



# ASSESSING PARENTAL CAPACITY

IN THE CASE OF CHILDREN WITH NON-APPARENT DISABILITIES

WHAT WE  
WILL  
DISCUSS  
TODAY

SYMPTOMS OF COMMON “NON-APPARENT” DISABILITIES  
THEIR CHALLENGES  
GOOD, IMPERFECT & UNSAFE PARENTING  
ASSESSING PARENTING CAPACITY SPECIFIC TO DISABILITY

A 3D rendered figure, possibly a person or a character, is shown from the waist up. The figure is holding a large magnifying glass with a red handle. The magnifying glass is positioned over a black rectangular text box. The figure's head is partially obscured by the top of the magnifying glass. The background is plain white.

# WHAT ARE “NON-APPARENT” DISABILITIES

# KNOWING THE LINGO

- INVISIBLE DISABILITY
- NON-VISIBLE DISABILITY
- HIDDEN DISABILITY
- NEUROTYPICAL, DIVERGENT, DIVERSE
- PERSON FIRST VS. DISABILITY FIRST
- NON-VOCAL, NON-VERBAL
- NEUROTRANSMITTERS – DOPAMINE, SERATONIN, NOREPENEPHRINE

IMPLICIT  
BIAS IN  
PEOPLE  
WHO ARE:

**AWARE**

LOW EXPECTATIONS  
LIMITED OPPORTUNITIES  
STEREOTYPING  
UNEQUAL TREATMENT  
ASSUMPTIONS

**UN-  
AWARE**

Hmm, they "look normal"  
TOO HIGH EXPECTATIONS  
THOUGHT TO BE LAZY, WEIRD,  
STUPID, DEFIANT

# POPULATION VULNERABILITY

According to WHO,  
children with  
disabilities are 4 X  
more likely to  
experience violence

Limited reporting

Easily exploited and  
groomed

Abuse and sexual  
abuse rates higher

Sex trafficking

Intersectional  
vulnerabilities –  
disabled and otherwise  
marginalized

## SO, WHAT ARE COMMON DISABILITIES?

ADHD

AUTISM  
SPECTRUM  
DISORDER

LEARNING  
DISABILITIES

MENTAL  
HEALTH

SENSORY  
PROCESSING

FETAL  
ALCOHOL  
SYNDROME

# ADDITIONAL CONSIDERATIONS



EPILEPSY



CHRONIC ILLNESS  
(DIABETES, CROHN'S,  
MS, LUPUS)



TBI (TRAUMATIC  
BRAIN INJURY)



CHRONIC PAIN



AUTOIMMUNE  
(RHEUMATOID  
ARTHRITIS,  
HASHIMOTOS, CELIAC)



LIFE-THREATENING  
ALLERGIES



# ADHD: ATTENTION DEFICIT HYPERACTIVITY DISORDER

Hyperactive/Inattentive/Combined

Hyperfocus when interested

NOT A BEHAVIOR CHOICE

NEUROLOGICAL – LACK OF  
DOPAMINE/NOREPINEPHRINE

## CHALLENGES :

- SEEN AS DEFIANT, LAZY, WILFUL
- DIFFICULTY WITH ORGANIZATION, PLANNING, LOSING THINGS
- LOW SELF ESTEEM
- MAY ALSO HAVE LEARNING ISSUES
- OTHERS FIND THEM ANNOYING
- NEED A LOT OF SCAFFOLDING
- Transitions are difficult
- May sensory seek/avoid

# AUTISM SPECTRUM DISORDER

DIFFICULTY WITH  
SOCIAL CUES

UNDERSTANDING  
EMOTION IN  
OTHERS

RESTRICTIVE,  
REPETITIVE  
BEHAVIOR

LANGUAGE ISSUES  
(LITERAL)

SPANS  
“SPECTRUM” -  
NON-VOCAL TO  
HIGH IQ

STIMMING  
BEHAVIOR



## CHALLENGES :

- SEEN AS ODD, RIGID, SOCIAL OUTCAST
- MAY HAVE FEW FRIENDS
- HIGHLY ANXIOUS, SENSORY SEEKING/AVOIDANT
- MAY ALSO HAVE LEARNING ISSUES
- COMMUNICATION MAY BE DIFFICULT WHEN YOUNG, CAUSING OUTBURSTS
- NEED A LOT OF SOCIAL SKILL DEVELOPMENT
- TRANSITIONS HARD

