

The Protective Capacity Family Assessment (PCFA)

Principles of Facilitation

December 2009

Who does CPS serve and toward what end? In a safety intervention practice model the answers to those questions are clear. CPS serves families in which children are not protected from danger by their caregivers. The mission of CPS is to identify and protect endangered children in a permanent living situation. The objective of CPS is to restore caregivers to their role and responsibility for protecting their children. This is accomplished by enhancing their caregiver protective capacities.

Introduction

This month we begin a series of articles devoted to the Protective Capacities Family Assessment (PCFA).¹ It is our impression that the significance that the concept of caregiver protective capacities offers in defining and structuring CPS intervention remains underappreciated.

Our intention over the next months is to get down to the “nuts and bolts” with respect to how a worker thinks, behaves and interacts with a caregiver when facilitating the PCFA. For the next couple of months we will cover in detail what you do, what you don’t do, what you say, and what you don’t say in order to facilitate the PCFA process.

The series will conclude with reviews of real life worker PCFA performance on cases as conducted by supervisors and program directors. So the idea is that first we cover how you should facilitate a PCFA and then look at examples of how effectively PCFAs can be accomplished by workers like you.

¹ There are several articles concerned with caregiver protective capacities and the Protective Capacity Family Assessment in the archives (August 2005, September 2005, October 2005, November 2005, March 2006, July 2008). What is unique about this month’s article and those that follow is a greater and more precise emphasis on interpersonal skills.

It is crucial to emphasize that the PCFA is not a traditional evaluation which examines all kinds of domains, need areas, functioning, etc. It does not require you as a worker to perform an appraisal, identification or listing about what is wrong with the family and what should change. The PCFA departs from traditional assessment methods by not having a set number of areas of assessment associated with family functioning in general. The focus is exclusively on caregiver protective capacities and things that are influencing those capacities. Rather than an assessment in the traditional sense, the PCFA is an interpersonal process facilitated by a CPS worker in order to arrive at a mutual discovery about what can and ought to change related to diminished caregiver protective capacities. The mutual discovery occurring between you and the caregiver is concerned with understanding behavior that isn't working (related to protecting a child) and developing behavior that will work (related to protecting a child).

With that brief qualification of the PCFA compared to other CPS case planning related assessments, we will begin with a bit more on explaining the PCFA before launching into facilitation principles.

Definition

The Protective Capacity Family Assessment (PCFA) 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 meet child needs.

What is so important to realize is that the interpersonal business occurring between you and the caregiver is entirely associated with caregiver protective capacities—both those that are enhanced and working and those that are diminished and in need of adjustment. This means that the most important concept and area of attention for CPS and, therefore, the PCFA is the enhancement of diminished caregiver protective capacities. Pause to think about

that for a bit. Doesn't that bring a tremendous amount of focus and clarity to ongoing CPS and planned treatment services?

The purposes of the PCFA are:

1. To engage caregivers in a collaborative partnership for change
2. To facilitate caregivers in identifying their own needs in relationship to their capacity to protect
3. To facilitate caregivers in identifying the needs of their children and in committing to meet those needs
4. To facilitate caregiver self-awareness and mutual worker-caregiver agreement regarding what must change to return caregivers to their protective role and to create a safe home
5. To facilitate involvement of caregivers and children (as appropriate) in the development and implementation of change strategies (case plans).

What you may notice in the definition and purposes are no references to a CPS professional independently arriving at conclusions about someone, labeling problems or needs, venturing widely off into evaluating caregiver or family life, or deciding independently what must change. What are evident are the intention, effort and process of discovering and understanding what isn't working for a caregiver in terms of protective capacities and collaborating on what to do about it. It becomes clear that effective PCFA work relies heavily on your interpersonal skills to facilitate that discovery process.

Stages of PCFA

Keep in mind that the PCFA is a people process facilitated to achieve discovery and mutual agreement about what diminished caregiver protective capacities are in need of attention. The process is comprised of four stages: Preparation, Introduction, Mutual Discovery, and Change Strategy – Case

Planning. This series of articles focuses on Introduction and Mutual Discovery Stages.

