

The Protective Capacity Family Assessment

Facilitating the Introduction and Discovery Stages

When Caregivers Are Thinking About Change

February 2010

Introduction

This is our third article about practice occurring as part of the Protective Capacity Family Assessment (PCFA). See December 2009 and January 2010 safety articles. If you've been following these articles, you will remember that the purpose of the PCFA is to generate a working collaboration with caregivers in order to reach a mutual understanding about what must change for caregivers to resume their protective role and responsibilities. We've been emphasizing that your behavior and communication is what contributes to achievement of that purpose.

Last month facilitating objectives, process and technique were identified in relationship to facilitating the Introduction and Discovery Stages when caregivers are not thinking about change. This article considers objectives, process and technique when caregivers are thinking about change. Remember that the PCFA is framed by the Stages of Change.¹ When a caregiver is thinking about change he or she is in the Contemplation Stage. When in this Stage of Change, the caregiver is ambivalent. The caregiver both considers change and rejects it. The caregiver might bring up the issue or ask for consultation on his or her own. The caregiver considers concerns and thoughts but makes no commitment to change. The caregiver is contemplating and you facilitate that mulling over, weighing and reflecting.

¹ DiClemente, C., Prochaska, J., and Norcross, J. (1992) "In Search of How People Change: Applications to Addictive Behaviors." *American Psychologist*. September.

Objectives When Caregivers Are Thinking About Change (Contemplation)

- Facilitate thinking opportunities for caregivers that are concerned with specifics (impending danger threats, related influences, diminished caregiver protective capacities, unmet needs of children, desirable behavior) that caregivers are now willing to consider and think about.
- Help caregivers to assess how they feel and think about themselves with respect to a particular problem.
- Provide information and feedback concerning impending danger and diminished caregiver protective capacities that caregivers are open to thinking about and are considering the need to change.
- Always seek to free caregivers from their ambivalence to change.
- Seek motivational strategies to assist caregivers in moving to prepare for what must change.
- Tip the balance in favor of change. In other words, keep influencing caregivers to commit to change.

Process When Caregivers Are Thinking About Change (Contemplation)

Considerable flexibility is required of you as caregivers may become located between not thinking about change (Pre-Contemplation) and thinking about change (Contemplation). A caregiver may be ready to move ahead to the next

stage with respect to a problem issue that is not among your highest priorities (impending danger). A caregiver may wish to begin contemplating several concerns at once, yet a problem or two remains of no interest to the caregiver. In some situations, one caregiver may be ready to start thinking about the need to change an important problem while his or her mate remains unwilling to think about change or is only open to thinking about changing a relatively unimportant problem. The point here is that you will have to partialize and balance your approach in ways that take into account differences within a caregiver, differences between caregivers and the level of significance of issues where resistance continues versus those issues and problems that caregivers are ready to begin contemplating. It is perfectly reasonable and should be anticipated that you may be dealing individually with each caregiver: (1) one generally in denial and resisting; another ready to consider change; (2) both possibly feeling differently on different problem issues; (3) one or a few issues/problems that are commonly held by both caregivers in terms of openness to consider.

Another area requiring flexibility has to do with judgment and effort concerned with the best strategy to achieve movement. Is it better to move ahead with a caregiver by focusing more time and effort on relatively less significant issues in the Contemplation Stage as a means of achieving some movement (with the hope of generating movement in other problem areas)? Is it better to keep concentrating only on significant issues where caregivers remain in the Pre-Contemplation Stage (i.e., resisting, denying, not thinking about change)? This cannot be answered except on a case-by-case basis that takes into account the individuals, the identified problems, caregiver readiness, caregiver motivation and the questions of safety and permanency. Certainly, supervisory consultation is critical in addressing this practice dilemma.

The facilitating process when caregivers are thinking about change is not sequential. You do not start off necessarily at one step and automatically proceed through a series of steps. Based on caregiver readiness, you select a specific problem area related to impending danger and/or diminished caregiver

protective capacities (a pattern of caregiver behavior that must change) and conduct conversations using various approaches, techniques and strategies to encourage critical thinking and to focus attention so that the caregiver will move toward a commitment to change (or will proceed to the next Stage of Change-Preparation which is developing a case plan).