# LEARNING DISABILITIES

READING - DYSLEXIA

WRITING - DYSGRAPHIA

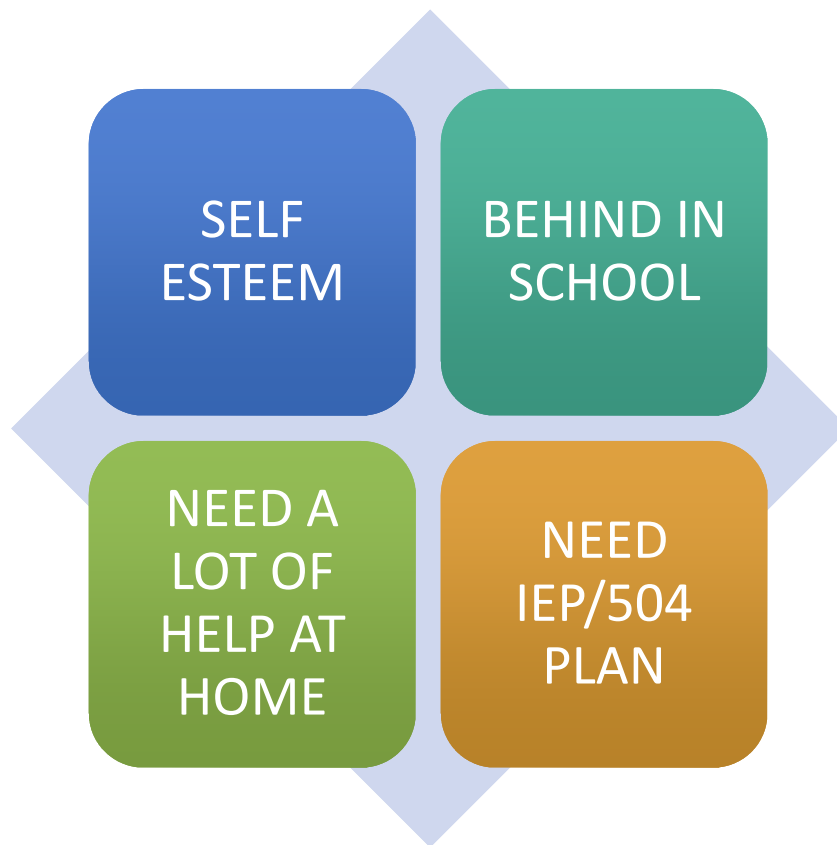
MATH – DYCALCULIA

MOVEMENT– DYSPRAXIA

AUDITORY, VISUAL PROCESSING

SPEECH & LANGUAGE

## CHALLENGES :



# MENTAL HEALTH

01

ACCORDING TO CDC, 1 IN 6 CHILDREN 2-8 YO HAVE A DX'D MENTAL HEALTH DISORDER

02

ADVERSE CHILDHOOD EVENTS CORRELATE TO HIGHER RATES IN CHILDREN

03

INDICATORS OF POSITIVE MENTAL HEALTH: AFFECTION, RESILIENCE, CURIOSITY, SELF-CONTROL, POSITIVITY

\* <https://www.cdc.gov/childrensmentalhealth/data.html>

# ADVERSE CHILDHOOD EXPERIENCES

- Did you feel that you didn't have enough to eat, wore dirty clothes, had no one to protect you?
- Did you lose a parent through divorce, death or otherwise?
- Did you live with someone who was depressed, mentally ill, attempted suicide?
- With anyone who had a substance abuse problem?
- Did adults in your home assault or threaten each other?
- Did you live with anyone who went to jail/prison?
- Did an adult in your home swear at, insult you, put you down?
- Did an adult in your home assault you?
- Did you feel no one loved you or thought you were special?
- Did you experience unwanted sexual contact?