Introduction Stage

You begin the PCFA by introducing yourself, your role, your responsibility in working with the family and expectations for involvement. From the start, your intention is to form a working partnership with the family in general but with the caregivers in particular. During this stage it is crucial to begin where caregivers are in terms of their experiences with CPS intervention up to this time. This includes reviewing and clarifying impending danger threats that were identified as a result of the Family Functioning Assessment.² During this discussion you will want to consider caregivers' perception and opinions concerning their responsibility to protect and protective capacities. Fundamental to this is seeking and caring about the family's point of view regarding identified impending danger. Remember—perception is more important than the truth.

At the Introduction Stage you confirm the sufficiency of the safety plan since—with respect to the case status—the family just will have been transferred to ongoing CPS. It is critical that you reinforce the caregivers' right to self-determination and emphasize personal choice. In the PCFA, these ideas are cardinal and sacrosanct. You know that the partnership relies on such acknowledgment and respect and that people change because of their choices rather than through compliance. The Introduction Stage moves toward transitioning forward once you've explained the PCFA process to caregivers and sought out a commitment to participate and collaborate. Notice here that there is no expectation for caregivers to do things or make changes or give any indication of what their ultimate intentions are. The expectation (preference) is simple: *Will you go through this process with me?*

² The Family Functioning Assessment is also known in places as the initial assessment, the initial family assessment or the investigation.

Sometimes the Introduction Stage can be completed in one sitting—one interview —maybe even less than an hour. Sometimes the level of effort is more. These kinds of issues about time investment have to do with opportunity, accessibility, openness and your skill in facilitating.

Mutual Discovery Stage

Let's just pause here for a moment to take into consideration what mutual discovery means and why it is such an overwhelmingly important concept and achievement. If you endorse mutuality in your work in CPS you stand for a certain quality in your relationships with caregivers. Mutuality occurs within the context of equal status of respect and acceptance between you and a caregiver. To be mutual with someone is to share in common a point of view and appreciation for understanding. This kind of mentality and expectation breaks down the artificial perception of the professional being somehow superior to the caregiver. It allows for both parties to bring what they inherently have that is special to offer to the partnership. Who knows more about the activity and process of working a case? You. Who knows more about what it feels like and means to be the caregiver? The caregiver. Within these kinds of relevant questions we find the value and power of mutuality.

Discovery is the yoke fellow of mutuality. Each of these concepts has a stand-alone power and together provides you with the meaning of what the PCFA is and how it is unique compared to other forms of case planning assessments. Discovery begins with openness to understand. This means that there are no predispositions or expectations about what the answers might be. When you seek to discover you are a puzzle solver. You begin with puzzle pieces but no answer in mind; you have no need to label problems or causes or operate from a bias about what might be wrong or in need of correction. The absence of preconceived notions can result in a dynamic exploration and consideration with caregivers about any and all things that might have a bearing on their capacity to protect

their children. Do you see how this way of thinking and behaving really has the potential to reduce if not eliminate value judgments? Discovery is a positive and exciting experience for both you and the caregiver to engage in. As you think of similar ideas like “reaching a breakthrough” in understanding or “finding an innovative” way to move forward, you can begin to see and encourage caregivers to see this as a positive and desirable endeavor.

This stage combines these two concepts into a process of partnership work: Mutual Discovery! And the two ideas are more powerful than each is alone. This is so because the two together represent an objective—something that is strived for and desired. This stage is about arriving at the same place in reaching an understanding about what can and must change if a caregiver is to resume his or her role and responsibility for protection. *This is about doing this together. Therein lays the significance of the PCFA. No one is judging anyone else. You and caregivers are experiencing time, effort and sharing together in ways that arrive at common understanding and agreement.*

It takes skill to move this process along, to get people involved, to communicate sensitively and with purpose. So that’s what we are hoping to emphasize in this article (about principles) and the ones that follow (about technique).

During the Mutual Discovery Stage you begin by reviewing purposes, objectives and decisions associated with the PCFA process. You reconfirm the mutual commitment (you, the caregivers and family) to work collaboratively toward seeking understanding and finding solutions. Together you identify and discuss family strengths and caregiver protective capacities that are strong and working. Together you consider how existing enhanced caregiver protective capacities can be used and can contribute to creating a safe environment in the family. Together you deliberate upon the relationship between impending danger and diminished caregiver protective capacities. In suitable, family friendly

language you identify the stage(s) of change that family members are in with respect to impending danger and diminished caregiver protective capacities. Here, of course, you are cognizant of readiness and motivation to move forward and sensitive of the significance those areas of personal feeling, meaning and commitment have for caregivers and family members.

