



Case Plan Goals: The Bridge Between Discovering Diminished Caregiver Protective Capacities and Measuring Enhancement of Caregiver Protective Capacities

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Introduction

The Adoption and Safe Families Act (ASFA) requires you to address safety concerns in case plans. It also requires you to measure progress in addressing those safety concerns as a case evaluation responsibility. This begins a two part series concerned with measuring progress. This month we'll consider measuring progress by focusing on the importance of case plan goals.

If you've followed our articles, you are familiar with how to meet those ASFA requirements. Case plans can address safety concerns by focusing on caregiver protective capacities. Case plans can include goals that enhance diminished caregiver protective capacities. In a safety intervention system, two assessments support the ASFA change or treatment related requirements:

- The Protective Capacity Family Assessment (PCFA)¹ is an interactive process designed assessment that identifies with a caregiver the diminished protective capacities he or she is willing to work on. This assessment results in mutually agreed to goals about protective capacities

¹ The PCFA occurs after the Family Functioning Assessment (FFA) (i.e., investigation or initial assessment) and informs the case plan; it occurs when a case is transferred (opened) for ongoing CPS.

in need of enhancement. This meets the first ASFA planned change expectation.

- The Protective Capacity Progress Assessment (PCPA)² is an event that occurs during service provision to evaluate (among other things) the progress that is being made toward enhancement of caregiver protective capacities. This meets the second ASFA planned change expectation.

It is impossible to effectively measure progress in enhancing caregiver protective capacities if two things haven't happened previously:

1. The PCFA has resulted in a correct discovery of the diminished caregiver protective capacities.
2. The case plan contains goals that explicitly indicate what must change in relationship to the diminished caregiver protective capacities.

It is crucial for you to understand the connection between (a) discovering what must change in the PCFA to (b) articulating what must change in the case plan to (c) measuring whether change occurred in the PCPA.

Once a Wrong Goal Is Identified Everything Else You Do Is Wrong

If a goal identifies the wrong thing to be done, you end up measuring progress based on something that is wrong. You likely measure unneeded change. It is essential that goals correctly identify what must change which in a safety intervention approach is always something associated with diminished caregiver protective capacities.³ What must change are behavior, thinking, and emotions that do not contribute to a person being protective. Correct goals guide caregivers to: behave differently, alter their thinking, manage their feelings. Correct goals

² The PCPA occurs usually within 90 days of the initiation of case planned treatment/change services; besides measuring progress it also involves safety management including issues such as reunification.

³ Caregiver protective capacities are personal and parenting behavioral, cognitive, and emotional characteristics that specifically and directly can be associated with being protective.

are focused on specific diminished thinking, behaving, or feelings – what isn't working well for the person – that reduce his or her ability to be protective.

Criteria Based Goals

Here are the criteria for goals that create the bridge between diminished caregiver protective capacities and measuring progress toward enhancing those protective capacities:

- Focused on diminished caregiver protective capacities
 - ✓ Thinking
 - ✓ Feeling
 - ✓ Behaving
- Behaviorally stated
- Understandable
- Specific
- Measureable
- Mutual agreement

If goals do not meet these criteria, they are wrong. If goals are wrong, everything that follows is wrong. If goals are wrong, they cannot be measured in relationship to the reason CPS is involved with caregivers.

How can you apply these criteria and know you are selecting the correct thing? In a safety intervention system, if you are responsible for the case plan, you have a process you employ that provides for a step-by-step pathway to finding the correct goals that comply with the criteria. The steps are set forth in the PCFA: Step 1 you review the Family Functioning Assessment (i.e., investigation or initial assessment) to determine what was concluded about caregiver protective capacities; Step 2 you follow the stages of the PCFA; Step 3 you discover with the caregiver what thinking, behavior, and/or emotion are contributing to protective capacities being diminished; Step 4 you and the

caregiver pick the specific thinking, behavior, and/or emotion to form the goals and justify the goals against the criteria.

Try Out the Criteria

This is an actual goal written in a case. The name is changed.

Ms. Braddock will learn appropriate and current parenting skills to deal with Freddie's behavior.

What do you think? Does the goal comply with the criteria?

Okay...the first problem is we don't know by looking at the goal alone whether it meets the first criterion – focused on a diminished caregiver protective capacity. The only way that can be known is to consider this goal within the context of the Family Functioning Assessment and the Protective Capacity Family Assessment. So we'll just have to assume that the goal likely is focused on a caregiver protective capacity since it has to do with the mother's knowledge of parenting skills. A thinking or cognitive caregiver protective capacity is sufficient knowledge to be protective; a behavioral caregiver protective capacity is takes action related to being protective. So perhaps the worker who identified Ms. Braddock's goal was thinking about either or both of these capacities.

What about the rest of the criteria? Do you think the goal meets the criteria?

1. Is "learning" really the goal? If Ms. Braddock were to get an "A" in a college course concerned with parenting skills, would that be "goal achievement?" A goal should say what Ms. Braddock is going to do, not what she will learn. Sure we can agree that learning contributes to behavior, but the goal ought to be about taking action....doing something in a repetitive manner.

