

2009

Assessment of Parenting Skills of Mothers in Court Ordered Substance Abuse Treatment

Barb Pieske

Minnesota State University - Mankato

Follow this and additional works at: <http://cornerstone.lib.mnsu.edu/etds>

 Part of the [Clinical and Medical Social Work Commons](#), [Counseling Commons](#), [Psychiatric and Mental Health Commons](#), [Social Work Commons](#), and the [Substance Abuse and Addiction Commons](#)

Recommended Citation

Pieske, Barb, "Assessment of Parenting Skills of Mothers in Court Ordered Substance Abuse Treatment" (2009). *All Theses, Dissertations, and Other Capstone Projects*. Paper 466.

This Other Capstone Project is brought to you for free and open access by the Theses, Dissertations, and Other Capstone Projects at Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato. It has been accepted for inclusion in All Theses, Dissertations, and Other Capstone Projects by an authorized administrator of Cornerstone: A Collection of Scholarly and Creative Works for Minnesota State University, Mankato.



Assessment of Parenting Skills of Mothers in Court Ordered Substance Abuse Treatment

Barb Pieske
Master of Social Work
Department of Social Work



Abstract

Objective of this project was for me to search for an assessment tool that gives an understanding of mothers who are court ordered to substance abuse treatment. Methods: Search scholarly literature and consult with field supervisor. Results: Adoption of an assessment tool that identifies the strengths and weakness of parenting skills. Conclusion: A structured interview assessment allows the therapist to gather data on the parent with a person centered perspective with a holistic approach.

Goal and Requirements

The purpose of the assessment is to identify the mother's parenting skills. The therapist can use the assessment results for treatment planning and written reports for the drug courts.

Kris Shoen, LICSW of Sioux Trails Mental Health Center, Fairmont, Mn established the requirements of the assessment tool

Goal

- Construct a method of collecting and evaluating information in a systematic way

Requirements:

- * Screen and Identify
- * Comprehensive Evaluation
- * Individualized Planning
- * Monitor Progress of the parenting skills

Background

This assessment tool is to help direct the process of determining the nature of the problem and to acquire an understanding of a problem plus what can be changed to minimize or resolve the issue. There is a strong need for interventions that target parenting deficits of parents who abuse or become dependent on drugs and alcohol. Currently, Sioux Trails Mental Health Center, at the Fairmont location, does not have a structured interview assessment tool to acquire an understanding of the parenting skills of mother's who abuse drugs and alcohol. With the passing of Drug Court Standards, effective date July 20, 2007, Minnesota Judicial Branch Policy Number 511.1 with revision effective January 16, 2009 have placed requirements upon the Mental Health Profession. To meet these requirements an assessment tool that is effective and cost efficient is necessary. At this time, parents are being referred to psychologist to receive psychometric testing, which are expensive and costly to the parent. The mothers who are court ordered to weekly individual therapy sessions and weekly group sessions must have documentation of attendance, progress and activities toward meeting the goals. A structured interview assessment tool should focus on domains of attachment, interaction, support, and ability to parent. Parenting skills according to Barker (2003) is having the ability to solve problems and be able to have quality time with the children that includes fun activities that are enjoyed by all family members. The parent should have the skills to reduce family stress and be able to discipline without physical punishment. Parents need to be a good role model by providing physical, educational, emotional and moral support (Barker, 2003). Having documentation that reflects these domains of parenting provides the therapist the ability to report accurately to the Drug Court team members. Drug Court promotes a multi-disciplinary team approach consisting of judges, drug court coordinators, prosecutors, defense counsel, probation authorities, law enforcement, treatment providers, and evaluators (Minnesota Judicial Branch Policy, 2009). Another social policy that requires the practitioner to adhere to is the Adoption and Safe Families Act, 1997, P.L. 105-89 and state mandate (Chapter 406, Minnesota Session Laws, M.S. 257.0711 (CASCW, 1999) that requires the therapist to evaluate the actual conduct of the parent determine his or her fitness to maintain the parental relationship with the child in question so as to not be detrimental to the child. Practitioners still must consider concurrent planning for children eight years old and younger. According to Welte(1997), children who have parents receiving substance abuse treatment must be placed in a permanent placement within fifteen months.

