

## Lab 2: Engage and Motivate



***Florida Department of Children and Families  
June 2016***

# Lab 2: Engage and Motivate

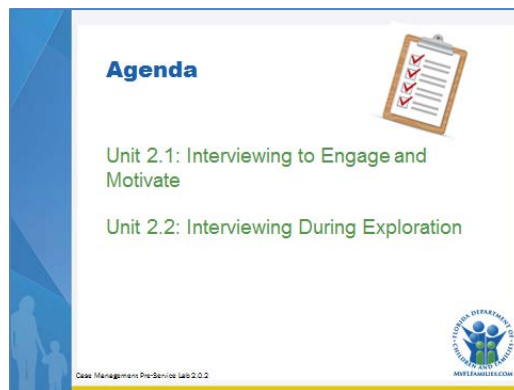
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**Time:** 1 day

**Module Purpose:** This Lab is an in-depth exploration of the Case Manager’s role as a change agent and how they will use engagement skills to achieve the family engagement standards.

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**Agenda:** Unit 2.1: Interviewing During Exploration  
Unit 2.2: Interviewing to Engage and Motivate  
Unit 2.3: Follow-up Field Activity

**Materials:**

- Trainer’s Guide (TG)
- Participant’s Guide (PG)

- PowerPoint slide deck
- Flip chart paper and markers
- Videos:
  - <https://www.youtube.com/watch?v=EJ6A7C3pcHE> 9.41  
Developing Discrepancy Part I
  - <https://www.youtube.com/watch?v=K7m9vCFa6H8> 9.59  
Developing Discrepancy Part II
  - <https://www.youtube.com/watch?v=4EGG3mja6Jk> 9.39  
Developing Discrepancy Part III
  - <https://www.youtube.com/watch?v=Mw40kNY7gXA> 5:22  
Motivational Interviewing 1: Decisional Balance
  - <https://www.youtube.com/watch?v=3PS-Xvpt9gc> 16:02  
Motivational Interviewing: Use of Reflections with Resistance
  - <https://www.youtube.com/watch?v=wrzzbaomLmc>  
<https://www.youtube.com/watch?v=BWo7F5zcObM>  
Self-Efficacy
- Handouts needing printed: None

**References:**

**Activities:**

**Unit 2.1:**

Activity A: Traps to Avoid – TG: 18, PG: 11

Activity B: Parent Self-Motivational Statement – TG: 28, PG: 18

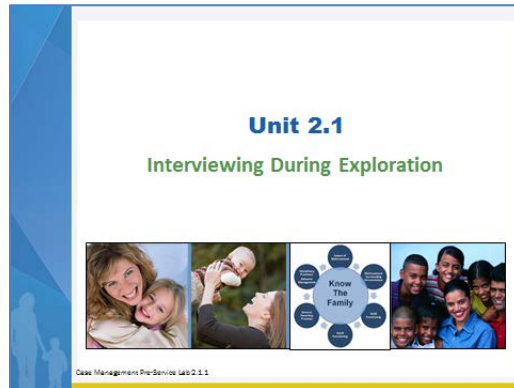
**Unit 2.2:**

Activity C: Defusing Resistance – TG: 44, PG: 26

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# Unit 2.1: Interviewing During Exploration

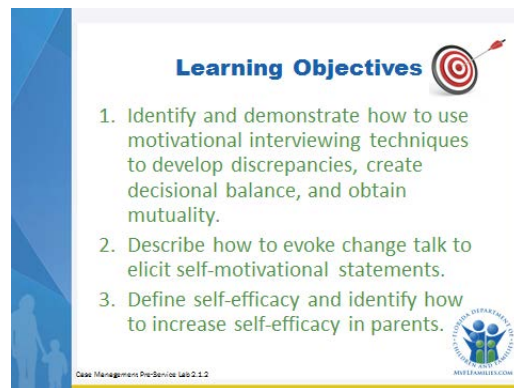
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**Unit Overview:** In this unit participants will learn motivational interviewing skills that can be used during the exploration stage.

