 stepfathers, enhanced self-presentation on L or K scales threatened the validity of about 60% of participants’
profiles. The authors recommended that parents should be informed of the validity scales and that untruthful responding will be detected. Also, the researchers suggest that courts should be informed as to the possibility for parents “faking good” during the assessment process in an effort to regain custody of their children (Carr, Moretti, & Cue, 2005).

The Child Abuse Potential Inventory (CAPI) (Milner, 1986 as cited in Haskett, Scott, & Fann, 1995) represents one possibility for determining risk for physical abuse, although researchers continue to test the instrument’s level of external validity as the tool has been criticized due to previous testing with nonclinical groups of parents and college students. A study sample of 34 mothers and 7 fathers were drawn from a multifamily intervention group for abusive or high-risk parents. Scores on the CAPI were compared to parent-child interactions and risk factors such as parental distress, harsh disciplinary strategies, inappropriate expectations of children’s behavior and poor problem-solving skills. Correlational analysis revealed a statistically significant relationship between CAPI scores and observed parenting style. Results support the construct validity of the instrument. Significant relationships were found among some (parental perceptions of internalizing and externalizing problems) but not all risk factors (poor problem-solving skills and belief in the value of corporal punishment) (Haskett, Scott, & Fann, 1995).

**Conclusion**

Children are less likely to reunify with their families if their parents cope with multiple stressors such as mental illness, substance abuse, unstable housing and single parenthood (Wulczyn, 2004). In one study 100% of parents diagnosed with a mental illness such as depression or bipolar disorder lost their parental rights. Supporting reasons for the court’s decision were often extrapolated from therapists’ assessments.
Clients were referred to as deteriorating mentally after their children were removed; they were noncompliant with recommended services or unable to resolve issues in a specified timeframe (McWey, Henderson, & Tice, 2006). Since foster care is purported to be a short-term living arrangement for children (Popple & Vecchiolla 2007), it is essential that the social work profession is at the forefront of developing an empirically validated, theoretically sound framework to advise the utilization of parents’ mental health evaluations in foster care practice.

References


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