The facilitating process that occurs between you and the caregivers when they are thinking about change consists primarily of discussions about identified problems related to impending danger and caregiver protective capacities in a thinking context of “ready-willing-and able.” In essence, these are your abiding objectives when facilitating thinking about change particularly during the Discovery Stage of the PCFA:

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- To continually assess, encourage and support readiness to change (“*Are you ready?*”)
 - To consider and confirm those issues which are important and/or valuable to the caregiver (“*Are you willing?*”) and
 - To reinforce the caregiver’s sense of self-efficacy (“*Are you able?*”)
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So with the above qualification let’s now look at the process you can use when caregivers are thinking about change.

- Select with the caregiver(s) a problem area/issue that he or she or they are ready to consider and talk about with respect to the need for change. This could involve a child’s unmet needs.
- Accept ambivalence. It likely will be greater during conversations in which together you are discussing and thinking about change.
- Do not assume that you already know the caregiver’s perception about the potential costs and benefits of change or how the caregiver values such things.

- Understand what results a caregiver is expecting for different courses of action as in what will happen if he or she continues with the same behavior or chooses to abstain from it and so on.
- Consider whether caregivers understand their ambivalence.
- Differentiate between areas where caregivers seem to acknowledge the need for change and the expectations they hold onto. For instance, a caregiver might say, *“I know all there is to know about my need to be a protective parent, but I cannot give up being with those I party with.”*
- Take care not to advance the pro side of change thus resulting in the caregiver’s need to defend the problem behavior. Certainly do not acknowledge or demonstrate acceptance for the problems but do attempt to remain objective and offer choices. The point here being that ultimately caregivers must take ownership for their problems in order to be ready, willing and able to change.
- Avoid jumping into action strategies (i.e., identifying services, jumping into case plans or steps a caregiver can take to make changes) at this time. Presumably a caregiver’s problems did not emerge overnight, so it is unreasonable to expect that problems can be addressed immediately or even that you can assume responsibility for changing the problem. It is important to give yourself permission (so to speak) to remain with the caregivers in the here and now-contemplation (considering the need to change).
- Seek to create or identify incentives for change.
- Use information relevant to the problem and to the caregivers to compel them to change.

- Accentuate the positive side of problems so that caregivers do not underestimate the pros or positive aspects of the problem behavior. (Note: There is a tendency among contemplators to cogitate on the negatives of the problem behavior and get bogged down about why it is they don't seek to change. They need to stay in touch with the reasons why they maintain their negative behavior in order to change it.)
- Decrease the desirability of problem behavior.
- Explore the pros and cons of changing.
- Anticipate barriers to change.
- Explore problems with previous attempts to change. What didn't work? Why didn't it work? What did work? What can be replicated?
- Emphasize previous "success" that a caregiver has had in attempting to change.
- Identify what the caregiver likes about him or herself or the family and what he or she wants to keep.
- Identify with the caregiver specific strengths/positives that support or facilitate change, in particular reinforcing and supporting the significance of enhanced caregiver protective capacities.
- Explore in depth what works for the caregiver or the family.
- Consider the caregiver's perspective concerning the present and future.

- Examine the caregiver's dreams, hopes, wishes and a vision of the possibilities as related to the problem issues under consideration.
- Consider with the caregiver what will need enhancement to move away from impending danger inducing behavior or diminished protective capacities and toward his or her personal vision.
- Focus on caregiver motivation: desire to keep family together, hope, commitments.
- Consider what support exists or can be developed and brought to bear on the problem being discussed.
- Increase the caregiver's sense of self-efficacy to cope with a specific problem.

Techniques When Caregivers Are Thinking About Change (Contemplation)

The facilitating techniques that were described in the January article related to when caregivers are not thinking about change can also be applied when caregivers are thinking about change. The use of those techniques is based on your judgment, skill and appropriateness. Here are additional techniques that are particularly relevant to facilitation when caregivers are thinking about change.

