

INDICATORS OF FAMILY ENGAGEMENT

- Belief that the worker is trying to be of use
- Belief that the worker and the family share common goals
- Appreciation of the Intervention

- Family members are accessible to the worker
- Family members reach out to the worker

PROCHASKA & DICLEMENTE'S STAGES OF CHANGE MODEL

Pre-Contemplation Contemplation Planning/Decision Making Action Maintenance

What happens if we try to force a change before someone is ready?



REACTANCE!

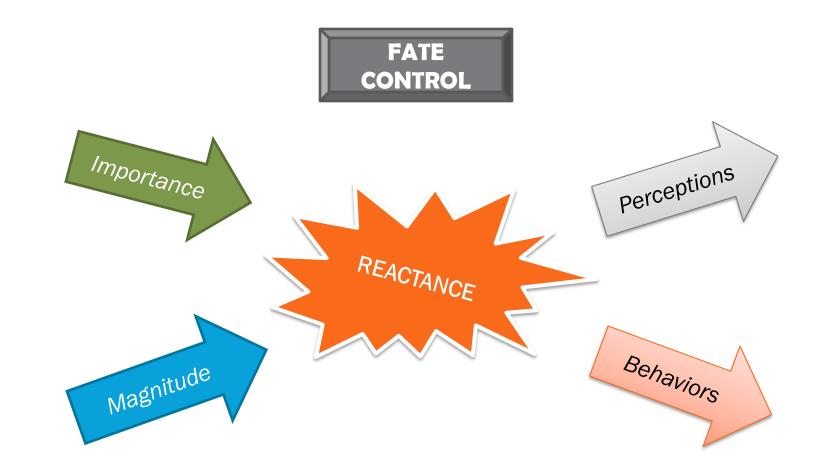
Clients are not *resisting* services, they are *reacting* to a loss of freedom

What does Reactance Look Like?

- Negotiating
- Finding a Loophole
- Inciting others
- Hostility or aggression
- Avoidance

Efforts may increase if the ability to express reactance is blocked.





WORKING WITH "INVOLUNTARY" CLIENTS

- Identify their Views:
 - Why does the client think you are involved?
 - How do they feel about your involvement?
 - Note Client Values
- Identify their Choices:
 - What are the non-negotiables?
 - What are the client's rights?
 - What *isn't* affected by these requirements?
- Develop the Contract:
 - Reframing Involvement
 - Quid Pro Quo
 - Get rid of outside pressure
 - Informed Consent

MOTIVATIONAL INTERVIEWING

Explore client's ambivalence towards change and attempt to enhance commitment to change.

- Roll with Resistance
- Develop Discrepancy
- Utilize Stages of Change
- Open ended questions
- Reflective listening
- Affirmation

- Summarization
- Self-Motivating Statements
- Avoiding arguments & confrontation



"TASTE" OF MOTIVATIONAL INTERVIEWING

- Why would you want to make this change?
- How might you do this to succeed?
- What are your three best reasons for doing this?
- How important is it to you?
- Now, what do you think you'll do?

SOLUTION FOCUSED TREATMENT

Strength Based, Solution Focused: What does that mean?

- It is the worker's responsibility is to see the glass half full.
- Client views and behaviors are valid and not challenged.

Goals:

- Change in emotions, behaviors and perceptions
- Uncover forgotten problem-solving skills
- Reminding clients of past successes.
- Avoid Confrontation

SOLUTION FOCUSED QUESTION FORMATS

- Survival Questions
 - "How did you manage to..."
- Coping Questions
 - "How do you do it when you..."
- Support Questions
 - "Who helps you when to make decisions about your life?"
- Exception Questions
 - "When are you not feeling overwhelmed?"
- Possibility Questions
 - "What would it take for you to..."
- Esteem Questions
 - "What would be different about you, if you were able to..."
- Scaling Questions
- The Miracle Question

STAGES OF CHANGE: PRE-CONTEMPLATION

"I DON'T HAVE A PROBLEM!"

DON'T

- Try to get them to admit they have a problem
- Tell them what to do.

Interventions:

- Increase awareness about the problem.
- Move people emotionally
- Discussing Benefits of Change
- Look at the consequences of what is happening now.
- Pointing out discrepancies between the way the individual would like to be and the way they are.



STAGES OF CHANGE: CONTEMPLATION

"I have a problem but I'm not really sure what I can do about it."

AVOID THE "RIGHTING REFLEX": Telling the client what they *should* do instead of empowering them to change.

Interventions:

- Decisional Balance Technique (Pros & Cons)
- Develop Discrepancy between how your client would like to be and how they are now.
- Instill Hope

STAGES OF CHANGE: CONTEMPLATING THE FUTURE

	Staying the Same	Changing
Short Term		
Long Term		

STAGES OF CHANGE: PREPARATION

"I really want to change, because ... "

Intervention

- Encourage client's commitment to change
- Verbal Reinforcement
- Generate a plan
- Set action goals



STAGES OF CHANGE: ACTION & MAINTENANCE

Action: Individual has made a change for at least 1 day but not more than 180 days.

Intervention:

• Verbal Reinforcement (Supporting self-efficacy)

Maintenance: Individual has made a change for over 6 months.

Intervention:

- Discuss maintaining behavior
- Discuss coping with relapse

STAGES OF CHANGE: RELAPSE

Intervention:

- What triggered the relapse?
- Review client's motivations for new behaviors
- Identify what barriers exist to getting back on the wagon.
- Address & develop new client coping strategies.
 o Reframe relapse as a learning experience

HALT (Hungry, Angry, Lonely & Tired)

ADAM'S UNIFIED MODEL OF CLIENT ENGAGEMENT





RELIABILITY



- o Communication
 - Utilize positive communication skills
 - Respectful and honest communication
 - Make and return phone calls
- Worker diligence and persistence in task completion



TRUSTWORTHINESS

- Establish purpose
- Be consistent
- Share all available information
- Acknowledge all possible outcomes
- Always keep agreements



COMPETENCE

- Knowledgeable about practice areas
- Experienced
- Locate useful services
- Responding quickly to concrete needs
- Spending sufficient time with families



EMPATHY

Recognize & validate families' feelings

- Provide parents with emotional support
- Sense of hopefulness



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