



GIL INSTITUTE SERVICE DESCRIPTION

PARENT-CHILD ASSESSMENT (PCA)

Statement of the Problem

There are a number of legal and social circumstances that can precipitate an interest in the type and quality of parent-child relationships. The safety or appropriateness of a parent-child relationship may come into question due to a variety of factors, including: suspected or actual physical or sexual abuse or neglect; parental physical or mental illness that may be temporarily or permanently incapacitating; prior or current substance or drug use/abuse; a history of harsh or questionable parenting practices; and/or periods of separation between parents and children for a wide range of reasons. In addition, children and/or other parents or caretakers may be convinced that children are at risk in the presence of a specific parent. Thus, families can be participating in Juvenile or Family Courts in order to determine whether children's best interests are served by continuing and/or re-establishing parent-child relationships. Mental health professionals are often asked to provide insight and recommendations regarding parent-child interactions and how those manifest the strengths and vulnerabilities in the parent-child relationship as well as the ability and/or willingness of parents to take corrective action and follow therapeutic guidelines in order to re-establish, repair, and enhance the relationship.

Service Description

Gil Institute for Trauma Recovery and Education clinicians are trained and seasoned mental health professionals, working within the context of attachment and child development domains, and well-versed in the topic of childhood trauma and its impact on development and family functioning.



Our parent-child assessments proceed in a structured and coordinated way, ensuring that parents and their children have broad opportunities to say or show their thoughts and feelings about each other, as well as what led to their current situation.

Parent-child assessments are conducted in a variety of settings and for a number of possible reasons, as stated above. The last decade has brought a more focused and scientific approach to assessing parent-child relationships and current assessments include a combination of direct observation, review of collateral information, and the use of validated parent-child relationship instruments that assist clinicians in reporting of behavioral observations in a variety of domains including parental attunement to children's needs, the presence of warm and supportive guidance, limit-setting, guidance and direction, etc.

Gil Institute clinicians have chosen to provide parent-child assessments by observing individual and dyadic interactions as well as asking the parent(s) to participate in the Marschak Interaction Method (MIM, see attached Description of Services for the MIM). Clinicians will use the MIM data to identify areas of strength and vulnerability in the parent-child relationship and will craft treatment recommendations, when appropriate, based on this information. In addition, parents may be asked to fill out paper-pencil assessment forms in order to obtain as much information as possible about parental perceptions of their child and their role.

Service Procedure

Parent-child assessments are structured on a case-by-case basis, sensitive to the needs of young children and guided by the referring question or concerns. Generally speaking, the following steps will occur:

1. Phone or in-person meeting with referring professionals to identify the basic question that drives the need for an assessment;



2. Intake session with parent whose relationship is to be assessed as well as the current caretaking parent (if different person);
3. Coordination with treatment providers to obtain helpful information for determining the best course of action;
4. Clinicians conduct the MIM with parent(s) and the referred child;
5. Clinicians review data in the MIM and organizes data in four domains of engagement, nurture, structure, and challenge;
6. Paper/pencil assessment interviews and reports are scored and integrated;
7. Collateral information is reviewed (e.g., psychological reports on parent and/or child);
8. Clinicians determine the need/benefit of additional parent-child meetings that may utilize family play, cognitive-behavioral, or expressive therapy activities;
9. A parent-child assessment report is written and specific recommendations are made.

The overriding goal of this structured approach is to glean information about the type and quality of the parent-child relationship based on observation, review of collateral information, and data from assessment instruments. Clinicians identify areas of parental strength and vulnerability, and specific recommendations about how to enhance or repair the relationship are provided.

Assessment-Specific Instruments

Clinicians will use their discretion in selecting a range of assessment instruments that might generate useful data to assist in these assessments. Selected instruments may include: Child Behavior Checklist (CBCL); Greenspan's Social-Emotional Growth Chart; Trauma Symptom Checklist for Children / Young Children (TSCC / TSCYC); Parenting Stress Index (PSI); Adult Attachment Interview (AAI); and/or Parent-Child Relationship Inventory (PCRI).



Service Fee

Clinicians conducting the PCA charge their hourly fees and these are agreed upon in the written treatment agreement at the time of intake. Assessment sessions may occur weekly or bi-weekly depending on the specific needs of the child or youth. The specific format, timeframe, and structure will be determined at the outset and may be adjusted if and when deemed clinically necessary. In addition, clinicians and clients will clarify expectations for verbal or written reports.