Literature Review

- In 2007, there were 40 drug courts in existence in Minnesota. In 2006, there were 47,776 admissions to drug/alcohol treatment in Minnesota, compared to 45, 339 admissions in 2005, and 46, 029 admissions in 2004 (Office of National Drug Control Policy, 2008).
- Psychometric tests performed to evaluate parenting abilities include: The Parent Child Relationship Inventory (PCRI) Parenting Stress Inventory (PSI), Minnesota Multiphasic Personality Inventory 2 (MMPI-2), Millon Clinical Multiaxial Inventory (MCMI-III) measures intelligence, academic functioning and personality (Flens & Drozd, 2005).
- The NEATS, A Child and Family Assessment developed in Minnesota in 2008, focus on Neurobiology, Executive function, Attachment, Trauma, and Self regulation. One of the drawbacks of this assessment tool is to have the knowledge in the neurological functions.
- Framework for the Assessment of Children in Need and their Families implemented in England in 2001. This is a structured interview assessment tool that has been given solid recommendations by Department of Health, London, England (Miller & Corby, 2006)
- A Practitioners' Tool for Child Protection and the Assessment of Parents, first designed in 1988 and first published in the United Kingdom in 2003. A checklist assessment method that could be useful in gathering general information from the client (Fowler, 2003).
- Project AIMS Developmental Indicators of Emotional Health, developed in 1990 with three additional updates with the last update being in 1996. AIMS is a structured interview assessment tool for use with parents that have children birth to five years of age. (Partridge & Marsh, 1996)

Methods

1. Conducted a search of articles published between 1980-2009.
2. Electronic search in a number of social science databases including PsychInfo, Sage, Academic Premier, Science Direct, ProQuest, Science Direct and ASSIA.
3. Internet search sites Google Scholar, Dogpile, and Bing.
4. Minnesota State University, Mankato Library Reference Section, Human Services (HV) Section, Psychology Section
5. Sort through the vast amount scholarly information to find a structured interview assessment tool that is a reliable and valid instrument on parenting.
6. Discussion with Field Supervisor
7. Discussion with Harbor House manager
8. Discussion with peers in Seminar
9. Attended MSSA in Bloomington for workshops on behavior development and implications for treatment.

Results

The adoption of the Project AIMS assessment tool, that was developed in 1986 with a five-year federal funded collaborative agreement with fourteen member multidisciplinary instrumentation team (Partridge & Marsh, 1996), was selected for this project. This assessment of parenting skills tool uses open ended questions that explores the parents knowledge, skills and abilities of parenting. The assessment tool covers the child, parent, and family issues from the strengths perspective. A Parent Questionnaire has been developed that blends nicely with the structured interview. No public study on this assessment tool could be found. Feedback from organizations like Albert Einstein College of Medicine, Bronx, NY, Dartmouth-Hitchcock Medical Center, Boston City Hospital, Boston University School of Medicine, Maine Medical Center, Family Practice in Portland, Maine, State of Vermont, Department of Social and Rehabilitation Services and Child Care Services of Vermont all had positive remarks (Partridge & Marsh, 1996). The AIMS assessment was developed to be compatible in health, education and mental health professions. Focus is on the emotional well being of families with small children. Interventions that address the family strengths and their support systems are addressed with this assessment tool. Cultural competency, beliefs, values, and standards of clients are openly discussed with the AIMS assessment. The AIMS can be used by all therapist in a urban or rural setting.

Conclusion

The clinical interview assessment holds the greatest potential for understanding the client substance abuse dynamics. Having an assessment tool like the AIMS will provide the therapist with a 3D picture; finding the strengths and the weakness of the client. The AIMS assessment tool allows the therapist to meet the requirements of Minnesota Drug Court along with the confine of adhering to the Social Work Code of Ethics. The advantage of having the structured interview assessment allows the client to express her emotions with the facts of the event and have the therapist listen reflectively with the ability to develop goals together.

Acknowledgment

To Kris Shoen, LICSW of Sioux Trails Mental Health Center, Fairmont, Minnesota, thank you for all your time in supervising my practicum.

To the clients that shared their life story and allowed me to be part of their healing.

To my peers and field instructor Robin Wingo, LISW for sharing in their thoughts during Seminar.

To my advisor, Dr. David Beimers for all of his endless hours of support.