

The Protective Capacity Family Assessment

Facilitating the Introduction and Discovery Stages

When Caregivers Are Not Thinking About Change

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Introduction

As a frame of reference, this is the second in a series of articles devoted to case practice, interpersonal skill and worker – caregiver interaction that occurs as part of the Protective Capacity Family Assessment process (PCFA). In the previous article, the four stages of the PCFA were identified: Preparation, Introduction, Mutual Discovery and Change Strategy/Case Planning. Principles for facilitating the PCFA were also listed.

Now we turn to what you say and do during facilitation. This article is concerned with practice skills occurring during the Introduction and Discovery Stages when caregivers are not thinking about change¹. Keep in mind that the purpose of the PCFA is to reach a mutual understanding between you and caregivers about what must change (related to eliminating impending danger and enhancing caregiver protective capacities). The PCFA typically begins with caregivers not thinking about change, ambivalent about change, or in various degrees of denial.

Just as a reminder, here is what happens between you and caregivers during these stages:

¹ A practice resource you absolutely should have on your desk and be thoroughly familiar with is the excellent book Motivational Interviewing: Preparing People for Change by William R. Miller and Stephen Rollnick (2002) The Guilford Press. Their work has had significant influence on the development of the PCFA. We have identified some of their techniques in the article.

Introduction Stage

(Will you work with me?)

- You introduce yourself, explain your role, discuss your responsibility in working with the family and discuss expectations for involvement.
- You emphasize the importance of a working partnership with caregivers and begin the engaging effort.
- You debrief the family's experience with CPS intervention.
- You review and clarify the impending danger threats that were identified as a result of the Family Functioning Assessment (i.e., initial assessment, investigation).
- You consider caregivers' perception and point of view concerning their responsibility to protect and protective capacities.
- You seek the caregivers' opinions regarding identified impending danger.
- You confirm the sufficiency of the safety plan with caregivers.
- You reinforce the caregivers' right to self-determination and emphasize personal choice.
- You explain the Protective Capacity Family Assessment process and seek a commitment of participation and collaboration.

Discovery Stage

(Can we reach mutual understanding?)

- You continue to reinforce the objectives and decisions associated with the Protective Capacity Assessment process.
- You reconfirm the mutual commitment (you and the caregivers) to work collaboratively toward developing solutions.
- You emphasize and discuss family strengths and caregiver protective capacities.
- You consider with caregivers how their existing caregiver protective capacities can be utilized to create a safe environment in the family.

- You seek common understanding of the relationship between impending danger and diminished caregiver protective capacities.
- You discuss readiness and motivation to change with respect to impending danger threats and diminished caregiver protective capacities.
- You consider areas of agreement and mutuality between you and the caregivers regarding what needs to change to create and maintain a safe environment.

Stages of Change²

When conducting the PCFA it is crucial for you to know the Stages of Change. We won't go into detail here about this theory but simply identify the stages:

- Pre-Contemplation (Not Ready To Change)

The caregiver is yet to consider the possibility of change. The caregiver does not actively pursue help. Problems are often identified by others. Concerning their situation and change, caregivers are reluctant, resigned, rationalizing or rebelling. Denial and blaming are common.

- Contemplation (Thinking About 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 no commitment to change.

² DiClemente, C., Prochaska, J., and Norcross, J. (1992) "In Search of How People Change: Applications to Addictive Behaviors." *American Psychologist*. September.

- Preparation (Getting Ready to Make A Change)

This stage represents a period of time when a window of opportunity to move toward change opens. The caregiver may be modifying current behavior in preparation for further change. A near term plan to change begins to form.

- Action (Ready to Make a Change)

The caregiver engages in particular actions intended to bring about change. There is continued commitment and effort.

- Maintenance (Continuing to Support the Behavior Change)

The caregiver has successfully changed behavior for at least 6 months. He or she may still be using active steps to sustain behavior change and may require different skills and strategies from those initially needed to change behavior. The caregiver may begin resolving associated problems.

We mention these Stages of Change for two reasons. The PCFA process is expected to facilitate movement through the first three of these stages in preparation for establishing a case plan. When you begin the Introduction Stage, most caregivers are likely to be in the Pre-Contemplation Stage. That means they are not thinking about change and are not ready to change. Some caregivers may be in the Contemplation Stage which means they are thinking about change. That you are aware of where caregivers are as you begin the PCFA Introduction Stage is crucial. That assures that you make no assumptions about caregivers and requirements to change. It reinforces the importance of you supporting caregiver self-determination and choice making. And it makes you know that your early intentions must be focused on engaging caregivers in a collaborative effort of mutual discovery rather than dictating terms for change and the case plan. As you continue the PCFA during the Discovery Stage, you continue to attend to

readiness and motivation for change with the objective of moving caregivers toward the Preparation and Action Stages of Change.

