

The Protective Capacity Assessment: More of a Process of Mutuality and Discovery than an Evaluation

Introduction

The Protective Capacity Assessment (PCA) is a structured, interactive process that is intended to build partnerships with caregivers in order to identify and seek agreement regarding what must change related to child safety and to develop case plans that will effectively address caregiver protective capacities and child needs.

The PCA is a “people process,” not an evaluation. Case plans should be an end product of a “people process” occurring between a CPS worker and a caregiver that represents the conclusion about what ought to be done to restore the caregiver to the role and responsibility of protecting his or her children. You could say that the PCA is concluded by a case plan. In effect, the PCA and case plan exist within the same worker – caregiver work process continuum. An ongoing CPS worker launches the continuum at one end by employing the results of the investigation in considering impending danger threats and diminished caregiver protective capacities and concludes the continuum when that worker and the caregivers agree on what must change and how best to approach achieving that change (which is then documented in the case plan).

The Thinking behind the PCA

The PCA involves a bunch of (people and interaction) objectives designed to move everyone closer to agreement about what must be done to restore caregivers to their protective role and responsibilities. It is important to understand that these objectives – what is done during the PCA process – occur primarily to determine what caregiver behavior must begin to occur routinely in order to restore a caregiver to their protective role and responsibilities. Think of it this way: The PCA is how CPS identifies with a caregiver what the caregiver

must do in order to resume authority over his or her family and get rid of CPS. This is pretty straightforward stuff. You might say that the PCA is concerned with the thinking, feeling, and behavioral characteristics of parents and caregivers that, when enhanced, make it possible for them to be in charge of keeping their kids safe by themselves or with assistance from people other than CPS. This approach to “assessment” seems a lot easier than more complex approaches to case plan assessments. The PCA is not concerned with revealing primal cause – effect chains; does not explore unresolved conflict; does not necessarily determine underlying need; and is not centrally focused on unmet need.

The concept of enhancing diminished protective capacities acknowledges that generally most parents and caregivers possess the capacity to be protective. In many instances, parents and caregivers have and demonstrate some effective, enhanced, operating characteristics or protective capacities that are associated with being protective. However, just as often, many of the same parents and caregivers operate with diminished protective capacities. A diminished protective capacity does not necessarily mean that the capacity is absent; it may just be turned down or turned off. Parents and caregivers get tired. Their abilities are reduced or lessened. Maybe what parents or caregivers are capable of has not ever been fully developed. Caregivers can be in a weakened state because of things influencing them such as stress or substance use or emotional despair. Here’s our point. Things you do when conducting a PCA enable you and the caregiver to better understand and do something about what is going on concerned with impending danger, the need for protection, and the role and responsibilities the caregiver has to provide protection. The idea is: *Let’s talk about how you can always protect your kids from any kind of danger without us (CPS) being involved with your family.* Let’s simplify this. The approach to change beginning with the PCA:

- identifies and reaches agreement about diminished caregiver protective capacities.

- reaches agreement about what must change for children to be safe through discussions about impending danger and caregiver protective role and responsibilities.
- encourages caregivers to invest themselves to participate and work toward changes.
- reaches agreement about how to enhance diminished caregiver protective capacities.
- joins with caregivers in all efforts to enhance diminished protective capacities.
- focuses services and activities and support on enhancing diminished protective capacities.
- measures progress toward enhancement and restoration of the protective role and responsibilities.

The PCA as a Process of Mutuality and Discovery

It's always a good idea to pick things apart to understand them as a whole idea. Let's do that with the concept of *a process of mutuality and discovery*. A process, as referred to here, should cause us to think about a method or way of doing things but also should be considered a progression or development. It would be a good thing if assessments occurred in CPS in ways that represented a method whereby understanding and common commitment progressed and developed as a result of how the assessment occurred.

The idea of mutuality promotes that a worker and a caregiver are yoke fellows in the process – working with heads together, hand in hand to figure out how to get the caregiver back in charge of his or her family and responsible for protecting his or her children. When the PCA achieves mutuality, the side products are similar thinking between workers and caregivers; worker empathy for caregivers and caregiver appreciation for the worker's task; and “fellow feeling.”

Well, everyone knows what discovery is, but let's think about it a bit rather than taking discovery for granted as part of the PCA. First of all, there is a crucial attitude expressed in elevating discovery over evaluation as an attribute of the PCA. “Discovery” occurs when people enter into the process with no preconceived ideas about what will come out of the work together. Discovery occurs as a result of openness. One person's interest in discovery, say, a CPS worker, can stimulate the desire for discovery by another person, say, a caregiver. Discovery is about enlightenment, not labeling or fault finding; it is about breakthroughs in understanding and solution seeking.