**References:**

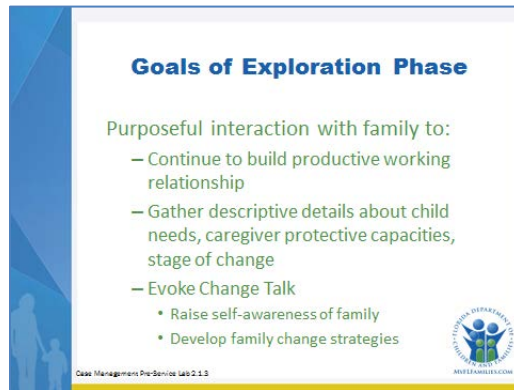
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**Learning Objectives:**

1. Identify and demonstrate how to use motivational interviewing techniques to develop discrepancies, create decisional balance, and obtain mutuality.
2. Describe how to evoke change talk to elicit self-motivational statements.
3. Define self-efficacy and identify how to increase self-efficacy in parents.

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During Exploration, the Case Manager is tasked with identifying information, reconciling information, and drawing conclusions. These conversations will produce dependable information when the engagement skills for focusing are used to elicit and clarify what families know, to raise their level of self-awareness as to the impending danger threat(s) and impact on their children, and to assess their motivation to change.

Drawing conclusions regarding the case plan outcomes based upon limited and insufficient information can contribute to case plan outcomes that do not address the underlying family conditions of what must change.

For example, what may seem as a substance abuse concern may also entail a concern for depression that may not be addressed if information is not fully explored. Or parenting classes may be identified, when the underlying condition may be a cognitive delay in the parent or caregiver.

The goal of exploration is for the Case Manager to help raise the family's self-awareness as to the impending danger threats, and convey respect for the family's ultimate right to self-determination.

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Motivational interviewing skills incorporate multiple techniques that will assist you in the exploration phase of the FFA-Ongoing. One of the first interviewing techniques we will discuss is developing discrepancy. Remember, that “discrepancy” means that you are attempting to identify differences, incongruence or inconsistencies in what the parent wants vs. their behaviors that are not taking them in that direction.

One of the purposes of using this approach is to help a person get "unstuck" from their ambivalent feelings that keep them in the same behavior patterns. By developing the discrepancy between where a person is now in their life and where s/he wants to be, the Case Manager is helping the parent determine how important a change could be to achieving the desired result. Ideally, a parent will be motivated by the perceived discrepancy between her present behavior and important goals or values that s/he holds.

Typically, it is most helpful if the parent talks about the reasons for change rather than the interviewer doing the talking. Part of developing discrepancy is eliciting statements from parents about the importance of attaining future goals or making changes to the status quo. When a current behavior is in conflict with overall life goals such as being healthy, living a productive existence, and providing for one's family, focusing on the discrepancy can provide motivation for change.

Fundamentally, our task is to help the parent begin to voice what they want for their child and how their current behavior, situation or conditions says something that is counter to their goal. Once you have developed agreement with the family

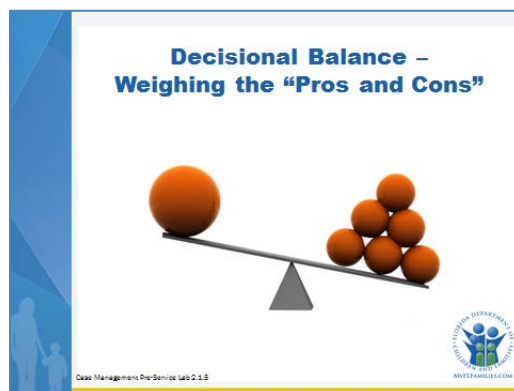
as to what the child needs, and have earned some trust so that the parent is able to hear your feedback you can begin to suggest “discrepancy.”

- Example: A parent who wishes to be able to provide for her children, not have them in foster care, etc., yet has used her resources to purchase drugs, is addicted to drugs, and her children are not living in the home due to those actions. The parent’s actions are not aligned with her goals/desires—thus a discrepancy.

Highlighting discrepancies between current behavior and future goals may bring out the parent’s internal motivation to change and override the inertia of the status quo. Pointing out areas of discrepancy is essentially an engagement skill that is intended to result in parents confronting the “realities” of their family situation and their caregiver performance.

Having a discussion with a parent about discrepancies should not come early in the interview, or may not even occur at all during the first interview. It will come after some rapport and trust has been established, and the parent is ready for the feedback and change talk. Offering information about discrepancies in terms of desired family conditions generally comes during the last stage of an interview. During this stage of the interview, you have listened and learned enough to begin “change talk.”