# ACES RESULTS >3



# MENTAL HEALTH

DEPRESSION

ANXIETY

OCD

BIPOLAR

TRAUMA

COMPLICATED GRIEF

SUICIDAL IDEATION

SUBSTANCE  
ABUSE/DEPENDENCY

# BRAIN AND NERVOUS SYSTEM

- Brain constantly scanning for safety & danger, comparing scan to database of experiences
- Lots of false readings based on sensory input.
- Send unhelpful alarming messages, all for sake of survival
- Hijacks nervous system
- Blocks access to frontal lobe – critical thinking area
- Blocks access to hippocampus – memory area
- Floods body with cortisol, adrenaline – exhausting, bad for long term health

Brain constantly  
scanning for safety  
& danger,  
comparing scan to  
database of  
experiences



- False readings based on sensory input.
- Sends unhelpful alarming messages, all for sake of survival



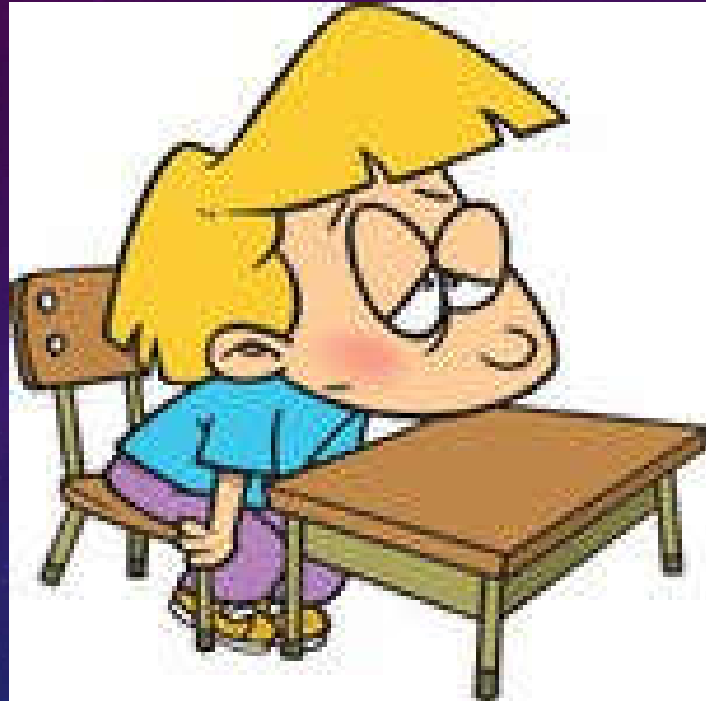


Hijacks  
the  
nervous  
system



- Blocks access to frontal lobe – critical thinking area
- Blocks access to hippocampus – memory area





◀ Floods body with cortisol, adrenaline – exhausting, bad for long term health



## CHALLENGES :

THOUGHT TO BE FAKING, EASILY CONTROLLABLE

PRESENTS IN CHILDREN DIFFERENTLY (ANGRY, TIRED)

RISK OF SELF HARM

CO-OCCURRING CONDITIONS MAKE DX DIFFICULT

FAMILY STRESS

DELAYED/ARRESTED DEVELOPMENT

# SENSORY PROCESSING DISORDER

HYPER/HYPO

SEEKING -  
AVOIDANT

MOTOR SKILL  
ISSUES

TRANSITIONS  
HARD

SLEEP ISSUES

## CHALLENGES :

AVOIDANCE

DAILY ACTIVITIES ARE DIFFICULT

INFLEXIBLE ENVIRONMENTS (SCHOOL, STORES, AIRPORTS)

SOCIAL ISOLATION

ACADEMIC CHALLENGES

FAMILY STRESS

ACCUSED OF FAKING

# FETAL ALCOHOL SYNDROME

FACIAL  
DIFFERENCE

CNS  
PROBLEMS

GROWTH  
DEFICIENCY

DELAYS

BEHAVIOR

## CHALLENGES :

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EDUCATION - EMPLOYMENT

---

HIGHER RISK FOR LEGAL PROBLEMS

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HIGHER RISK FOR SUBSTANCE

---

MAY REQUIRE LIFELONG SUPPORT

---

ACCESS TO PROPER HEALTHCARE/UNAWARENESS

---

STIGMA, DISCRIMINATION

---

ISOLATION

---

BEHAVIOR CHALLENGES



# TYPES OF PARENTS & PARENTAL CAPACITY



# PERFECT PARENT

- PATIENT & FLEXIBLE
- AUTHORITATIVE – consistent, clear discipline. Structure, routine. Boundaries.
- LOVES UNCONDITIONALLY
- GROWTH MINDSET
- ADVOCATES & COLLABORATES
- PROPER SCAFFOLDING
- ENCOURAGING & INCLUSIVE
- EMPATHETIC
- EMOTIONALLY RELIABLE
- PROPER SELF-CARE