Mutuality and Discovery Questions

The beauty of the PCA is how it focuses attention on discovering a direction for ongoing CPS that is mutually acceptable to you and the caregiver. Of course, the focus is limited by the definition of unsafe: *A child is unsafe when there is present or impending danger and insufficient caregiver protective capacities to assure the child is protected.* The focus is maintained by remembering that there are only a handful of questions that must be raised, dealt with, and answered during the PCA. Remember, however, that there is an objective to reach mutuality concerning these questions for it is through shared agreement and perspective that better solutions are identified; that greater commitment to achieve success is likely; and that clearer direction results about where ongoing CPS is headed and toward what end.

How these questions are introduced into the PCA mix is related to a) where the caregiver is when the PCA begins (readiness), b) the various steps that are outlined below as related to how the PCA can be conducted, and c) your personal skill and proficiency for conducting guided conversations and moving the caregiver through the PCA process.

Here are the questions that are most pertinent to the PCA. While you may pose the questions, both you and the caregiver must work at answering them, hopefully, toward a position of mutuality as we've discussed above. These are all "what" questions; there are no "why" questions. These questions have to do with threats or caregiver protective capacities.

- What is happening that requires CPS involvement?
 - What is the threat?
 - What have you been doing?

- What must be different?
 - What must you do?
 - What can you do?
- What are you willing to do?
- What will be necessary for you to do what you must do?

The CPS Worker as the Guide

Being helpful is a pretty good thing; being helpful leaves us with pretty good feelings. As a CPS worker, you facilitate the PCA process as a guide to achieving mutuality and discovery for yourself and for the caregiver. That's being pretty helpful, don't you think? It is for that reason that the PCA process (as a procedure) is laid out with steps that you apply to guide yourself and the caregiver toward the discovery about what must be done to restore the caregiver to the protective role and responsibilities. The steps are pretty easy to understand and, of course, a bit more complicated to carry out proficiently. But you can carry out the steps pretty well with concentration, practice, commitment, and experience. There are four steps: preparation, introduction, discovery, and case planning.

Preparation

The PCA actually begins the moment a case is transferred from investigation or initial assessment to ongoing CPS. The first thing that occurs is a careful reading of all documentation that justifies why CPS is involved with a caregiver and his or her family: investigation documentation, safety assessment, safety analysis, safety plan, service documentation that supports the investigation.

Informing yourself should always include a discussion with the investigation worker.

The second thing is to fully understand the impending danger and all that is associated with it. Remember, children are unsafe because of the presence of impending danger and insufficient caregiver protective capacities. So you've got to have clarity about what is or is not occurring concerning caregiver protective capacities – both those that are working and those that are reduced.

The third thing to do is plan how you will conduct the PCA. Probably, in most places, a PCA must be drawing to a close within 30 days or so; the process likely is best when it includes several opportunities for face-to-face work with caregivers. What happens during those 30 days and at each face-to-face opportunity should be anticipated, should be thought through. This includes the physical location and setting where contacts will occur; how to initiate and conduct conversations; how to respond to caregiver concerns; and, it could include, who else might be worth involving in the process.

Introduction

This step is more involved than introducing yourself. The second step in the PCA process (or the first step that actually involves the caregiver first hand) introduces what the PCA is specifically and what is to be expected during ongoing CPS generally. Certainly, there are expectations about what information is to be covered during the introduction, but it is crucial to begin things based on “where the caregiver is.” The place you begin is to find out and respond to what is going on with the caregiver: what she is feeling and experiencing; what is on her mind; what is important to her; what her concerns are; where she is investing her attention; what she wants to talk about; and what her perceptions are of how things have gone so far during CPS intervention.

The introduction includes establishing “the lay of the land”; describing the reality of why and how CPS is involved and what the status of that involvement is; what your specific role is; what can be expected in terms of ongoing CPS in relation to what you do and what might be expected of the caregiver.

The introduction should emphasize the rights of caregivers. Any matters involving court should be reviewed, explained, or re-explained. Caregiver rights can be discussed within a broader context that includes legal rights, ethics, and fairness; CPS authority and obligations; caregiver self-determination; latitude, boundaries, and consequences concerned with caregiver decision making and choices. Conversations about rights might occur as a part of consideration of the anticipated worker-caregiver relationship or may actually prompt a specific focus on the most desirable way of working together.

