

Evaluating Progress as a Safety Decision

Introduction

ASFA Requires Measurement!

- ASFA requires safety issues to be integrated into case plans in order to produce a safe environment.
- ASFA requires that client progress concerned with safety issues integrated into case plans be measured.
- The provision applies to children in care.
- The spirit of ASFA applies to all cases involving safety issues.

Frequently we've referred to the Adoption and Safe Families Act (ASFA) when identifying both requirements for safety intervention and rationale for particular concepts and applications we recommend. Now we turn to what ASFA has to say about an important ongoing CPS safety intervention requirement – evaluating caregiver progress toward desired treatment objectives.

You may remember that ASFA requires that safety concerns be addressed in ongoing CPS case plans. The companion requirement in ASFA is concerned with judging progress related to those safety concerns covered in the ongoing CPS case plan. ASFA states:

SEC.475.[42 U.S.C. 675] As used in this part or part B of this title:

(4) (B) the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by administrative review...in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of

progress which has been made toward alleviating or mitigating the causes necessitating the placement...

Admittedly statutes often are a bit cryptic in terms of specifically what requirements are and more so about how they are complied with. We've underlined certain parts of the provision to emphasize the requirement we are concerned with in this article. The key thing to understand here is that the requirement related to determining the extent of progress is qualified by the causes that resulted in child placement. What progress are you to evaluate? You are to evaluate caregiver progress concerned with safety concerns that required placement. What are these safety concerns? Fundamentally there are two safety concerns addressed within case plans that subsequently must be evaluated: reduction or elimination of impending danger threats and enhancement of diminished caregiver protective capacities. How can the extent of progress be determined with respect to these safety concerns? That's the point of this article.

However, before we get started, let's briefly consider the provision within ASFA concerned with when progress should be determined. The law says that at least every six months from the establishment of a case plan that the extent of progress should be determined. This is a minimum standard which means that best practice would occur more frequently. Keep in mind that we are talking about a child's safety. Keep in mind we are also in a case process status that involves child permanency implications. Keep in mind that provisional safety management seeks to manage safety through the least intrusive means possible. We believe six-month case evaluations which include determining the extent of progress, compliance with case plans, and safety decisions like reunification should occur more frequently and no less than every 90 days.

Benchmarks for Determining Caregiver Progress

There are two means for establishing benchmarks for later measuring caregiver progress related to safety concerns: Conditions for return (see article June 2004) and content within the case plan (see article November 2005).

Conditions for return are established when a child is placed. Conditions for return identify specific behavior and home circumstances that must exist in order for a child to be returned home. Moving toward and complying with conditions for return represents progress toward effectively addressing safety concerns.

Case plans everywhere commonly contain goals or objectives to be achieved as a result of ongoing CPS services. Additionally, most case plans include a provision requiring identification of evidence of achievement or progress toward achievement. Sometimes these case plans refer to the “method for evaluation.” Sometimes literally that means what specific evaluation method will be used, such as a provider will report progress. But sometimes that refers to the above mentioned requirement for identification of caregiver behavior which represents evidence of movement toward achievement of case plan goals or objectives.

When safety intervention is the driving force in ongoing CPS case planning goals or objectives, diminished caregiver protective capacities are identified as what will be addressed along with behavior that may be influencing diminished caregiver protective capacity, such as substance abuse. So, then, the benchmarks that are identified within the case plan – the anticipated evidence of progress and change – are related to those goals or objectives (i.e., enhancing diminished caregiver protective capacities).

Figure 1 provides an example of case plan content from a state that is implementing these ideas. Admittedly this case plan probably goes well beyond what is often apparent in case records in agencies in many places, but it serves as a very good example of how a case plan can provide effective benchmarks for

determining progress. This case plan for Maria identifies diminished caregiver protective capacities that must be addressed. These might be considered the first benchmarks within this case plan and are followed by goals which are behaviorally stated and serve as the second benchmarks. The case plan is concluded with the third and most compelling criteria: Behavioral Benchmarks for Progress and Change.

