

The Art in Conducting the Protective Capacity Assessment

Introduction

This is the final article on Protective Capacity Assessment (PCA), at least for a while. Throughout all of the articles that we have published on safety intervention for the past three years, we have not provided any attention on the art side of practice which is related to how you interact with and behave toward a client. More specifically, it involves how you “are” with a caregiver during the PCA process. Well, this month’s article emphasizes that aspect of safety intervention practice, in particular, how you think, feel and perceive things as you conduct the PCA.

We use the term or idea of art on purpose. Traditionally, the profession of Social Work and the field of human or social services have referred to the art and science associated with social intervention. Even debates have ensued over whether social intervention (for our purposes, child welfare or safety intervention) should be more about art or science. It is our opinion that the worker–client interaction aspect of safety intervention and the PCA process should contain a heavy dose of art on the worker’s side.

What do we mean by art? We are thinking of it more in the vein of skill as in the sense “she has that down to a fine art.” This clarification emphasizes something beyond just having a skill—being able to do something. Here we are talking about having the knack for doing it so well it is notable and yields effective, desirable results. A worker has a knack for conducting the protective capacity assessment. He has it down to a fine art. Remember to keep this in mind. Mostly conducting a protective capacity is about how you conduct yourself...how you think, feel and see things as you enter the process...and what you do interpersonally.

This article can only introduce some of what is contained in the art of conducting a PCA—some principles that guide and are useful. Becoming an “artist” in conducting a PCA takes a fair amount of focus, practice, feedback, support from others and heart. The fact is that the art of conducting a PCA is more profoundly affected by what you perceive, feel and what your attitudes are that form who you are as a person who conducts PCAs. But there are principles which qualify what these perceptions, attitudes and feelings should be and/or should take into account.

Principles for conducting the PCA

Principles are based on beliefs, values and assumptions. Principles also are formed by experience...by determining what works. Principles can be considered enduring rules of thumb. Principles flow from but also guide attitude and opinion. Since the PCA is an emerging practice based on a relatively new idea (i.e., caregiver protective capacity), you might think that, similarly, the principles for conducting a PCA were recently identified. Not true. Principles that have guided casework intervention since the 1950’s serve us just as well today in terms of setting forth the rules for conducting the PCA (Biestek, 1957). These principles further help us to understand the art related to conducting a PCA.

There are seven principles for conducting the PCA that should be reflected in a worker’s attitudes, values, beliefs, and behaviors and that can be experienced by the caregiver participating in the PCA process.

Individualization

Every parent or caregiver should be viewed as unique—not as an object; not like any other caregiver you’ve worked with before; not in a class like someone who has a mental disorder or is a methamphetamine user. The caregiver’s absolute personhood should be evident in the unique and creative manner in which you approach conducting the PCA process. When you apply this

principle—when you think and feel this way—you are far more likely to search for the differences apparent in each caregiver. This principle requires you to throw out all the experiences you have had before with respect to how caregivers were in your previous encounters; how they responded; why they were the way they were; what about them brought them into contact with CPS; and what their potential was concerning taking control of their lives. Each new PCA with each caregiver newly assigned to you becomes a fresh, serendipitous opportunity to meet someone unlike anyone you've worked with before. By individualizing a person—seeking the person's unique self—you easily rise above being overly impressed by the outward and obvious facts of the person such as, say, misusing alcohol. You realize that a person is so much more than what she does. So, then, this principle of individualization confronts us to be aware of our own biases and blind spots.

Remember, to the extent that you view each CPS client as the same or even similarly, individualization cannot occur and trust and collaboration cannot develop. You know from reading previous articles on the protective capacity assessment that the adventure you go through with a caregiver is a process of discovery. Even though it is your job to guide that process, it will be most successful when discovery is mutual. It will be most successful when you and the caregiver each move to a place of greater understanding. The hope for that kind of success relies fundamentally on how you view the caregiver. If you begin the process of discovery with a kind of stereotype perception that the caregiver is common and typical rather than unique, you start what you do by closing the doors to discovery.