Persuasion

This refers to providing information or reasons for making particular choices in order to influence behavior and attitudes. There are assumptions that promote persuasion. Caregivers may be more inclined to change a behavior or attitude if it

is shown to be inconsistent with a deeply held belief. Attitudes are more likely to change around desirable ways to act or behave than desirable states of existence worth attaining (e.g., being rich). Caregivers are inclined to adopt the same attitudes as those they like, consider expert and trust; caregivers oppose attitudes of those not considered to possess these traits.

Persuasion requires that you are believable, likeable and a “pro” in CPS and facilitating the PCFA. It is important to seek to understand the caregivers’ desires, values, what he or she wants rather than immediately attempting to change them. You call the caregiver’s attention to one of his or her values that is being violated because of his or her behavior or attitudes.

It is necessary to bring awareness to the consequences of the caregiver’s behavior and attitudes (which often may have not been understood or anticipated by the caregiver). This can be approached by asking the caregiver what his or her intentions are and then, together, consider what the unanticipated consequences might be. You can suggest different reasons than the client gives to his or her behavior or attitudes.

The caregiver may be persuaded to act in voluntary compliance related to some aspect of the overall CPS issue. You can describe two or more sides to an issue or position the caregiver takes including positions in favor of and opposed to available choices. Asking the caregiver to change roles with you helps to increase awareness and persuade the caregiver to think and feel differently.

Visioning

This refers to the activities and process associated with identifying or developing and supporting a positive view of the future. The purpose is to stir the caregiver’s interest in what is possible, to raise their sights or to reinforce their hopes and dreams of future prospects. You are interested in the caregiver’s sense of possibility.

A positive vision can help the caregiver with current crisis. A vision of oneself in the future provides cues about the path and methods for getting there. A sense of what is possible acts as an incentive for present and future behavior. The very process of considering “what might be” implies the caregiver has choice and power over their destiny. To a large extent, what this has to do with is *hope*.

In helping caregivers to develop *hope*, you try to capture the caregiver’s striving and shape it by helping the caregiver move to realistic pathways. Sometimes this includes helping the caregiver develop necessary abilities.

There are a number of practical influences at play in this approach. Successful visioning relies on your positive, hopeful vision of what is possible. A hopeful vision for a caregiver is often a specific offshoot of affection for him or her. A principal task is for you to compare your vision for the caregiver with that of the caregiver and to see which is more appropriate and has more possibilities.

Trust plays an important part in creating a vision between you and the caregiver.

A vision is best built on a caregiver’s healthy impulses or intentions related to mastery and belonging. This involves separating a caregiver’s patterns (previous/current behavior) from his or her person or looking for a caregiver’s healthy intentions within the problems (impending danger, negative influences, and diminished caregiver protective capacities).

Visioning is accomplished through discussions or conversations that are guided along certain lines that reveal a sense of future to the caregiver. Visioning conversations or discussions can include:

- What the caregiver likes about him or herself and what he or she wants to keep the same;

- Specific positive attributes that support change and realization of the vision;
- Exploration with caregivers about what works for them;
- The caregiver's perspective concerning the present and future;
- How the caregiver solves problems;
- The caregiver's dreams, hopes, desires and wishes in order to form a vision of possibilities; consider the relationship of these with respect to CPS issues;
- What capacities will need enhancement to move away from problem behavior;
- Attitudes toward the vision;
- The caregiver's motivation; the desire to keep the family together and the relationship of this to a vision of the future;
- What family support exists or can be developed to support striving for the vision.

Empowering

This refers to specific information provision and feedback to caregivers designed to reinforce their sense of control, power, autonomy, and self-efficacy. The purpose of this technique is to support and enable caregivers to think about and make a commitment to change.

You acknowledge to caregivers that the whole CPS experience may have been a disabling, dis-empowering experience. You reassure caregivers that they have choices and, ultimately, they have the most power and authority over their lives. You discuss areas where they may continue to feel threatened.