Facilitating the Introduction and Discovery Stages

Objectives When Caregivers Are Not Thinking About Change (Pre-Contemplation)

- Raise the caregivers' consciousness about themselves and existing impending danger and associated influences by giving them information and developing discrepancy between what is, CPS involvement and what can be (broader goals).
- When discussing impending danger and caregiver protective capacities, encourage caregivers to experience and express their feelings and opinions about family challenges, their personal concerns and their children's needs.
- Assist the caregivers in seeing how the impending danger and need for protection affects the family environment.
- Help the caregivers to see the discrepancy between the impending danger and important personal goals.
- Help the caregivers to determine whether their personal goals are consistent with child safety and permanency.
- *Unstick* the caregivers from their ambivalence (resistance) about change: reluctance, rebellion, resignation and rationalization.
- Assess where caregivers are with respect to the readiness and motivation to change, impending danger and diminished caregiver protective capacities.

Process When Caregivers Are Not Thinking About Change (Pre-Contemplation)

- Impress upon caregivers their right to self-determination, their right to choice and their right to change or remain the same. Emphasize personal choice and responsibility for deciding future behavior.
- Begin a review with caregivers citing the most concerning issues based on the Family Functioning Assessment³ (impending danger threats and diminished caregiver protective capacities) and seek out their perceptions and feelings about influences, needs and problems.
- Identify each child's unmet need and (1) seek caregivers' perceptions and (2) determine caregivers' intentions and choices about allowing, supporting or seeking treatment.
- With respect to impending danger and diminished caregiver protective capacities, assess and determine the caregivers' location within the stages of change.
- Interpret current reality in light of potential desirable and detrimental consequences depending on individual caregiver's perceptions and choices.
- Provide information and personalized feedback to raise awareness of the current status and potential positive or negative consequences. Avoid giving advice about what caregivers should or can do to make changes. Increase the caregivers' perception of impending danger related to current behavior and

³The FFA is what we refer to as the first encounter and assessment occurring with a family following receipt of an intake report. The purpose of the FFA is to identify families in which children are in need of protection (i.e., who CPS serves in a safety intervention system).

discuss the possibility of change. Invite the caregivers to consider new information and new perspectives.

- Fully explore with the caregivers the nature and implications of current behavior including consideration and comparison to preferences.

It may be necessary to continue dealing with this content depending upon caregiver ambivalence. The fact is it makes no sense pretending that caregivers will move ahead if they are in denial, are not thinking about change, or are unwilling to change. Sometimes it is possible to move ahead on certain issues where you've reached some common agreement and caregivers show more openness to working on change.

Techniques When Caregivers Are Not Thinking About Change (Pre-Contemplation)

Reflective Listening⁴

The essence of the reflective listening response is that it makes a guess as to what the caregiver means. Listen carefully to what is being communicated, form a reasonable guess as to what the meaning is and give voice to the guess in the form of a statement. A reflective statement is less likely to stimulate resistance. In reflective listening statements, the voice tone goes down at the end.

The first step in reflective listening is to think reflectively. You do not necessarily know what people mean so you have to reflect on what they must mean and make a reasonable guess. You hear a caregiver statement...you consider what it must mean...you choose what you believe to be the most likely meaning...you state that meaning to the caregiver.

⁴ Miller, R. and Rollnick, S. (2002.) *Motivational Interviewing: Preparing People for Change*. The Guilford Press. NY. 2nd Edition.

Usually the subject in a reflective listening statement is “you” as in “*You’ve been angry at your child since he was born.*” Reflective listening statements can be as simple as repeating a word or two in order to keep the caregiver talking. It can be helpful to reflect how the caregiver seems to be feeling as he or she speaks.

Reflection is not a passive process. Decide what to reflect and what to ignore. Decide what to emphasize and what to de-emphasize. Decide words to use to capture meaning. Use reflection to reinforce what a caregiver says or to alter its meaning.

Reflection is particularly important following open-ended questions.