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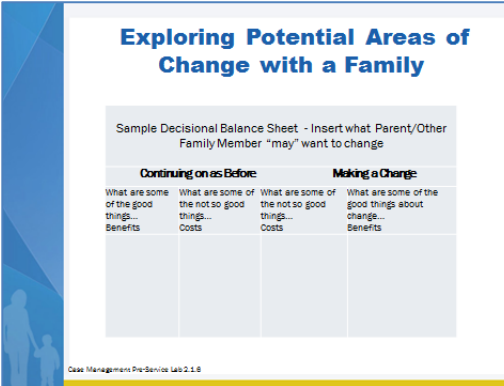


It is important to understand that there are benefits and costs to making change AND benefits and costs to not making change. Helping families consider and explore these options is important.

Decisional balance is another strategy to use with parents when exploring the benefits and costs of either making a change or not making a change. In order to explore these options with families, we have to be able to assist parents in identifying what is currently occurring in their lives. This information can be drawn from the information you know about how danger is manifesting in this family and the associated diminished caregiver protective capacities.

The balance between the pros and cons varies depending on which stage of change the person is in. This skill is particularly useful when a parent is in the pre-contemplation or contemplation stage and is resistant to making change. This can be used as a form of rolling with resistance, not trying to change the client's mind, but examining the other side of their perspective.

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**Exploring Potential Areas of Change with a Family**

Sample Decisional Balance Sheet - Insert what Parent/Other Family Member "may" want to change

Continuing on as Before		Making a Change	
What are some of the good things... Benefits	What are some of the not so good things... Costs	What are some of the not so good things... Costs	What are some of the good things about change... Benefits

Case Management Pre-Service Lab 2.1.6

**Trainer Note:** Review sample decisional balance sheet (on above slide) with participants, clarifying any questions participants may have regarding the worksheet. Next, review the sample decisional balance worksheet of the Jones Family with participants and clarify any questions they have.



## Decisional Balance Sheet: An Example with the Jones Family

The Jones family was referred to DCF due to neglect by Mrs. Jones. During the Ongoing Family Functioning Assessment information regarding Mrs. Jones’s son, James: was not attending school, his drug dealing, Mrs. Jones’ apparent lack of concern for her son’s safety and well-being, and Jaleesa’s (Mrs. Jones’s daughter) fear, expressed to the school counselor that something bad may happen to her brother. As the Case Manager began working with the Jones’, neither James nor Mrs. Jones seemed concerned about James; in fact, Mrs. Jones said she was glad he was supporting the household. The CM did this exercise with the family to see if there were elements of the current situation that they might be motivated to change.

MAKING A CHANGE		CONTINUING AS BEFORE	
<i>Benefits (the good things)</i>	<i>Costs (the not so good things)</i>	<i>Costs (the not so good things)</i>	<i>Benefits (the good things)</i>
James would be safer	James is behind by at least 1 grade level; he would have a lot of work to make up and would be much older than his classmates	Jaleesa is very anxious about James’s activities and his friends. She has nightmares that she or James will be hurt	James supports the household
James would likely avoid jail/prison	Mrs. Jones would have to return to work	There is a threat that James could be arrested.	James purchased a flat screen TV; he pays the cable and phone bills
If James returned to school, he could earn his H.S. diploma and get a decent job	The family would not have as many material resources	Family has no back-up income	Allows Mrs. Jones to be stay-at-home mom
Jaleesa would feel safer, less anxious, and have fewer nightmares	Loss of “status” in the neighborhood	There is a threat that James could be injured or killed (two of his friends were shot in the past year; one died, one was paralyzed)	James is proud he can support his family, now that their father is not in the home (imprisoned last year)
The school would stop calling Mrs. Jones about James and Jaleesa		James has stopped going to school and has no career back-up plan	James has “status” in the neighborhood
Mrs. Jones would be proud of James and feel he was a good role model for Jaleesa			

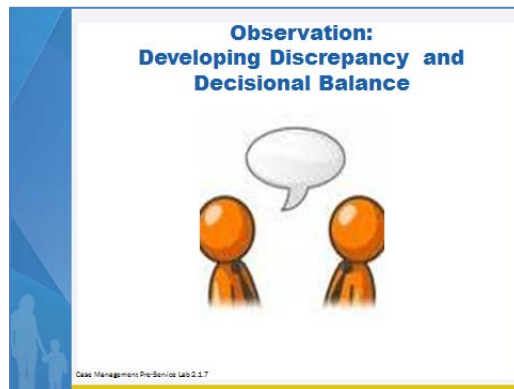
After completing the decisional balance exercise, Mrs. Jones felt the benefit of James not selling drugs and returning to school did not outweigh the costs of the change. However, she realized that wanting her children to be safe was motivating for her. She also began to recognize there were risks to James

continuing down this path, despite the material benefits.