# IMPERFECT “GOOD ENOUGH” PARENT

EASILY  
FRUSTRATED, EASY  
TO ANGER

SAYS YES TOO  
EASILY

OVERDOES FOR  
CHILD

NOT ATTUNED TO  
NEEDS

TOO MUCH, TOO  
LITTLE (DIET, VIDEO  
GAMES, OUTDOOR  
TIME)

UNRELIABLE –  
EMOTIONALLY

UNCERTAIN  
DISCIPLINE

POOR HYGIENE,  
BEDTIME ROUTINE

NOT ATTENTIVE TO  
SCHOOL  
PERFORMANCE





# UNSAFE PARENT

- UNSAFE ENVIRONMENT (LOW SUPERVISION, CHILD EASILY ELOPES, HURTS SELF)
- DISBELIEVES DISABILITY – EMOTIONAL HARM
- DOES NOT FOLLOW TREATMENT PLAN/MEDICATION
- UNRELIABLE – MISSES APPOINTMENTS, DOESN'T FOLLOW THROUGH
- PUNITIVE DISCIPLINE – MAY BE EMOTIONALLY ABUSIVE
- FAILS TO DIAGNOSE/ADVOCATE – CHILDS NEEDS GO UNMET
- EMOTIONAL REJECTION- ATTACHMENT ISSUES LATER IN LIFE
- EXCESSIVE EXPECTATIONS



# FACTORS TO CONSIDER

QUESTIONS TO ASK



# FINANCIAL STABILITY AND RESOURCES AVAILABLE TO SUPPORT THE CHILD'S NEEDS

01

US DEPT OF AG  
ESTIMATES IT COSTS  
\$240K TO RAISE A  
CHILD TO 18

02

IT IS ESTIMATED TO  
COST FIVE TIMES THAT  
FOR A  
NEURODIVERGENT  
CHILD

03

DO THEY HAVE  
FINANCIAL  
RESOURCES TO  
PROVIDE CONTINUITY  
OF CARE?

*From Divorce & the ADHD, Autistic, Anxious Child – Sarcia, M.*

# ASSESSMENT OF THE HOME ENVIRONMENT

- Autistic children often elope. Is home properly secure?
- Kids with ADHD act impulsively – can they keep eyes on child?
- Organization of home. Clean? Cluttered? Accommodating of needs?
- Routines in place? Visible charts, calendars.
- Assistive devices, sensory tools, communication aids – available?

# PRIOR HISTORY OF CAREGIVING AND SUPPORT

Were they actively involved?



