

The Protective Capacity Progress Assessment: Indicators of Change and Intention to Change

September 2010

Introduction

The Protective Capacity Progress Assessment (PCPA) is the method that you use to evaluate, measure, and judge progress and change related to enhancing diminished caregiver protective capacities. The PCPA considers anticipated change as established within goals in a case plan to complete these measurements. The PCPA occurs as an event every 90 days following the implementation of a case plan. You probably remember that this kind of evaluation of progress is required by the Adoption and Safe Family Act.

The business of the PCPA is not guesswork. It must be precise, fair, and objective. The same standard for judging must be applied in every PCPA with every caregiver. Criteria provide a set way for you to measure progress and judge success. This article will review the PCPA criteria and identify examples of progress.

The PCPA Criteria

The requirement to evaluate a case during ongoing CPS has existed since case planning was conceptualized more than five decades ago. Evaluation is a fundamental part of any kind of planned change in any setting and profession. You probably are currently required to complete a case evaluation perhaps every 90 days but, certainly, every six months. How are you doing your case evaluations now? What means or methods are you using to evaluate progress and change?

The PCPA criteria – progress measures are predicated on judgments about behavior. When evaluating behavior you are taking notice of observable caregiver responses – something that is clear and easily detected and known, responses

that are expected and identified in goal statements in a case plan. You qualify these responses by such things as occurrence, context, frequency, and effectiveness.

What is distinctively different about the application of the PCPA criteria in comparison to other case evaluation methods is the focus is exclusively on progress and change related to caregiver protective capacities.

The *PCPA Criteria* are used to evaluate a goal in a case plan. A goal identifies specific behavior that is a demonstration of an enhanced caregiver protective capacity. The goal is qualified by expected behavior which represents evidence of change. Therefore, the criteria assess progress related to (1) that specific behavior and (2) caregiver readiness to change. Related to progress assessment, the completion of the PCPA occurs when the criteria have been applied to all goals in the case plan.

Terms Used in the PCPA Criteria

The following are everyday terms, but to encourage reliable use of the criteria it is important that users understand how these terms are defined and applied as part of the criteria.

- *Behavior*
Observable responses, actions, conduct, and manner as represented and identified in a goal set in the ISP
- *Consistent*
Recurring as in a pattern or developing pattern
- *Criteria*
The means for measuring behavior change, for judging the change of a behavior

- *Demonstrated*
To show as a means of proof that a behavior is occurring
- *Diminished*
Lessened in usefulness or significance with respect to a personal characteristic's effect
- *Enhanced*
Already heightened and significant with respect to a personal characteristic's effect
- *Evident*
Easy to see, clear, obvious, apparent
- *Goal*
Specific behavior change that is supported, agreed to, and expected
- *Repeated*
Done again and again, done enough to represent a possible developing pattern
- *Sustained*
To keep up for several weeks, to become habitual in manner

Criteria

These criteria enable you to measure progress toward goal achievement. The scale is: (1) no progress; (2) minimal progress; (3) significant progress; (4) goal achievement.

No Progress is a conclusion that is based upon the judgment that demonstrated behavior as required by the goal is not evident. That judgment is qualified by one or more of these indicators of readiness to change:

- The caregiver maintains that problems are separate from him or herself.
- The caregiver continues to blame his or her problems on others.
- The caregiver maintains that problems are unchangeable.
- The caregiver maintains that there is not a problem that needs to be addressed.
- The caregiver continues to have rigid beliefs about his or her right to behave how he or she wants.
- The caregiver refuses or avoids participation in services which enhance a particular caregiver protective capacity.
- The caregiver rejects discussion or feedback related to what must change.
- The caregiver is completely non-assertive and is withdrawn from engaging in intervention.
- The caregiver is completely closed off regarding the need to address what must change.
- The caregiver's current functioning makes it unlikely that he or she could benefit from change interventions.
- The caregiver is inflexible and avoids contact with CPS and/or treatment service providers.
- The caregiver may verbalize commitment but does not follow through; interaction is characteristically passive aggressive or "fake cooperation."

Minimal Progress is a conclusion that is based on the judgment that demonstrated behavior as required by the goal may or may not be evident. The judgment is qualified by one or more of these indicators of readiness to change:

- The caregiver seems to be contemplating the need to change.
- The caregiver may not agree completely with what must change, but he or she is open to discussing issues.

- The caregiver vacillates back and forth between considering change and being motivated to maintain problematic behavior.
- The caregiver generally maintains appointments with CPS and service providers.
- The caregiver is willing to participate in services related to enhancing a particular caregiver protective capacity.
- The caregiver's involvement at this point may be more related to compliance than change, but he or she generally follows through on participating in planned services.
- The caregiver is beginning to reflect how his or her actions/behavior are impacting his or her ability to adequately parent, to assure protection.
- The caregiver has a sense that things may need to change or at least that the current status quo is not working.
- The caregiver may not fully acknowledge and agree with what must change, but he or she can communicate the negative consequences of continuing with the way things are.
- The caregiver is open to discussing alternative ways of behaving, thinking, and/or feeling.
- The caregiver is somewhat receptive to seeking specific feedback, knowledge, skill regarding what must change.
- The caregiver is somewhat assertive in communicating needs.
- The caregiver appears to demonstrate increased problem solving related to the reasons that CPS is involved.