The greatest benefit of this exercise, however, was that Mrs. Jones said she did not feel judged by the CM on what she considered to be costs and benefits for her family. As a result, she connected with the CM and they were able to collaborate on important outcomes for her family.

We are now going to watch a few videos and further explore how to develop discrepancies and establish a decisional balance when working with families.

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**Trainer Note:** Below are links to videos on developing discrepancy and one on establishing a decisional balance. Trainer's should assess the knowledge level of the class and time available to determine how thoroughly to cover the topic.

Instruct participants to answer the following questions while watching the video:

- In what areas did the Case Manager use discrepancy in the interview with the client?
- In what ways was the Case Manager using the decisional balance concept to guide the conversation?

After the video go over above questions. You may add additional questions including:

- How do you think conversations you will have with your parents will look the same or different than the video we just observed?
- In what ways do you see the benefit of engaging with parents/families via this form of interviewing?

<https://www.youtube.com/watch?v=EJ6A7C3pcHE> 9.41  
Developing Discrepancy Part I

<https://www.youtube.com/watch?v=K7m9vCFa6H8> 9.59  
Developing Discrepancy Part II

<https://www.youtube.com/watch?v=4EGG3mja6Jk> 9.39  
Developing Discrepancy Part III

<https://www.youtube.com/watch?v=Mw40kNY7gXA> 5:22  
Motivational Interviewing 1: Decisional Balance

<https://www.youtube.com/watch?v=3PS-Xvpt9gc> 16:02  
Motivational Interviewing: Use of Reflections with Resistance

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**Mutuality and Self-Determination**

- Mutuality:**
  - “Empathic bridge” (Jordan, 1992) on which people from different perspectives can meet and engage in the dialogue necessary to create change without employing power-over tactics or inducing feelings of shame or humiliation. It requires practice of ‘radical respect’ (Walker 2004) which presumes that all human beings deserve freedom from contempt and deserve to be treated with dignity.” (Harling & Miller, 2004)
- Self-Determination:**
  - Right to select choices, make decision, chart their own course;
  - Affected by realities of circumstance;
  - Influenced by individual and social relationships;
  - Regulated by anticipated and real consequences;

Case Management Pre-Service Lab 2.1.8

Mutuality is another motivational interviewing skill that can be used to help families recognize what needs to change and take active steps to make those changes. Mutuality is an “Empathic bridge’ (Jordan, 1992) on which people from different perspectives can meet and engage in the dialogue necessary to create change without employing power-over tactics or inducing feelings of shame or humiliation. It requires practice of ‘radical respect’ (Walker 2004) which presumes that all human beings deserve freedom from contempt and deserve to be treated with dignity.” (Harling & Miller, 2004). Emphasizing the aspect of “radical respect.” This means that despite the current circumstances of the family, we have to remain respectful of our family’s lives and who they are as people, thus solidifying their right to self-determination.

Mutuality is the simple concept of agreeing to disagree at times and recognizing that despite what we may often want to see in families change, that families

have the right to their own self-determination. Change is most influenced and successful when change comes from the person who has to experience the change. In establishing mutuality, we have to consider that often times the biggest changes start with the identification of what families are ready and willing to address, the ways they are willing to address the change, and what impact their change has in regards to child safety.

Imagine that today you were faced with a drastic life change and I was your CM. If I approached you with doing this change or else, how likely would you be to engage in changing—even when the change would be a positive change to your life?

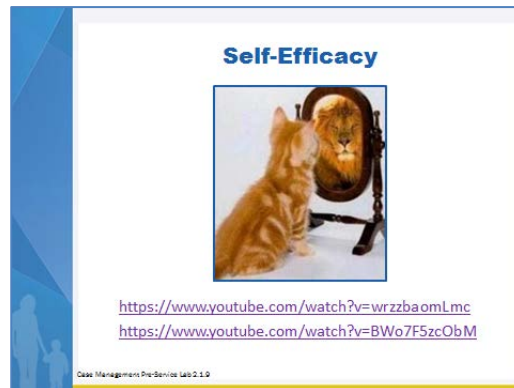
- What “buy-in” would you have to the change?
- What would be your reason for the change?

