

## **Screening for mental retardation/cognitive limitations.**

Many parents who are reported to the child welfare system and/or lose custody of their children are of limited intelligence or are mentally retarded. The definition of mental retardation is having an IQ (Intelligence Quotient) of 70 (75) or below. This problem is generally identified during childhood and will persist throughout the person's life.

Persons who are mentally retarded have impairments in "adaptive functioning". Adaptive functioning is divided into areas: 1. Communication, 2. Self-care, 3. Ability to care for a household, 4. Social/interpersonal skills, 5. Use of community resources, 6. Self-direction, 7. Academic skills, 8. Work, 9. Leisure, 10. Health, & 11. Safety. These areas of functioning are related and overlapping. Expect persons who are mentally retarded to have deficits in at least two of these areas.

It is very important to screen parents who are involved in the child welfare system for cognitive deficits. Failure to discern that mental retardation is the reason the person has parenting deficiencies can lead to inappropriate intervention, both in expectations for the parent and in types of services provided.

In addition, child welfare staff need to comply with the Americans with Disabilities Act. The Michigan Court of Appeals recently held that when a parent suffers from a disability recognized in the Americans with Disabilities Act (e.g., mental retardation, blindness, deafness) the FIA must accommodate that disability by providing services that are aimed at remedying the parenting problems experienced by that parent. *In re Terry*, 240 Mich App 14 (2000). For example, if a parent is mentally retarded, it may require that parenting classes be provide for a longer period of time that they use a hands on approach.

Nevertheless, parents with cognitive limitations, on the whole, will have difficulty learning new concepts and will have limited ability to develop more appropriate parenting techniques. Especially challenging for them is taking knowledge and applying it to new situations. This means that cannot think abstractly.

There are additional problems with mentally retarded parents who come to the attention of the child welfare system. Because of their cognitive limitations, they may have many disappointments in their lives. Often their children are perceived as one of their rare successes. Thus, they may be very attached to the children, but see their children as meeting their needs rather than visa versa.

Second, their cognitive limitations make it hard for them to see and/or easy to ignore the fact that they provide inadequate care for their children. Thus, their wish is that child welfare professionals would leave them alone and not interfere with how they treat their children. They may see services as an intrusion rather than a support. As a result, they may avoid service providers or comply with interventions until their case is closed and then revert to their former childrearing methods.

### **Strategies for assessing a parent's cognitive capabilities**

Child welfare workers should screen parents to determine if a further evaluation of the parent's cognitive functioning is needed. As noted above, mental retardation has an impact on a spectrum of areas of adaptive functioning. Here we focus on two areas that are fairly easy for child welfare workers to assess.

#### Past school history

Because a major impact of mental retardation is on academic performance, most cases are identified when children enter school. Children are then placed in special classes. Inquiry into school functioning can be helpful.

1. If school records, psychological testing, etc. are available review them for information about the parent's cognitive ability.
2. Ask how far the parent went in school?
3. What kind of classes did he/she take?
4. Ask if he/she was in any special classes or go to a special school?
5. How well did he/she do in school?

#### Self care skills

A second area of adaptive functioning that is impaired is self-care. Indeed, a threshold index of an individual's capacity to care for children is his/her capacity to take care of him/herself. Examples to be alert to are:

1. Ability to bathe/hygiene.
2. Appropriate dress for the weather/occasion.
3. Ability to make meals for him/herself
4. Ability to manage his/her money,
5. Capacity to keep a living space tidy,
6. Capacity to relate to people and institutions outside the family.

If parents cannot take care of themselves and the household, they will not be able to care for their children.

In cases involving parents with mental retardation, appropriate intervention will usually consist of involving some other adult who can compensate for the parent's lack of ability. For such an intervention to be effective, the other adult must be willing to help out on a long-term basis, and the parent must see that he/she has limitations and be willing to accept help. As already noted, a common problem with developmentally disabled individuals is a failure to appreciate their limitations and resistance to receiving help.

If, using either of these approaches, workers discover concerns about cognitive capabilities, a referral should be made to a psychologist for testing to address:

1. Intelligence--cognitive/developmental level.
2. Ability to care for self.
3. Ability to care for children, especially impulse control, ability to empathize, and degree of relatedness.
4. Appreciation that he/she needs assistance in childcare, if abilities are limited.
5. Willingness to accept assistance, if abilities are limited.