You identify CPS areas, issues and concerns² where caregivers feel less open to consider; identify CPS areas, issues and concerns where they are more open to consider with respect to their situation, their family, the need to change.

You continually reinforce your belief that caregivers have choices, can be actively involved in matters concerning them and their family, and can fully participate in selecting tasks to be worked on and can collaborate on specific plans and decisions.

You provide support, encouragement and confirmation of caregiver's self-efficacy by demonstrating your belief in the potential and possibility of change, by emphasizing that the caregiver is responsible for choosing and carrying out personal change, and by demonstrating hope in the range of alternative approaches that are available.

You keep caregivers well informed about all aspects of their case, CPS expectations, and the involvement of other parties to the case. You provide information about:

- The nature and effects of problems and current behavior
- The pros and cons of problems
- The costs and benefits of change
- Alternative approaches to change
- The PCFA and case planning process
- Services, service availability, service providers
- The caregiver's role and responsibility within the case planning and service provision process
- Consequences of their choices.

² Within a safety intervention system any reference to CPS issues or problems is a reference primarily to impending danger, caregiver protective capacities and related behavior or influences.

- Realistic and evident limitations (such as time frames, events and other requirements)
- Actions, positions and perceptions of others involved in the CPS case
- The legal process
- What is happening with their children who might have been placed and the specific process for reunification or an alternative permanency plan.

You arrange for and assist caregivers in getting and having necessary resources which can serve in some way to further the thinking about the change process. You encourage caregivers while collaborating with them to solve every day issues and problems. You seek ways to motivate caregivers and underline incentives. You allow independence and encourage self-sufficiency. You encourage caregivers to communicate their needs and to be assertive. You always reinforce self-efficacy in role performance (all roles); tell caregivers that they are doing well.

Negotiating

This refers to conversations and discussions involving consideration of various aspects and implications associated with change in order to support and encourage caregivers to make a commitment to change. Negotiating is applied when you believe that any caregiver activity or effort even remotely related to relevant change is good and can be self-perpetuating. Negotiating serves as a method for getting caregivers *unstuck*.

Negotiating can be accomplished through several steps. You explore or review the caregiver's view of an existing problem. You recognize expressions of caregiver belief, values, motivations, needs, etc. You seek to understand client denial, refusal to participate and other defenses. You re-frame from a CPS mandate strategy as to what has to be and to the potential of what can be. This involves joining with the caregiver rather than insisting on the caregiver working on "the

right problems for the right reasons.” You are always open to options. You seek to blend CPS expectations with caregiver motivations so that caregivers may choose to work on CPS required concerns for their own reasons.

You consider variations for caregivers. You discuss with the caregiver different ways of thinking about the problems and solutions including variations in ways to address the CPS issues. Accepting a semi-volunteer response to taking action is acceptable since it moves a caregiver into some activity that can be built on. The objective here is to reach an agreement about what the CPS issues are (i.e., impending danger and caregiver protective capacities) and then open up to variations in responding to the issues based on caregiver motivation, attitudes, values and interests.

You explore areas of give and take. You offer to supply an incentive to the caregiver in order to influence client involvement in openness to change, discussion of change, preparation for change or change activities. For instance, you might work with a caregiver on a non CPS issue in order to gain the caregiver’s involvement on an impending danger or caregiver protective capacity issue.

You can also explore the “get CPS out of your life” option. It may be that among some caregivers the pressure of being involved with CPS is more concerning than the CPS issue that must be addressed. This sort of caregiver motivation may offer room for negotiating client work related to change.

You explore the informed consent option. Caregivers can be reminded in unofficial and official ways of their right to accept the consequences of not addressing issues, of not becoming involved in a change process. Caregivers can be advised that they do not have to work on change and do not have to accept services. This choice should always be presented in association with a review of consequences.

When negotiating, you are attempting to reach a settlement with the caregiver. The give and take discussions that contribute to settlement and, hopefully, movement toward working through the thinking process about whether to change or not include:

- How your views of the issues compare to how the caregiver views the issues
- What you (representing CPS interest) are willing to do, give and accept compared to what the caregiver is willing to do, give and accept
- What you (representing CPS interest) want in terms of an outcome compared to what the caregiver wants
- What you (representing CPS interest) are not willing to do compared to what the caregiver will not do.

