Critical Thinking in Assessing Protective Capacities

This material explores the meaning of protective capacities and demonstrates how to assess and document it throughout the life of a case. The assessment of protective capacities is applied within the context of the seven steps of critical thinking.

In this material, you will:

- Thoroughly understand the concept of protective capacities.
- Learn how to assess protective capacities and how that is applied throughout the life of a case.
- Have an opportunity to practice the steps of critical thinking as it applies to protective capacities and to case situations.
- Learn the fundamentals of documenting protective capacities.

Outline:

Section I: Principles and Definitions of Protective Capacities

Section II: Applying the Seven Steps of Critical Thinking

Section III: Challenges
Section I: Principles and Definitions of Protective Capacities

Definition: "family strengths or resources that reduce control or prevent threats of serious harm from arising or having an unsafe impact on a child."

"The concept of protective capacities is based on the ability, capacity, and willingness of a parent, guardian, or custodian or caretaker who has responsibility for the care of a child and other family members to protect the child from serious harm."

Note: It is sometimes asked, "What the difference is between ability and capacity?"
In essence, a person may have the ability without the capacity. For example, a drug-addicted mom may have the inherent ability to protect (she could) but not the capacity (she’s impaired).

1. What should be considered when doing an assessment of protective capacities?

The following categories of protective capacities are assessed:

Cognitive - This category refers to specific intellect, knowledge, understanding, and perception used to assist in protecting a child. This includes the ability to problem-solve.

Behavioral - This category refers to specific action and activity to assist in protecting a child.

Emotional - This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. It includes issues of attachment and parent's perception of the child (i.e., blaming the child, seeing the child as evil or unlovable, etc.)

"Caseworkers must look beyond what a parent is saying regarding his/her ability to protect and assess what a parent intentionally or unintentionally reveals about him or herself, specifically how he/she is thinking, feeling, and behaving as it relates to their parental role and protecting their child. The caseworker should collect information through previous history, observations, and interviews, including information obtained from collateral sources, and other household members, including all children."

Note: We will go into much more detail later in the material.
2. **How often should we assess protective capacities?**

Protective capacities are assessed as an ongoing component of child safety. In other words, it is inherent in the continuous, ongoing assessment of safety at every contact with the child and family throughout the life of a case. Additionally, there are times when protective capacities are formally assessed or reassessed and documented. Those times include during:

- The Safety Assessment
- The Family Assessment (including the Safety Reassessment, the Final Case Decision, and Service Planning)
- Ongoing Case Assessment/Investigation
- Specialized Assessment and Investigation
- Case Review/SAR
- Reunification Assessment
- All Safety Reassessments (as stand-alone reassessments or within other tools)

3. **What is the worker's role regarding protective capacities?**

The worker’s role is not only to assess the parent’s protective capacities but to also supplement those capacities when possible to help the parents protect the child. A safety plan may include supplementing protective capacities when a family’s capacities to protect aren’t sufficient to manage immediate safety threats for at least one child in the family.

Using protective day care or helping a parent identify and use supports they currently have access to are examples of how a worker might supplement the parents' protective capacities. Remember that safety plans should supplement the parents' protective capacities, not place sole responsibility for the child's safety on a resource person or supportive service.

**Note:** A number of PCSAs in Ohio have adopted Alternative Response (AR), also known as Differential Response (DR). While there may be some procedural differences, it is still a critical component of both traditional and DR tracts to assess protective capacities. In some respects it may be even more important in the DR tract as there may be less court involvement, less agency intervention, and ultimately, less family oversight.
Section II: Applying the Seven Steps of Critical Thinking

Many of you will remember the Seven Steps of Critical Thinking from Caseworker Core Module IV: Assessment in Family-Centered Child Protective Services. Others may remember these steps worded slightly differently as there are several models used in the field of child welfare. For the purpose of this discussion, we will use the model as presented in Caseworker Core.