MARIA'S INDIVIDUALIZED SERVICE PLAN

(Example Only)

Family Name: Maria

REASON CPS IS INVOLVED WITH YOUR FAMILY

<p>Maria has violent reactions; a history of beating up on Jose; hitting Jose in the face; wanting to hurt Jose.</p>
<p>Maria sees Jose in extremely negative ways – so much so that she is not really accurate about the way Jose is as a boy.</p>
<p>Maria has not been interested or motivated to think differently about Jose or her way of behaving toward and parenting him.</p>
<p>Maria doesn't control her feelings and actions in general and, in particular, with Jose.</p>

WHAT MUST HAPPEN FOR CPS TO NO LONGER BE INVOLVED WITH YOUR FAMILY?

<p>Maria must make sure that her home is a safe place for Jose and that he does not experience any harsh physical or emotional treatment.</p>
<p>Maria must accept Jose as he is and not compare him to others.</p>
<p>Maria must accept responsibility as an adult for her life circumstances and not blame Jose.</p>
<p>Maria must have and show positive regard and love for Jose.</p>

ENHANCED CAREGIVER PROTECTIVE CAPACITIES IDENTIFIED DURING INITIAL ASSESSMENT	DIMINISHED CAREGIVER PROTECTIVE CAPACITIES IDENTIFIED DURING INITIAL ASSESSMENT
<p>Maria is physically able to be protective.</p>	<p>Maria reacts physically and verbally toward Jose without thinking; she lacks self-control.</p>
<p>Maria can plan and carry out a plan on Jose's behalf.</p>	<p>Maria is not aligned with Jose.</p>
<p>Maria has the skill necessary to make sure Jose is safe.</p>	<p>Maria sees Jose in ways that are not the way he really is; her expectations don't fit with what he is capable of.</p>
<p>Maria has the necessary resources to make sure Jose is safe.</p>	<p>Maria is not aware of or doesn't accept her responsibilities to be a protective parent.</p>
	<p>Maria needs to be able to set aside what she wants and her needs for what Jose needs.</p>
	<p>Maria doesn't show love and empathy toward Jose.</p>

PRIORITIZED GOALS

<p>Maria will control her feelings and reactions toward Jose.</p>
<p>Maria will think, feel, and act toward Jose in loving, positive ways.</p>
<p>Maria will care for and keep Jose safe always as her first priority.</p>
<p>Maria will develop attitudes and perspective on life that allow her to accept her life without blaming Jose.</p>

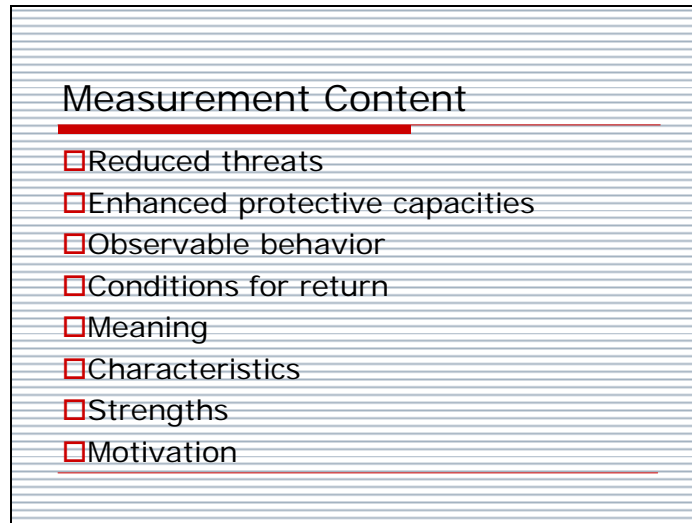
Persons Responsible	Step # 1
<p>James Robinson Mental Health</p>	<p>Weekly – Individual Counseling</p>
	<p>Comments The objective is to sort through feelings, attitudes, disappointments, perceptions, and needs related to life in general but also specific to Jose. How Maria looks at herself and life in general directly influences her feelings and actions toward Jose.</p>

Persons Responsible	Step # 2
Nancy Orlando CPS	Bi-monthly Casework Support and Counseling
	Comments The objective is to provide support and encouragement to Maria to continue working on her goals; to address any problems, issues or stress that arise that could get in her way; and to be available as an ally in the work she is doing.