Sometimes a third party demand, if present, can be used by allowing you to act as mediator between the third party and the caregiver. (This includes court ordered cases which allow you to assume an (quasi) *impartial* position in order to conduct discussions about ways to bring together the court mandates and the client's preferences.)

Facilitating Questions^{3,4}

This refers to non threatening solution-based questions that can be useful in facilitating past denial into thinking about the need for change and finally beginning to plan for change.

The *Miracle Question* encourages the caregiver to speculate in positive terms about the way he or she would like their life to be, the manner of things, the

³ Berg, I. (1994.) *Family Based Services: A Solution Focused Approach*. WW Norton. NY.

⁴ Corcoran, J. (1999.) "Solution Focused Interviewing with Child Protective Services Clients." *Child Welfare*. CWLA. Vol. LXXVIII. #4. July/August 1999.

experiences wanted, dreams, desires, wishes. You move away from problem thinking to solution thinking and open the caregiver up to thinking about possibilities...about change. Once a dream is acknowledged, a caregiver can begin to get down to specifics about how such a thing could possibly be realized. You break down the dream or desire in detail including speculation about how one might get there. Ask this question:

Considering your life now...if you could wake up tomorrow and have things exactly as you would want...what would that look like? Just think about it. Describe what it would be like.

You begin to gather more detail, always speaking in positive, hopeful but realistic terms. You move the caregiver toward thinking about or identifying the specific steps.

The *Scaling Question* is used to assess and think about family conditions and behavior and assist a caregiver to consider movement. You ask where a particular idea, point of view, emotion, interaction or behavior might exist on a scale from 1 to 10. You identify the high and low or the good to bad part of the scale. You can ask the caregiver if the scale is different today than yesterday, a month ago or more. You ask the caregiver to consider whether others would scale the issue the same way as he or she does. You explore with the caregiver where he or she would like to be on the scale and discuss ways to get to higher levels on the scale.

The *Comparative or Ranking Question* compares, contrasts and even ranks feelings, beliefs, attitudes, opinions and behaviors. You shift focus from the caregiver's individual problem through comparison to past or preferred functioning and to perceptions of others in the relationship system. When faced with input from a caregiver about his or her perceived condition, the question response is related to the family level. For example:

Mom: *I just can't take this anymore.*

You: (Speaking in general)
Who else can't take this anymore?

Dad: *Well, I admit I'm getting weary of it too.*

Mom: *I think I am less patient than he is with it.*

You ask a caregiver to rank in order, from top to bottom, everyone in the family on the basis of whatever particular behavior, feeling or interaction you are concerned with. For instance:

Mother: *Everyone is acting crazy.*

You: *Who would you say is acting craziest?*

Mother: *Bill.*

You: *Then who is second? (And so on)*

After identifying the ranking, you can reverse the process by reframing the questions around positive responses. In the example of everyone acting crazy, you might ask, “*Who might be willing and able to act calm...first...second and so on?*”

The *Before and After and Hypothetical Questions* are also relational questions. You elicit information about the timing of the onset of a problem and information about how the caregivers may be attempting to ward off change. These questions are not threatening because they deal with imagined circumstances. You push the caregiver into the future and therefore emphasize possibilities and solutions.

Consider this example:

You: *When you were overwhelmed with the pressure causing to drink too much in the past, who was most likely to help you out?*

Mom: *Well, sometimes a neighbor.*

You: *Who would have been second most likely? Third?*
(And so on)

Then later

You: *If, in the next few weeks, you become overwhelmed and feel the need to drink, who might be the most likely person who could help you or be there for you?*

Mom: *I think Jennifer from two houses down.*

You: *Who might be the second most likely to help? (And so on)*

Do you see that this technique is you moving caregivers into thinking about changing and in creating their own answers and solutions?

Next Month – Example and Commentary on Real Facilitation in the PCFA