As a review, here are the steps we will use:

1. Knowing why an assessment needs to be done - what critical questions need to be answered and what decisions will be made using the information
2. Determining the most pertinent and relevant criteria to be assessed -- that is, the type, scope, and depth of information that must be gathered to inform the decision
3. Implementing a variety of information-gathering strategies to access and record the needed information
4. Analyzing the information (examining in detail) and formulating hypotheses about what the information reveals
5. Testing out hypotheses to assure a high degree of accuracy and consistency in the information
6. Synthesizing or integrating the information so it is congruent and allows accurate conclusions to be drawn
7. Using the conclusions to make a well-informed decision that achieves the desired outcome

We often apply these steps of critical thinking in our everyday decision-making. For example, we can apply this to buying a car. You might decide as follows:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Determine the purpose - I need transportation</td>
</tr>
<tr>
<td>2.</td>
<td>Identify criteria - I need reliable, safe, cheap, holds my golf clubs in the trunk</td>
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<tr>
<td>3.</td>
<td>Gather information - I Googled cars, checked websites, found three that could work</td>
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<tr>
<td>4.</td>
<td>Formulate hypothesis - I think a PT Cruiser would work best</td>
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<tr>
<td>5.</td>
<td>Test hypothesis - I test drove the Cruiser</td>
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<tr>
<td>6.</td>
<td>Form conclusion - Yes, it meets my criteria</td>
</tr>
<tr>
<td>7.</td>
<td>Make a decision - I want it!</td>
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We will now apply each step to the assessment of protective capacities as described in the following content.

1. **Determine the purpose of the assessment**:

   In this context, we are determining the purpose of the assessment of protective capacities. In other words, why are we making this assessment? What are we trying to accomplish? What will we do with the information?

   As we defined the concept earlier, the purpose is to identify family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Simply put, **how can they keep the child safe?**

   When involved in a family assessment, protective capacity is obviously just one component of a total assessment, but a critical one.

   **What happens if our assessment is wrong?**

   We may fail to intervene and a child suffers more maltreatment.

   - We may intervene too quickly and cause the family and the child additional unnecessary trauma.
   - We may intervene too severely and cause the family and the child additional unnecessary trauma.
   - We may fail to intervene at an appropriate level to meet the need and the child is maltreated again.

   Therefore, it is critical when assessing protective capacity that we take the time necessary to fully review the family’s capacity to protect the child. We need to consider the parent’s protective capacity in the context of the assessment we are doing. We have to be careful not to simply repeat what was written previously since the purpose of the assessment (i.e., the decision to be made) may have changed with family circumstances.

2. **Identify relevant criteria**:

   What are the relevant criteria? What do we need to assess to determine protective capacities? What do we need to know to inform our decision about protective capacities? Is it enough for a parent to possess two of the three components and keep the child safe without intervention or supplementation?
Earlier, we described the three components to be considered when assessing protective capacities. Now, let’s take each one of those and develop a list of relevant criteria that would help a worker identify cognitive, behavioral, or emotional elements of protective capacities.

**Cognitive** - This category refers to specific intellect, knowledge, understanding, and perception used to assist in protecting a child. Cognitive abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent’s responsibility to protect. Other examples include: being reality oriented; having an accurate perception of the child and his vulnerabilities.

**Behavioral** - This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capacity to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs. Other examples include being adaptive, assertive and responsive, taking action, and using impulse control.

**Emotional** - This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the form in which love is expressed and reciprocated and the nature of the parent-child attachment. Also included is how effectively the parent meets his/her own emotional needs.

3. **Gather relevant information:**

- To gather relevant data:
  - Engage the parents in the process (we'll return to this)
  - Interview parents, children, extended family
  - Observe the parents with and without the children, separately and with each other
  - Obtain information from service providers
  - Review case history
• Gathering accurate and complete information for any assessment requires casework skills, experience, and patience. In order to do this well, the caseworker must take time. Being prepared for each intervention will increase the validity of the assessment. "Think time" is critical. This includes having a list of all data that needs to be gathered with each interviewee. In assessing for protective capacities, these questions should be posed to all individuals having knowledge of the family functioning.