Persons Responsible	Step # 3
Linda Phillips Parents' Partners	Weekly Parent Education and Mentoring
	Comments The objective is to focus on daily interaction between Maria and Jose including different ways to understand and think about Jose and the way he acts, different ways to behave toward and handle Jose, things that will bring happiness to being with Jose, and new ways to think about being a parent.

Behavioral Benchmarks for Progress and Change
<ul style="list-style-type: none"> ▪ <i>Maria accepts the need to address and change behavior and attitudes associated with being a parent and specific to Jose.</i> ▪ <i>Maria invests in working on change, meets with providers, complies with case plan, takes action.</i> ▪ <i>Maria sets aside her own needs in favor of Jose's needs.</i> ▪ <i>Maria views and asserts herself as a protective parent.</i> ▪ <i>Maria demonstrates understanding and concern for Jose's needs and routinely meets them appropriately.</i> ▪ <i>Maria plans, articulates a plan, acts on a plan of how to effectively respond to Jose's challenging behavior.</i> ▪ <i>Maria aligns with Jose.</i> ▪ <i>Maria engages with Jose and minimizes avoiding challenging parenting situations.</i> ▪ <i>Maria recognizes Jose's strengths, limitations, and needs.</i> ▪ <i>Maria effectively accepts and monitors her own feelings and moods that contribute to reacting to or avoiding Jose.</i> ▪ <i>Maria recognizes how her behavior threatens Jose's safety.</i> ▪ <i>Maria is more self-aware as a parent.</i> ▪ <i>Maria values and believes it is her primary responsibility to protect Jose.</i> ▪ <i>Maria communicates her own needs.</i> ▪ <i>Maria is emotionally able to intervene to (1) avoid reacting to Jose and (2) protect Jose.</i> ▪ <i>Maria becomes more resilient and tolerant as a parent.</i> ▪ <i>Maria displays concern for Jose and his experience and intends to be nurturing to him.</i> ▪ <i>Maria expresses love, empathy, and sensitivity toward Jose; she experiences empathy with the child's perspective and feelings.</i> ▪ <i>Maria is more motivated as a parent and with respect to protectiveness.</i> ▪ <i>Maria copes as a parent.</i>

What Do You Measure?



When case evaluation time rolls around and you sit down to figure out whether a caregiver is making any progress, what do you consider? We have already referenced to consider whether evidence exists in individual and family behavior or situations that indicate the reduction or elimination of impending danger. Basically this calls for a safety assessment where you revisit and examine the threats, and you reconsider how threats were occurring and whether there has been any change. We also have just emphasized considering progress and changes in caregiver protective capacities. The fact is that progress and change related to the enhancement of caregiver protective capacities is the essential concern.

The benchmarks identified in the case plan represent tangible evidence that is observable. It is crucial that progress as reported by others, as demonstrated by caregivers, as experienced by you is observable, factual, and evident with respect to occurrence, frequency, and nature.

We've also mentioned conditions for return as content to judge. Rather than getting into details about that method here, we refer to the article mentioned earlier (June 2004).

“Meaning” refers to judging the importance and understanding that caregivers place on what is happening in their lives; it refers to such things as recognition of