Significant Progress is a conclusion that is based on the judgment that behavior required by the goal is evident and is demonstrated repetitively. The judgment is qualified by one or more of these indicators of readiness to change:

- The caregiver is actively participating in planned services.
- The caregiver acknowledges the need to change.
- The caregiver is committed to addressing what must change.
- The caregiver acknowledges his or her responsibility for child protection.

- The caregiver makes the correlation between his or her diminished protective capacities and threats to child safety.
- The caregiver assertively takes action to address what must change.
- The caregiver is beginning to demonstrate enhanced protective capacities associated with what must change to create a safe environment.
- The caregiver demonstrates change in perceptions, attitudes, motives, emotions, and behaviors that are associated with his or her protective capacities.
- The caregiver is purposively using services (i.e., counseling, skills-building, education) to enhance protective capacities.

Goal Achievement is a conclusion that is based on the judgment that consistently demonstrated and sustained behavior as required by the goal is evident. The judgment is qualified by one or more of these indicators of readiness to change:

- The caregiver takes ever increasing responsibility for demonstrating behavior as an expression of self-sufficiency.
- The caregiver adjusts priorities in his or her life in relationship to parenting and protective responsibilities.
- The caregiver is more self-aware about the behavior and can explain it in relationship to the reason for CPS involvement.
- The caregiver is open about the value of the changed behavior, the need for the changed behavior, and the circumstances that required the changed behavior.
- The caregiver sees and accepts the effects of the changed behavior and values the effects.
- The caregiver indicates satisfaction about the changed behavior.
- The caregiver prefers the changed behavior over previous ways of behaving.
- The caregiver recognizes the possibility of relapse and the inevitable consequences.

- The caregiver can reflect on the positive benefits resulting from the changed behavior.
- The caregiver is motivated to work on other changes and adjustments in his or her life.
- There is evidence of secondary gains such as changes in life circumstances, changes in child behavior, changes in relationships, and so on.

Examples of Progress and Achievement

Here are a bunch of examples of goals for enhancing caregiver protective capacities and behaviors that are evidence of progress and achievement.

Goal: Mrs. Dalhart takes action appropriate to situations involving her parenting and protective responsibilities.

The judgment is that Mrs. Dalhart is becoming action-oriented in general and as a caregiver. The behavioral evidence is:

- ✓ Mrs. Dalhart performs her duties and responsibilities when necessary.
- ✓ Mrs. Dalhart proceeds with a course of action.
- ✓ Mrs. Dalhart takes necessary steps.
- ✓ Mrs. Dalhart does things expediently and timely.
- ✓ Mrs. Dalhart discharges her duties in a timely and appropriate manner.

Goal: Frank controls his impulses.

The judgment is that Frank is becoming deliberate and careful; he is acting in managed and self-controlled ways. The behavioral evidence is:

- ✓ Frank restrains and controls his urges or desires.
- ✓ Frank manages the influence of outside stimulation.
- ✓ Frank avoids whimsical responses.

- ✓ Frank thinks before he acts.
- ✓ Frank plans his action and responses.

Goal: Gladys is assertive as a caregiver.

The judgment is that Gladys is becoming more positive and persistent as a caregiver. The behavioral evidence is:

- ✓ Gladys acts with firmness and conviction.
- ✓ Gladys expresses self-confidence and self-assurance.
- ✓ Gladys demonstrates satisfaction with herself and her ways.
- ✓ Gladys behaves in a poised and certain manner.
- ✓ Gladys acts forcefully and forwardly.

Goal: Raylene plans and articulates plans to protect her child.

The judgment is that Raylene has demonstrated the thinking ability that is evidenced in reasonable, well-thought-out plans for her child and for protecting her child. The behavioral evidence is:

- ✓ Raylene plans realistically regarding her ideas and arrangements about what is needed to protect her child.
- ✓ Raylene's thinking and estimates of what dangers exist and what arrangement or actions are necessary to safeguard a child are accurate and realistic.
- ✓ Raylene shows an aware, conscious, focused process for thinking that results in an acceptable plan.
- ✓ Raylene effectively explains her plans for protection and reasons out why the plans are sufficient.

Goal: Terrance is emotionally able to intervene to protect his child.

The judgment is that Terrance is becoming more emotionally healthy, is showing emotional energy, and is demonstrating emotional stability. The behavioral evidence is:

- ✓ Terrance manages his emotions so that his needs and feelings don't immobilize him or reduce his ability to act promptly and appropriately.
- ✓ Terrance behaves, copes in order to not be consumed with his own feelings and anxieties.
- ✓ Terrance acts mentally alert and in touch with reality.
- ✓ Terrance demonstrates and expresses motivation as a caregiver and with respect to protectiveness.

Goal: Shania is resilient as a caregiver.

The judgment is that Shania is becoming responsive, able, and ready to act promptly and protect. The behavioral evidence is:

- ✓ Shania recovers quickly from setbacks or being upset.
- ✓ Shania springs into action.
- ✓ Shania withstands pressure, stress, and adversity.
- ✓ Shania effectively copes as a caregiver.