• Most importantly, you must first be engaged with the client before asking intrusive questions. There are many engagement strategies available to the workers to promote the client/worker relationships.

• The following are some common engagement strategies:
  1. Identify client strengths
  2. Use the S.H.E.R. model (Surface, Honor, Explore, Recheck) to address resistance
  3. Consider process as well as content
  4. Validate the client’s experience
  5. Clearly state expectations and roles
  6. Communicate empathy
  7. Integrate engagement and protective authority
  8. Provide concrete services
  9. Reframe the client’s concerns
  10. Consider cultural issues

**What questions might you ask a parent to assess protective capacities in these three categories?**

**To assess cognitive abilities:**

Do you know why I am here? Do you understand the (safety plan, case plan, reunification assessment, etc.) that we are working on? Have you thought about how to keep your daughter safe? Do you know how to take care of your son's medical problem? Who do you think can help your family? How do you think these effects your family?
To assess behavioral abilities:

What have you tried so far? Have you ever moved away from the trouble? How did you try to keep your daughter away from (your boyfriend, husband?) Have you explained any of this to your son? Did you go to the counseling session? Have you been going to you AA group? How have you kept your children safe in the past? What would you do to make sure they are okay? Do you have rules for your son that you can enforce?

To assess emotional abilities:

How do you feel about my being here? How do you think your kids are adjusting to their new school? Do you think your kids need you to keep them safe? Have you ever had bouts of depression like this before? How did that happen? What is the most important part of your day? What makes you the most happy? Sad? How will your daughter react to your leaving?

4. Analyze information and formulate hypotheses

- Once the information has been collected, we must do something with it. This step is a keystone of the assessment process.
- Information to be analyzed: What strengths and resources do the family have that can reduce, control, and/or prevent threats of serious harm? How does the family utilize these protective capacities to ensure child safety?
- Workers should first make an educated guess about what they've learned, and draw a tentative conclusion about what is really happening. Such an educated guess in research is called a hypothesis. Hypotheses are theories—statements of plausible explanation, but by no means fact. Hypotheses are designed to be tested, and either determined to be accurate (supported), or disproved (unsupported) by additional information.
- In regards to protective capacities, following are typical hypotheses to be tested:
  - Caretaker can protect child with additional intervention
  - Caretaker can protect child during certain time periods only
  - Caretaker can access protective interventions
  - Caretaker will access protective interventions
5. Test hypotheses

- The best strategy to check out the accuracy of information and conclusions drawn from it is to test it. Each of these hypotheses must be considered and tested to be assured of a reliable assessment of protective capacities. You are making a hypothesis as to why a parent has or does not have the necessary protective capacities. In other words, we need to make an educated guess as to what factors are impacting a parent’s protective capacities. We can then supplement the parent’s protective capacities.

- For example: we hypothesize that a mother does not know how to take care of a newborn (a cognitive issue); we then test this by teaching her how to do that (via in-home homemaker services, parenting classes, etc.); she then fails to care for the baby. Our hypothesis has fallen short of identifying the correct reason for her lack of care and we must reassess. In other words, our assessments will be accurate and our support or intervention helpful if we have hypothesized correctly. Conversely, we increase risk if we are mistaken.

6. Synthesize the information to form a conclusion

- Once the caseworker has tested hypotheses, one should stand out or rise to the top as being the most valid. If not, the caseworker must respond to all of the hypotheses that it could not eliminate through the information gathering process. As the hypotheses are reviewed, there may be a trigger that additional information has yet to be gathered. If so, follow through as needed.

- This step in the critical thinking process is often the focus of the case review or Semiannual Administrative Review (SAR). The case review is in place to regularly monitor progress towards case plan completion and progress towards permanency. In other words, we are synthesizing the hypothesis we’ve tested (case plan interventions) to form a conclusion (has progress been made). Changes to the goals,
objectives, or activities of the case plan are discussed and initiated, if necessary, during case reviews.

7. **Make well informed decisions**

   - Having followed the above steps, we should be making well-informed decisions. Remember that the purpose of CAPMIS Tools is to guide our decision-making through a structured process of critical thinking.