Responding to Resistance⁵

Caregiver resistance is your problem. This means that something can be done about resistance and that you, through your behavior, can influence reduction or increases in resistance. Resistance is observable behavior that occurs during facilitation. It means the caregivers are not keeping up.

Resistance presents itself in four forms: reluctance, rationalization, rebellion and resignation. Following are several practical things you can do when resistance exists during the Introduction and Discovery Stages of the PCFA.

Amplified reflection refers to stating back to the caregiver what he or she has said but in an extreme or exaggerated manner. Take care not to come across as sarcastic or too extreme.

Caregiver: *I’m doing just fine as a parent.*

You: *You really don’t have any problems with Johnny.*

⁵ Miller, R. and Rollnick, S. (2002.) *Motivational Interviewing: Preparing People for Change.* The Guilford Press. NY. 2nd Edition.

Double-sided reflection refers to acknowledging what a caregiver has said and then adding in the other side of the caregiver's ambivalence.

Caregiver: *The worker before you – Linda Berry - made too much out of how the kids are cared for.*

You: *You probably can see where you could improve some in the children's care, but you think Linda overstated this as a danger.*

Shifting Focus refers to moving the caregiver's attention away from what seems to be the stumbling block.

Caregiver: *Oh, I may holler a lot and get angry but I am no child abuser.*

You: *Absolutely. I don't think you have to think of yourself as a child abuser. What is of interest to me though is what's going on in your life that may not be what you personally want for yourself and your kids.*

Agreement with a twist refers to offering initial agreement but with a slight twist or change of direction.

Caregiver: *Why are you and Glenda beating me up about what's happening? She is as much responsible as I am.*

You: *That's worth thinking about, isn't it? You are pointing out something very valuable. This isn't your problem alone, huh? There is no need for you to be the scapegoat. We need to look at the bigger picture here.*

Emphasizing personal choice and control refers to assuring the caregivers that ultimately it is them who will determine what happens. Think about it. Even if the case eventuates in a permanent separation of the child and caregivers, it will be as a result of the choices and actions of the caregivers. Here are a number of statements that convey personal choice and control:

You: *What you do with this information is up to you.*

You: *Nobody can change what is happening here but you.*

You: *It's really your decision.*

You: *I can't decide for you. The court can't force these things to happen if you really don't want them to. You are a free person. It's up to you.*

You: *If you decide you don't want things to be different, then they won't. If you want to be the one who keeps your children safe, then you will make decisions to see that it happens. It's your choice.*

Eliciting Self-Motivational Statements⁶

The purpose of self-motivational statements is to develop a sense of discrepancy among caregivers concerning their behavior (i.e., impending danger and diminished caregiver protective capacities) and the need for change. The objective is to engage caregivers in talking about reasons for change.

⁶ Miller, R. and Rollnick, S. (2002.) *Motivational Interviewing: Preparing People for Change*. The Guilford Press. NY. 2nd Edition.

Self-motivational statements are caregiver:

- Statements that recognize impending danger and diminished caregiver protective capacities or negative consequences of current behavior;
- Expressions of concern about his or her current state;
- Statements of a desire for change; and
- Expressions of optimism about the possibility of change.

The goal is to have the caregiver say these things! The simplest way to elicit self-motivational statements is to ask for them. Here are some questions to Elicit Self-Motivational Statements (to produce discrepancy):

You: *What are the not so good things about (this issue or problem) for you? (This might follow from a discussion of what the client likes or prefers about the problem behavior.)*

You: *What do you think might happen if you keep behaving this way or as you have been?*

You: *What are the most important reasons for you to quit behaving this way?*

You: *What makes you think you could give up this behavior if you decided to? What successful changes have you made in your life in the past?*

You: *How were things in the past before you had the difficulties you are experiencing now?*

You: *What would you like life to be like in 5 years?*

You: (As you listen to dreams, wishes, hopes, etc. then ask) *“And how does the way you are living (this particular problem) fit into all this?”*

You: *What do you care about more than your current behavior?*
(Seek person’s values.)

Through self-motivational statements, a caregiver can be facilitated to recognize unsuccessful behavior, negative influences, life functioning problems, impending danger, diminished caregiver protective capacities and consequences. Self-motivational statements can contribute to caregivers developing a personal concern for the implications of continuing in current behavior. Such statements reveal a caregiver’s personal intent: hopes, dreams or expectations, to change or to remain the same. Through self-motivational statements a caregiver can express optimism about prospects for change, the future and a belief in oneself.