2. The goal could be more specific. It could be improved by knowing what parenting skills are an issue. For instance, it could say – Ms. Braddock demonstrates restraint and calm when managing Freddie’s tantrums.
3. The reference to Freddie’s behavior is also not specific which is an issue is if there is something unusual about his behavior that is associated with mom’s parenting skills and being protective. For instance, does it make a difference if Freddie’s behavior is running away? But, it is important to remember that information in other places can provide the specificity (e.g., FFA and PCFA).
4. Of course, without the PCFA, we cannot determine if this goal is something that Ms. Braddock agrees with.
5. This goal is not measurable because it is not specific with respect to skills or qualified in other ways – as in whether the issue is pervasive or happens infrequently.
6. The goal would be more understandable if it were more specific. The goal prompts assumptions about what Ms. Braddock will do with whatever she learns without any way of knowing if assumptions are correct.

Given this goal, what would Ms. Braddock work on to change? It’s not possible to really know. What services would be appropriate to facilitate change with regard to the unspecified skills? It’s hard to know. Does having such a goal that brings about services rely upon or end up allowing a service provider to decide himself what will be worked on - what will be changed – rather than CPS and Ms. Braddock?

Good Goals

Establishing criteria based goals is like building a good bridge which connects discovering diminished caregiver protective capacities with measuring progress toward enhanced caregiver protective capacities. The chart that follows references another real case—here are some examples of criteria based goals for the mother, Linda.

Cognitive Grouping of Linda’s Diminished Caregiver Protective Capacities

- Linda doesn’t understand her protective role.
- Linda doesn’t recognize threats.
- Linda does not accurately recognize her children’s needs.
- Linda does not have realistic expectations for her children.
- Linda does not have accurate perceptions of her children.
- Linda does not accurately process information.

Linda’s Cognitive Related Goals

1. Linda describes and understands the identified impending danger and can explain how these dangers can affect the children.
2. Linda accepts and acts on her protective responsibilities to plan for and supervise her children.
3. Linda recognizes and responds appropriately to Vincent’s needs and limitations.

Criteria Application

Focused on diminished caregiver protective capacities	Yes. These goals are focused on understanding, alertness, perceptions, recognition which are diminished thinking capacities.
Behaviorally stated	Yes. Describing, explaining, accepting, acting, recognizing, and responding are behaviors.
Understandable	Yes. Unless Linda’s intellectual functioning is limited, we can assume she can understand these. We understand them, right? The impending danger is identified in the FFA and can be discussed with Linda. Vincent’s needs are identified in the FFA.
Specific	Yes. Focus is given to impending danger, protective responsibilities, and a child’s unique needs.
Measureable	Yes. We can observe these things happening; others can report on them; Linda can self report; we can know about the products of these goals such as evidenced supervision. We can have evidence of these things occurring in

	frequency, under various conditions, and repetitively.
Mutual agreement	Well, we can only know this criterion is met by knowing Linda.

<p><u>Emotional Grouping of Linda’s Diminished Caregiver Protective Capacities</u></p> <ul style="list-style-type: none"> ▪ Linda talks about love but does not demonstrate love. ▪ Linda is not sensitive toward her children. ▪ Linda does not show empathy for her children. ▪ Linda’s emotional bond with her children is not clear. ▪ Linda displays minimal positive attachment with her children. ▪ Linda cannot meet her own needs effectively. ▪ Linda varies in displaying emotional control. ▪ Linda is generally not reality oriented. 	
<p><u>Linda’s Emotional Related Goals</u></p> <ol style="list-style-type: none"> 1. Linda verbally expresses and demonstrates love, sensitivity, and empathy for her children and their experiences. 2. Linda acknowledges her needs as separate from the children’s needs, gives priority to the children’s needs, and plans for how she will meet her needs. 	
<p><u>Criteria Application</u></p>	
Focused on diminished caregiver protective capacities	Yes. These goals are focused on her feelings about her children and separating her emotional needs from the children.
Behaviorally stated	Yes. Expresses, demonstrates, acknowledges, gives, plans are all behaviors.
Understandable	Yes. We understand them, right? She will too.
Specific	Yes. Focus is given to specific demonstration and actions associated with Linda’s emotions.
Measureable	Yes. We can observe these things happening; others can report on them; Linda can self report; the children can report on them; the quality of the mother-child relationship change can

	be observed; we can have evidence of these things occurring in frequency, under various conditions, and repetitively.
Mutual agreement	Well, we can only know this criterion is met by knowing Linda.

Closing

Writing criteria based goals requires thought and discipline. Without question, writing such goals is absolutely dependent on what you learn from the FFA and PCFA and how you understand a caregiver’s protective capacities. The goals we provided for you here are not meant to be absolutely perfect in complying with criteria. For instance, you might improve on the goal for Linda that mentions responding appropriately by saying specifically what qualifies as appropriate. So “upping” the quality can always be an objective in goal writing. It is important also to remember that the effectiveness of any goal in terms of directing what must change is associated in a systematic way with the other parts of intervention – namely the Family Functioning Assessment which includes Safety Assessment and the Protective Capacity Family Assessment. Finally, remember that measuring progress (a federal requirement) is directly related to and really only possible when you and the caregiver have good and correct goals.