During the Mutual Discovery Stage you hope to move steadily toward common areas of agreement and acceptance between you and the caregivers regarding what can and needs to change to create a safe environment. The successful Mutual Discovery Stage draws to a conclusion as you and caregivers have found some common ground in the pursuit of enhancing diminished caregiver protective capacities and are ready to begin reaching conclusions about solutions. (Remember the next stage in the PCFA is concerned with establishing the case plan.)

This can be a challenging and rewarding experience. As a dynamic interaction and human experience this can result in greatly increasing your clarity about what the ongoing CPS job is and can bring you a sense of meaning and purpose. The Mutual Discovery Stage likely will take more than one or two meetings. It could take several. The manner in which movement occurs and the level of effort required is influenced by the same stuff as usual: opportunities to meet, access and availability of all involved, your skill, caregiver openness, caregiver capacity and willingness to participate, and so on. No matter the demands and competing forces, to the extent you stay focused on these two variables – mutuality and discovery – it is likely that as the work in this Stage continues it will become more efficient with a greater yield in terms of arriving at a place for informed and agreeable case planning.

Principles of Facilitation

There are a number of principles that guide interaction between you and caregivers during the Introduction and Mutual Discovery Stages.³ These principles apply regardless of what stage of change people may be in or what the particular business is that the worker is conducting with caregivers. The principles constantly apply and, beyond the display of facilitating techniques, should be represented by the very nature of your state of mind, presentation of self and attitude in practice. There isn't anything fancy about these principles so we provide them to you in a straightforward list:

- Don't use labels; avoid jargon; seek to use family friendly, familiar terms and communication.
- Support the caregiver's self-efficacy; a caregiver's competence, mastery, power, strength, capability, potency.
- Since resistance is a natural phenomena, accept it and influence it through your professional behavior.
- Feel and use an empathetic style.
- Avoid arguments.
- Avoid confrontation.
- Accept, ignore or pass over expressions of challenge, resistance or demeaning statements.

³ The concentration in this series of articles is on facilitation during these Introduction and Discovery Stages. Articles that follow focus on interpersonal skills related to facilitation in these two stages. However, it is important for you to realize that all that is being emphasized in this material applies to the final stage concerned with change strategy and case plan formation.

- Do not assume that caregivers view problems, costs, benefits or values as you do.
- Do not think of caregivers as “unmotivated”; think of them as ambivalent about the need to change or caught in an approach-avoid conflict as represented by competing or conflicting perceptions, influences or needs in their lives.
- Roll with resistance; join it.
- Involve the caregiver; interact with the caregiver as the center of concern and attention; start where the caregiver is in terms of meaning, feeling, experience, what’s important and point of view.
- Seek to amplify caregiver discrepancies which means helping the caregiver to experience or notice discrepancies in his or her life.
- Use caregivers’ reference points.
- Provide information; keep caregivers informed.
- Be flexible in all matters and interactions.
- Acknowledge the caregivers’ right to resist, right to choice, right to self-determination.
- Keep a low authority profile by living the mutuality idea.
- Strive to understand the healthy intention embedded in a caregiver’s diminished capacities or things influencing their capacity to protect; take note of and respect aspirations and shortfalls.

- Help caregivers test out and make informed choices.
- Use these rules of interaction: avoid too much questioning; use open-ended questions; make reflective listening primary; never ask three questions in a row.
- Give the caregiver direct, objective feedback about reality, impending danger, caregiver protective capacities and the potential for positive or negative consequences.
- Give feedback and information in an empathetic, supportive style.
- Always ask caregivers to reflect and respond rather than being told what to do.
- Reinforce self-determination and personal choice.

Next Month

In January 2010 we continue by moving from facilitation principles to skill practicality. We'll be considering what to say and do during the Introduction and Discovery Stages of the PCFA in specific ways.

On the following page is a list of reference material that through the years has provided influence and direction to the formation of safety-driven intervention in general and specifically to the PCFA.

Reference Resources

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