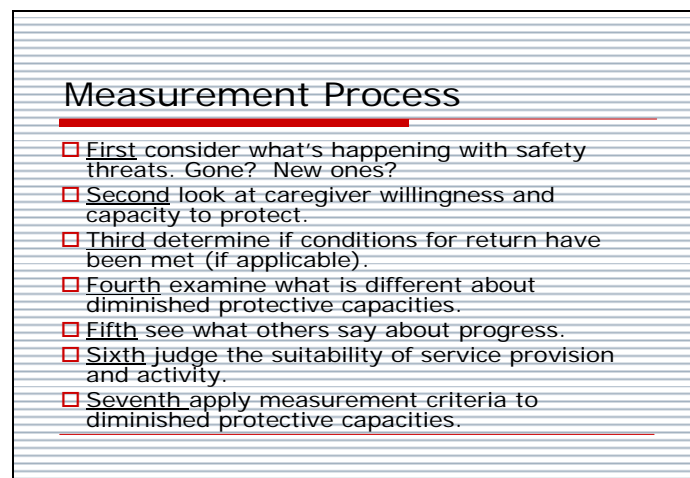
progress, awareness or denial of problems, felt difference as a result of intervention.

“Characteristics” refers to judging whether caregivers are exhibiting examples of attributes and qualities that can be associated with succeeding or progressing.

“Strengths” as applied to determining progress refers to specific examples of personal strengths that contribute to people changing.

“Motivation” refers to judging whether there are caregiver examples of motive to change and movement toward some change.

How Do You Proceed to Determine Progress?



We recommend a deliberate step-by-step process for arriving at the determination of progress or change. That process always begins with what is happening specific or related to impending danger. This includes consideration of behavioral and social influences and problems associated with impending danger such as mental or physical health, use of substances, relationship conflicts, role disturbances, and so on. The process continues by focusing on the person's attitudes and abilities related to her parenting role and responsibilities. This naturally includes acceptance, openness, and awareness concerned with the need for CPS and ownership of who must be responsible for the protective role. Conditions for return apply when children are placed and are considered for two reasons: (1) evidence of progress toward achievement of case plan goals and (2)

Sample 2

Evaluate whether the caregiver possesses characteristics/attitudes that can contribute to progress and change.

- | | | | |
|----|---|-------------------------------------|------------------------------|
| a. | Does the person have an operating sense of family identity and desire for the family to stay together? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| b. | Does the person have sufficient capacity to learn, participate in problem solving, gain some insight? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| c. | Does the person have a sense of hope? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| d. | Does the person possess an openness and capacity to participate in a relationship and the need for one? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| e. | Is the person open to you (CPS worker)? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |

Sample 3

Evaluate strengths the caregiver possesses that contribute to progress and change.

- | | | | |
|----|--|-------------------------------------|------------------------------|
| a. | Does the person face problems and seek help? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| b. | Does the person risk by sharing problems with others? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| c. | Does the person persevere to keep the family together? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| d. | Is the person resourceful and creative in surviving and using resources? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |
| e. | Does the person make sacrifices for his/her children? | | |
| | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> | Yes <input type="checkbox"/> |
| | Detracts from Change | Can't Evaluate | Promotes Change |
| | | Somewhat <input type="checkbox"/> | Supportive of Change |

Sample 4

Evaluate whether the client is motivated to change.

Motives

a. Does the person talk about making changes?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

b. Does the person do things related to making changes?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

c. Does the person make any plans related to changing?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

d. Does the person have an identified way of problem solving?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

Movement

a. Is the person trying?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

b. Is the person participating?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

c. Is the person following through?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

d. Is the person dependable?

No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Yes <input type="checkbox"/>
Detracts from Change	Can't Evaluate	Supportive of Change	Promotes Change

Sample 5

Evaluate progress the caregiver has made related to enhancing the diminished protective capacity.

- a. Amount of Change: How much change has occurred?
None Don't Know Some Considerable
- b. Readiness for Change: How ready to change is the caregiver?
Not Ready Don't Know Ambivalent Ready for Change
for Change about Change
- c. Resource for Change: How sufficient are personal and concrete resources to support change?
Insufficient Don't Know Somewhat Sufficient Sufficient
for Change for Change
- d. Length of Time Required: How long is acceptable change likely to take?
Unacceptable Don't Know Somewhat Acceptable Acceptable
Unknown Length Several Months Few Months
- e. Effects on Permanency: What are the likely effects of the length of time required for change on permanency?
Unacceptable Don't Know Somewhat Acceptable Acceptable
Effects Effects Effects