Purposeful expression of feelings

When something very important to you and your life is at stake, do you want to be heard? We all feel the need to be able to say what we think and how we feel in all important social situations whether we actually speak out or not. Those who we work with during a PCA are no different. The principle “purposeful expression of feelings” should cause us to recognize this critical need and cause us to involve

ourselves with caregivers in ways that encourage and support purposeful expression of feelings. This principle does more though. Otherwise, we'd be talking about something along the lines of venting. By applying this principle, you can create an opportunity for a caregiver to feel safe in the sense of being and acting who they are; being open about how they are feeling; and being forthright about what they think. Caregivers need to know negative feelings are allowed. This is one way of giving some power back to a person, but also we need to remember that unexposed negative feelings immobilize people, and no matter who you are as the ongoing CPS worker or how skillful you are, you represent the larger CPS agency entity and therefore are a source or influence of much client emotion. You must recognize that movement and change can only occur if the caregiver is not immobilized by feelings. Building rapport and beginning the process of engaging the caregiver in the PCA process are enhanced and expedited by the effective application of this principle.

Controlled emotional involvement

This principle applies to your self-control, not the caregiver. What this really means is to be the most effective you can be while conducting the PCA you must be conscious of how you are behaving and anticipate what effect your behavior is having or will have on the caregiver. It does not mean being cold, detached or indifferent but purposeful and responsive to the caregiver's feelings and situation. It includes a sincerity to express yourself as someone who understands and cares yet remains sufficiently objective to maintain clarity for the caregiver and yourself with respect to your authority and responsibility in the relationship.

Controlled emotional involvement defines the nature of the worker–client interaction and the collaborative relationship that hopefully will emerge from the PCA process. Controlled emotional involvement includes a thoughtful application of how you can and will use yourself to facilitate the PCA process. That can include self-disclosure and revelation on your part that contributes to the interaction between you and the caregiver. You must apply this principle while

remaining spontaneous. That's the trick, and it is achievable to the extent that you fully embrace the idea within the principle—effective, conscious use of self. In some ways you might better think of this principle as being something you feel and are rather than something you do.

Acceptance

Do you believe that if you are accepting of me that I am more likely to be accepting of you? Do you believe that if you really expect to form a partnership—to involve me in a collaboration—that you can do that without me feeling fully accepted by you for who I am? What does this principle mean? Acceptance occurs when you concentrate on and accept a caregiver's basic worth as a fellow human being, separate from any behavior or habit or characteristic he or she may exhibit. This means taking caregivers as they are with all their positive and negative attributes.

You can demonstrate acceptance in a number of ways; however, acceptance is communicated most effectively nonverbally than verbally. Think about that. If demonstrating to a caregiver that you accept them is most effectively accomplished nonverbally, then surely how you feel and what your attitudes are related to caregivers at large and any caregiver in particular are far more associated with this principle than your behavior or skill. In effect, your feelings and attitudes about caregivers give form and meaning to how you act and what you say. Therefore, you should be sensitive to and resolve areas of any bias or pre-conception you have about caregivers prior to meeting with them.

Nonjudgmental attitude

Now here we have a principle that actually is related to or, maybe we should say, influences the application of another principle. Acceptance might be considered a kind of overarching attitude and value you display during the PCA, and being nonjudgmental is a minute by minute expression of that acceptance.

When expressed, the nonjudgmental attitude does not assign good or bad, failure or success, guilt or innocence. Such an attitude is influenced by an understanding of and appreciation for what has brought the caregiver to the current circumstances. The nonjudgmental attitude recognizes that all behavior is purposeful and through that idea looks beyond the surface of the person or the situation. This principle is difficult to maintain because we often fool ourselves. We assume that we do not transgress because of our beliefs and interest about doing good, yet we fail to see that we may let our morality and ethical code express itself covertly.