   - It is important to note, however, that we have to be constantly vigilant to changes in the parents' protective capacities. For example, family composition can change suddenly, supplemental activities may no longer support the parents’ capacity to protect the child, or new safety factors emerge. We must always base our decisions on the most **accurate, current, and complete information** that is grounded in the seven steps of critical thinking but be alert to reassessment as new information is obtained or unplanned activities occur.

   **Note:** There are often times when a parent's protective capacities may change and therefore a reassessment of protective capacities is needed.

   For example, when either parent:

   - leaves the household (by choice or not)
   - is more/less effected by drug/alcohol use
   - is emotionally distraught
   - suffers a new medical or mental health condition
   - is pressured to act against his or her own wishes (confronts an abusing partner or takes part in gang activity)
   - becomes frustrated with or unable to handle the child's behavior or condition
Section III: Challenges in Assessing Protective Capacities

- Interviewing for assessment information, specifically about protective capacities, is difficult for several reasons:
  - Client may be ashamed of his/her behavior
  - Client may be suspicious/threatened by agency involvement
  - May fear full disclosure will result in removal of child
  - Client may lack insight; may not be aware of reasons
  - Client may try to hide illegal activity
  - Client may not see the relevance of the questions
  - Questions may be culturally intrusive or misunderstood

- In order for families to provide complete and accurate information, they must also understand why you are asking the particular question and how you plan to use the information. Workers must be clear about why these particular assessment factors are being asked and who will see the assessment. Workers should be prepared to answer a parent’s question: "Why are you asking me if I can protect my own child?"

  A response might be: “Most families want to make sure their children are safe. The first thing we’ll talk about are the ways you already keep your child safe, the positive things you do to take care of your child. We call those protective capacities, meaning ways you are able and willing to protect your child from serious harm. We’ll also talk about areas that we may need to strengthen, help you with, so you can make sure you can continue to protect him.”

- As with any assessment, we consider cultural issues and how any differences may impact our ability to communicate our questions and to understand the parent’s responses. Again, you must first engage the person before launching into these critical questions.

- Following are some common assessment errors.
  1. Draw conclusions about the meaning of a behavior with insufficient or erroneous information
  2. Attempt to conduct an assessment without knowing what information is relevant for the situation being assessed
  3. Attempt to speed up the assessment process to meet time restrictions or deadlines
4. Attempt to conduct an assessment knowing what should be covered, but not knowing enough about the topic area to ask the most pertinent questions or to understand the answers

5. Miss cultural implications

6. Allow personal factors unique to the worker conducting the assessment, and/or the family being assessed to influence the assessment

The challenge of documentation

- How, when, and what to document are important considerations in any assessment, particularly protective capacities. It is not enough just to identify operational safety concerns; but to understand how the caregivers respond to these concerns as the case progresses. Remember that children are only as safe as their caretaker’s response to the safety concerns.

- Documentation of protective capacities should, at a minimum, address the parent’s cognitive, behavioral, and emotional capacities. For example, recording that “So far, the mother seems to be able to protect the children from her estranged husband” is not sufficient. It would be more accurate to write, “The mother understands the harm to the children, removes them from the home when necessary, and shows a strong, determined commitment to maintain their safety.” Note all three components are included - cognitive, behavioral, and emotional.

- Conversely, a similar scenario has a different meaning if the mother understands the harm to her children (cognitive), takes the children to a safe place (behavioral), but says she loves him and would only return to her abuser if he apologized (emotional). In this case, the parent is not demonstrating sufficient protective capacities, although two of the three components appear to be met.

- As we work with the clients; their protective capacities should be increasing if we are providing the correct interventions. With each 90-day review; the protective capacities should be showing some improvement. As part of documentation, it is imperative to describe how the protective capacities are improving. In other words, we must be able to add to our conclusions, “as evidenced by............”

- It is equally important to document what we did to supplement the parent’s protective capacities. That is an integral part of our role in keeping the child safe.