An objective during the PCA is to forge a worker-caregiver partnership. Already in this article, we’ve emphasized the idea of agreement, mutuality, collaboration, and common connection. So the introduction occurs with expressed efforts to engage caregivers from two perspectives: 1) engage caregivers in the PCA and change process, and 2) engage caregivers in a partnership.

During the introduction, you introduce a discussion that reviews impending danger – threats to child safety that were identified during the initial assessment. At this point in the PCA process, the discussion is to result in some understanding of the caregiver’s perception and agreement about the danger his or her child is in. Given the definition of an unsafe child, it follows that this discussion should move into considering a caregiver’s point of view and reaction about his or her responsibilities and behaviors concerned with impending danger. This discussion begins clarifying the degree of mutuality that exists between you and the caregiver.

The introduction step – which by the way may take more than one visit – concludes with a conversation about how best to conduct and complete the PCA.

Since you have an objective to establish a partnership and since you are seeking mutuality at most every turn, doesn't it make sense that the plan for conducting the PCA should be created together with the caregiver? Having some ideas that can be suggested is a supportive way to get this conversation going, but your interest should be toward including the caregiver as a co-author of the PCA process plan. The effort to create a commonly developed PCA process plan ought to include some consideration and confirmation of the commitment the caregiver is willing to make to participate with you according to what the two of you have agreed to as the best way to proceed.

Discovery

Discovery is where most time is invested. The general purpose of this step of the PCA is to arrive at a mutually agreeable decision about what must change with respect to impending danger and diminished caregiver protective capacities. A specific purpose is to determine what a caregiver is willing to do, what he or she is willing to work on – to commit him or herself to during ongoing CPS.

Discovery should be as much about what is going on that is terrific and working as about those things that just simply have to occur differently. You know it is so important to all of us to maintain a presence of mind that there are things that we are doing that are right, good, and have merit. It's that sort of stuff that provides support to caregivers, encourages them, and can be relied on to help motivate caregivers and contribute to success.

Keep it simple during this PCA step. Sure there are lots of things that you or the caregiver could talk about and maybe even do something about. But the reason for the PCA is child safety. Keeping it simple means reaching mutual agreement that the children are unsafe because of family conditions, behavior, emotion, attitudes, perceptions, motives, situations (and so forth) and that is the reason CPS is involved with the caregiver. Keeping it simple means reaching mutual agreement concerning what a caregiver will and can do about those things

that impinge on a child's safety. Keeping it simple means identifying what contributions caregivers will make in order to be restored to their rightful place as the providers of protection for their children.

Case Planning: How to Restore Caregivers to the Protective Role

We've said that a case plan is simply a natural product of the person-to-person process that occurs through conversations, mutuality, and discovery during the PCA. So, the last step of the PCA is deciding "what are we going to do?" All the thinking, feeling, and talking that occurs within the PCA process brings you and the caregiver naturally to conclusions about:

- *What is going on now* (i.e., safety threats, diminished caregiver protective capacities, and the relationship of these to each other).
- *What must change* (i.e., reduction or elimination of safety threats, enhanced diminished caregiver protective capacities, situational changes, changes in caregiver behavior influencing protective capacities).
- *What must eventually exist* (i.e., in order to establish a safe home, to restore caregivers to the protective role, for CPS to be complete).

This can be understood using a simple illustration: Consider a case in which 1) a vulnerable child is often left unsupervised (*what is going on now*); 2) the caregiver must recognize threats to child safety, control her behavior and impulses, plan better for her child's supervision (*what must change*); and 3) the child must always be supervised by suitable, responsible adults (*what must eventually exist*).

Wrap-Up

Our attempt this month has been to build on the previous month's article about the Protective Capacity Assessment by emphasizing concepts and structure that demonstrate the efficient, straightforward, caregiver-oriented method that the PCA can be. We believe that the ideas and procedures that form the PCA are somewhat easier to grasp and even implement than other case plan assessments. However, we do not minimize the challenges you face regarding the interpersonal skills that you have to call forth to engage caregivers, conduct meaningful conversations, achieve mutuality, and, finally, arrive at common conclusions and commitments. The effective application of interpersonal skills and techniques and how to conduct guided conversations are not easy and can be quite difficult depending on how caregivers respond to CPS intervention. Next month we'll continue this series on the PCA by devoting some time to the interpersonal side of conducting the PCA. Stay tuned.