Before leaving this principle, and also as related to the principle concerned with acceptance, let's focus on the notion of difference and similarity. If you were to rate where you'd locate yourself on a scale of similarity or difference with caregivers, where might you place yourself? Go ahead. Identify the number that best reflects how you feel about yourself in relationship to being more or less like caregivers involved in CPS and in the PCA.

In comparison to caregivers involved in a PCA, I see myself as:					
Very <u>Similar</u>	Somewhat <u>Similar</u>	A Little <u>Similar</u>	A Little <u>Different</u>	Somewhat <u>Different</u>	Very <u>Different</u>
0	1	2	3	4	5

Now think about what caused you to evaluate this the way you did. Were you thinking that you do not have others interfering in your life, that no one is concerned or raising questions about how you conduct your life or parent your children? Were you thinking that you are educated, fully employed, own your own home? Did it occur to you that you are not using substances, are not a victim of domestic violence, do not have long-standing social or emotional problems? Did you think that you identify with the life challenges and dilemma that the caregiver experiences? Were you thinking that you have similar needs, interests,

hopes and dreams? Were you inclined to judge how similar you are to caregivers based on larger ideas such as the common state all humans share? Did it possibly occur to you that you would feel similar to a caregiver if you felt your power and autonomy had been taken away? Did any feelings you have as a parent occur to you as similar to what a caregiver that you are working with likely feels?

Arthur Combs, a Humanistic Psychologist and educator, completed a lot of research on the differences between good and poor helpers in years past. He found that one of the attributes of the good helpers is that they identify with the masses (all people rather than, say, their tribe), and they see themselves as more like others than different. These broader points of view and values that guide us with respect to social association are foundational in terms of having or not having the need to judge others. Also it is these underlying things that result in our identifying with others and their circumstances and results in us being more accepting of them.

Caregiver self-determination

The concept of self-determination is a cornerstone of the PCA and, in effect, all of ongoing treatment intervention. Self-determination refers to the right a caregiver has to select choices, to make decisions, to chart her own course, to do what she wants. Caregivers involved with CPS have this right. Do you believe that caregivers have the right to pursue their choices and determine their life experience? Lots of folks within the child welfare field assume or believe that the concept of self-determination does not apply because of the inherent legal authority which can be invoked to coerce the client. But you know...it really is not true that outside authority, government, courts and judges take away choice from anyone. At some level, we all have choices no matter what our circumstances. It is so that the choice about actions and consequences remains and endures with caregivers. The PCA is effective when you recognize that caregiver self-determination must be apparent as evidenced in client motivation, client participation, and mutuality between you and the caregiver. Applying this

principle requires caregiver involvement to assure that the PCA process is caregiver-centered and that caregivers are invested in participating. As caregivers are encouraged to exert this right to self-determination, you can be most helpful by providing realistic interpretations about what the likely consequences of choices might be.

Confidentiality

We thought about renaming or emphasizing the trust component of this principle. But even though the idea of confidentiality is a slippery slope when it comes to CPS, we decided that it was more important to confront the importance of belief and attitude about the significance and importance of keeping secrets. Also we decided that since CPS cannot keep all the secrets a caregiver might share, you must figure out how to reinforce your respect for and interest in keeping secrets while being prepared to say when and about what that may not be possible. This principle is based on the notion that clients "own" all the information which is about them. You must consider this issue not only in terms of what caregivers may want to keep private, but also in terms of what information you can provide to the caregiver.

In terms of the PCA, this principle applies to concepts that underpin collaboration, partnership and engagement: privacy/secretcy, trust, and intimacy. So that brings us back to the key issue within this principle that we wanted to emphasize. You can expect that there is a direct association between trust that exists between you and the caregiver and the level of discovery and mutuality (understanding jointly reached) achieved during the PCA. Certainly trust is influenced by all the principles covered in this article but, specifically, it is built by the appreciation you have for a person's right to have information about her respected as sacrosanct. Do you know what that means? These are the words that describe how we all should feel about the information that we expect or hope a caregiver will reveal about themselves: respected, valued, honored, well-

regarded, and recognized (in terms of the meaning and importance it holds for the caregiver).