Affirming

Affirming occurs in the form of compliments and statements of appreciation and understanding.

Summarizing

Summarizing occurs when you link together material and information that has been discussed. You reinforce what has been said, that you are listening and that you are preparing to move along. You allow caregivers to examine positives and negatives simultaneously acknowledging that both are present. You should offer a major or overall summary at the end of each meeting during the Introduction and Discovery Stages, particularly when caregivers remain in the Pre-Contemplation Stage of Change – not ready to think about changing.

Joining

Joining occurs when you accept and attach to the caregiver's position, point of view, interests and expectations. "*I can get on board with what you want, so let's figure out how to get there,*" is the overarching message conveyed that typifies this method. You align with caregivers allowing other entities within the relational context (e.g., the court, the agency, another person) to become *the third man out*. This should not be misunderstood to mean that you join in assisting the caregiver to continue ineffective or unacceptable behavior.

A practical example of joining can be expressed through the solution-based message, "*What can we do to get CPS out of your life?*"⁷ Although this is a limited expression of joining, it can be appreciated that this technique can be far reaching and find its greatest expression in the worker - family partnership.

This technique is expressed along with (1) a full respect for the caregivers and (2) overt acknowledgment that the caregivers have choices and essentially call the shot as a result of expressions of self-determination.

Convey acceptance of the caregivers' positions and perspectives rather than becoming invested in who is right and who is wrong or what others believe has to happen. The point here is to leave the impression that the caregivers and you are not at cross purposes.

Re-framing

Re-framing refers to recasting a caregiver's information into a new form. It is viewed in a new light that is more likely to be helpful and to support change. This is useful in constructing workable realities that make change possible. You rename an idea, interaction, problem, point of view and so on with a more

⁷ Berg, I. (1994.) *Family Based Services: A Solution Focused Approach*. WW Norton. NY.

positive and useful way of seeing it. You try to help the caregiver to see things in a positive light. Your optimism is challenged. To re-frame well, you must be a creative thinker! Attempt to see lots of explanations for what is observed in caregivers and their situations. You attempt to look at caregivers' lives and interaction in depth and avoid accepting what appears to be the obvious.

Use of language

There are many forms and expression of language that can facilitate a caregiver's involvement with you and assist in moving a caregiver forward with respect to readiness and motivation to change. Frequently the following language may be expressed through questions. However, you realize of course that such language can permeate conversations in various forms. Remember that the point here is language that supports remaining in congruence with caregivers.

Past tense language refers to putting problems in the past. Such phrasing distances problems, is less confronting and indicates that problems do not have to exert an enduring negative influence.

You: "*So, you were having difficulty controlling your reaction....*"

When and will wording conveys expectancy. This creates an expression of openness about possibilities. This language assumes that a caregiver can and will change. It shows that you believe in the power and control the caregiver has to be different.

You: "*When you are getting along better with Donna, what will that look like?*"

Metaphorical language refers to using well-known and well-understood areas of the caregivers' lives metaphorically in order to make points about critical issues

and to enhance rapport. The purpose for using metaphorical language is to increase the acceptance or understanding of the caregiver with respect to a particular area or issue that may be difficult for the caregiver stated in straightforward terms.

You: *“Fred, Cindy says that she feels confused and doesn’t know where to turn. That’s a lot like your boat being unmanned in rough water. You can imagine how it drifts and turns with no particular direction.”*

Seek Exceptions to Problem Behavior

Seeking exceptions refers to efforts to identify times when impending danger threats were less apparent, when unacceptable behavior was not active. Exceptions to ineffective behavior and problems are somehow accompanied by strength and resources. You explore the *who, what, where, when and how* of times when problems were not problems or when different acceptable behavior was deployed.

You give credit to caregivers for doing things right and reinforce your belief in the caregivers’ potential. You reinforce that caregivers have power and can do things based on their own choices and capacities. You consider with caregivers when problems, negative influences, or behaviors are less severe, frequent, intense or shorter in duration. You are attempting to separate the caregiver from the problem in order to support the caregiver’s perception that he or she can change – things can be different.

You are externalizing the problem by focusing on it or objectifying it as if it were its own thing. For instance, you might talk with the caregiver about *“the drinking”* or *“the anger”* rather than *“your drinking”* or *“when you are angry.”* This is an inventive way of joining with the client against problems.

Next Month – What to Do When Caregivers Are Thinking About Change