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graph TD; A[Were they actively involved?] --> B[If not, are they well-read, taken parenting classes, willing to?]; B --> C[How do they rate their own preparedness?];
```

If not, are they well-read, taken parenting classes, willing to?

How do they rate their own preparedness?

# EMOTIONAL AND PSYCHOLOGICAL STABILITY

Are they experiencing similar grief or trauma?

Do they have patience, empathy, calm demeanor.

Many diagnoses are genetic. Do they have the same diagnosis?



# GUARDIANSHIP STATUS REPORT

## QUESTION #3 - EDUCATION

School Name/address

Grade

Progress, report card,  
attendance, problems, tutoring

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

TELEPHONE NO.: FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

GUARDIANSHIP OF THE  PERSON  ESTATE OF (Name):

**CONFIDENTIAL GUARDIANSHIP STATUS REPORT**

**NOTICE TO GUARDIAN**

# COMMUNICATION AND COLLABORATION WITH EDUCATORS

Met  
with/communicate  
with  
teachers/staff?

Do they advocate  
for or teach the  
child to advocate  
for themselves?

What does it mean  
to them to  
advocate?

How does  
homework  
happen?

Long term  
academic goals?



IEP  
OR  
504 PLAN

Does the child have an IEP or 504 Plan?

Can they explain to you what that is and what the plan accommodates, what are its goals?

When was the last/is the next meeting?

Could they readily provide a copy of the IEP or 504 Plan, if asked, during the course of the interview?

# GUARDIANSHIP STATUS REPORT

## QUESTION #4 - MEDICAL

Medical/dental  
problems

Current with  
immunizations

Names of providers

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	
TELEPHONE NO.:	FAX NO. (Optional):
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	
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<b>NOTICE TO GUARDIAN</b>	

# COMMUNICATION AND COLLABORATION WITH HEALTHCARE PROFESSIONALS

When was last  
appointment?

Do they keep med.  
information about  
disability in an  
organized, easy to  
access fashion?

Same for any  
neuropsychological  
testing.

Medication compliant?

Following treatment?  
Can they describe  
treatment?

# GUARDIANSHIP STATUS REPORT

## QUESTION #4 - BEHAVIOR

Emotional/behavioral problems?

Traumatic events?

Names of therapists?

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	
TELEPHONE NO.:	FAX NO. (Optional):
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
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# PARENTAL UNDERSTANDING OF THE CHILD'S DISABILITY



Do they believe in it?



Do they accommodate it? How?

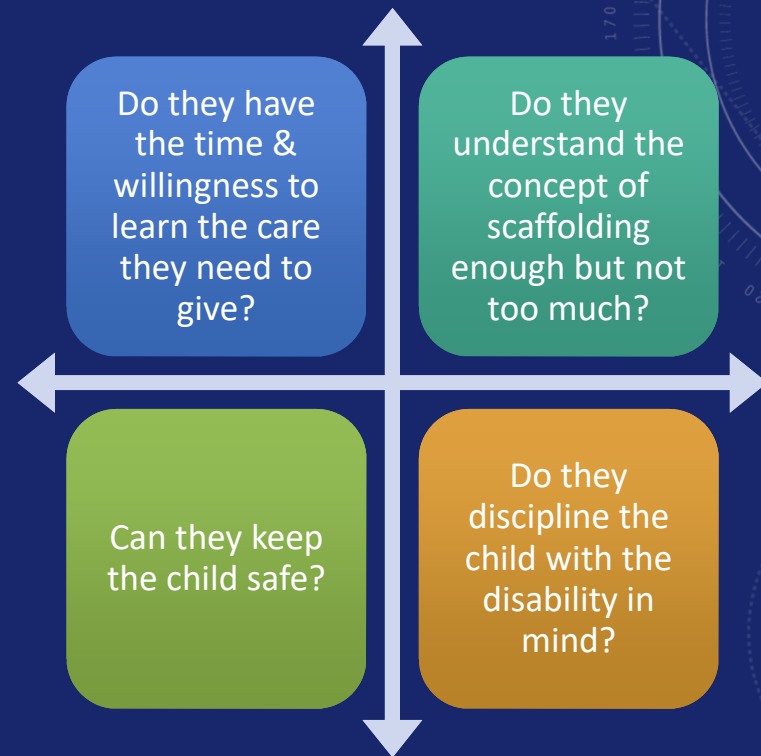


Can they accurately and appropriately describe it to you?



Do they blame the child for symptoms?

# ABILITY TO PROVIDE APPROPRIATE CARE & SUPPORT



# GUARDIANSHIP STATUS REPORT

## QUESTION #4 - ACTIVITIES

Social activities?

Church, cultural,  
recreational?

Goals for the year?

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	
TELEPHONE NO.:	FAX NO. (Optional):
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## SUPPORT NETWORK

- Do they exercise self-care? How?
- If not, do they have a plan?
- Who supports them?
- Groups, community, extended family?
- Signs of burnout?
- What do they do then?





# TYPICAL GUARDIANS & PREVIOUS EXPERIENCE

Sibling

Grandparent

Aunt/Uncle

Friend

# SIBLING CHARACTERISTICS

## Negative

- May feel resentment
- Jealousy
- Parentified – seems mature, but isn't
- Hopes/dreams set aside
- Also grieving
- Not understanding reality of responsibility, length of time
- Isolated

## Positive

- Adaptable
- Sensitivity to injustice
- Strong bond
- Resilient
- Empathetic
- Responsible

# GRANDPARENT, AUNT, FRIEND

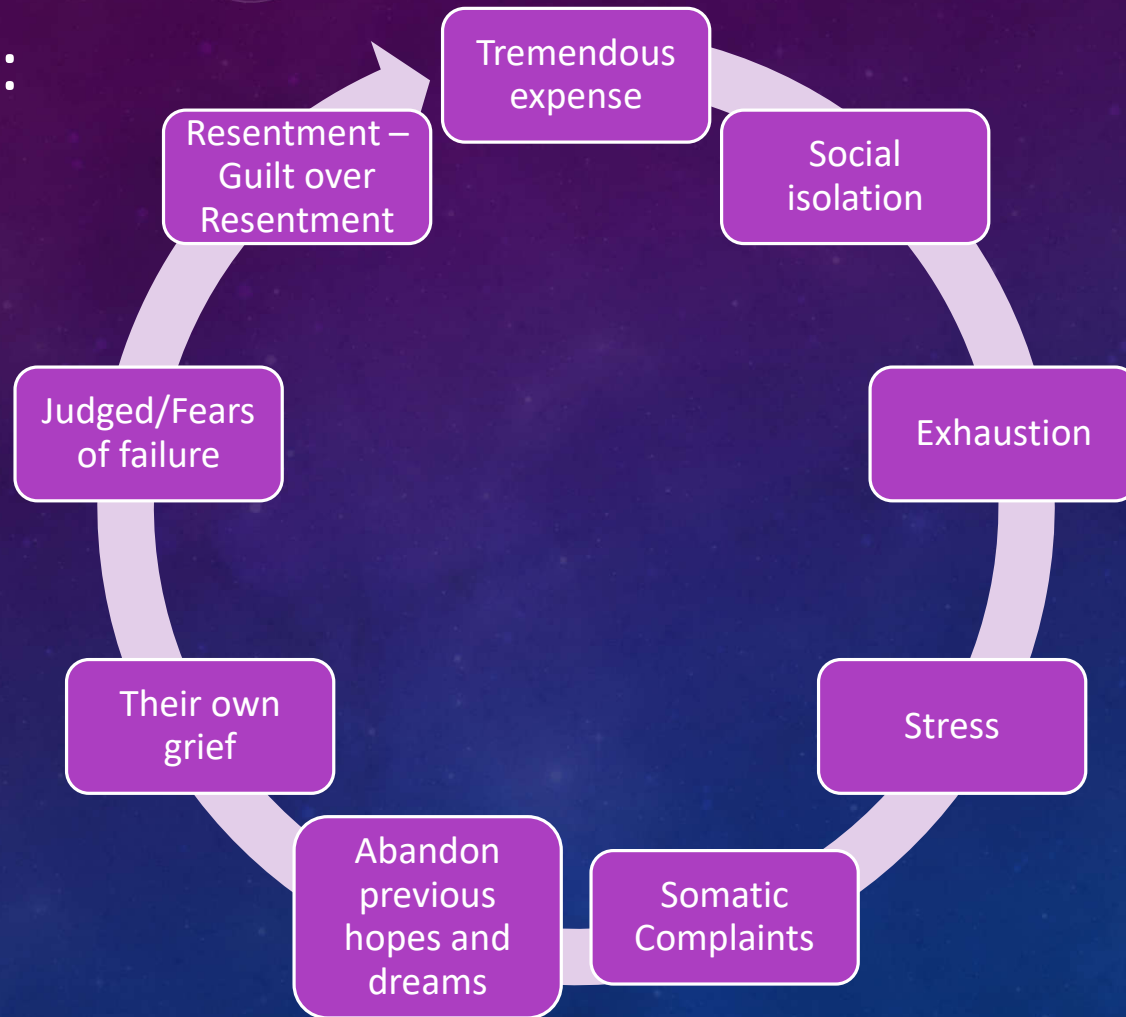
## Negative

- Judgmental
- Overinvolved
- Disbelieves diagnosis
- Unfair expectations
- Difficult relationship w/ parent
- Appears to favor sibling(s)
- Thinks they know best re treatment

## Positive

- Loves unconditionally
- Open to learning
- Emotionally stable – been through it all
- Sense of purpose, helpful
- Second parent
- Inclusive, accepting

# NOW FACING:



From *Divorce & the ADHD, Autistic, Anxious Child* – Sarcia, M.

# CULTURAL CONSIDERATIONS

- Beliefs about disability in general
  - Stigma/shame
  - Family dynamics
- Communication – nonverbal cues, language barriers
  - Alternative treatments
  - Goals/aspirations for child
  - Religious/spiritual beliefs