Most likely you would feel resentment, maybe even avoid the change through negative actions, or you may just “pretend” to change just to get by. This is often what we see when families are “not engaged” or non-compliant with their case plans—lack of mutuality and self-determination--which oftentimes comes back to the basic skill of engaging with families.

Parents have the right to self-determination and are ultimately responsible for achieving the change. Case Managers must be firm as to possible consequences when family members continue to resist necessary change. When we are involved because a child has been found to be unsafe, we have to be clear that until the family behaviors or conditions that are out of control are resolved and remediated, our involvement is non-negotiable.

Case Managers will be more effective in helping families change when they can build trust with family members, which means building a relationship with family members rather than relying on authority. When families feel increasing trust for workers and the team of people working with them, they will be more likely to open up, collaborate and help develop a case plan that they are invested in achieving.

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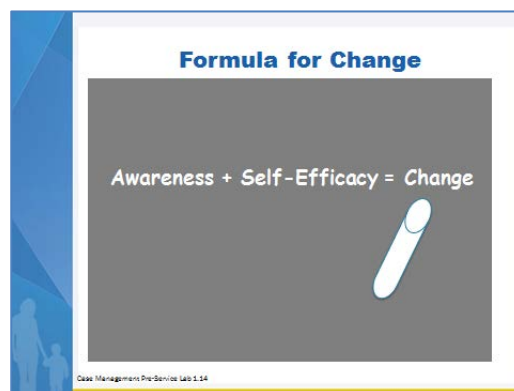
A person's motivation to change is influenced by internal and external forces. One of these influencers is a person's level of self-efficacy. The following video will further explore the definition and concepts that surround self-efficacy.

**Trainer Note:** Here are two optional videos on self-efficacy:

<https://www.youtube.com/watch?v=wrzzbaomLmc>

<https://www.youtube.com/watch?v=BWo7F5zcObM>

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This formula explores a person's motivation and ability to change. Both a person's awareness and their level of self-efficacy will influence whether or not they can successfully change. When a person realizes they need to change (Awareness) and knows they can make a change(s) (Self-Efficacy) this will lead them to being the most motivated to make that change.

***How do you think use of engagement skills while interviewing caregivers about family functioning might contribute to the family member's self-awareness?***

***Endorse:***

- A chance to verbalize the behaviors, conditions and family dynamics that are occurring and the impact on their children without feeling judged, blamed, accused
- Helping them to identify their real feelings associated with what is happening (fear, sadness, anger, etc.)
- Having their feelings affirmed (empathy)
- Being asked for exceptions to their problems and their solutions helps them be more aware of their skills, abilities, resources

Think of the word “interview.” It is actually two words, “inter” and “view.” An interview is a process of looking at and seeing together. It is the most powerful tool you have to promote change. It is through the interviewing process that you will become an ally for change. An empathetic interviewing style facilitates change; the absence of empathy on your part may deter change.

***How do you think the use of engagement skills while interviewing caregivers about family functioning might contribute to the family member's self-efficacy?***

***Endorse:***

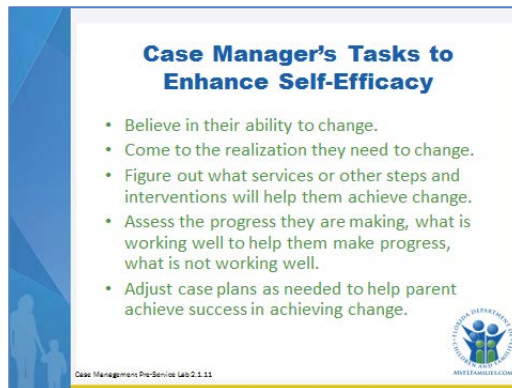
- Help families recognize when, and how they have succeeded in solving problems in the past.
- Helping them develop a sense of hope or faith that they can overcome current problems.
- Helping them figure out that they need to change.
- Through observation and listening, provide affirming comments (positive feedback) as to what they are doing well.

***How often do you think the families you will be working with get feedback on anything they are doing well?***

**Endorse:**

- Hardly ever.

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As we have discussed, your task as a Case Manager is to help build the self-efficacy of the families you work with. You will help the parent:

- Believe in their ability to change.
- Come to the realization they need to change.
- Figure out what services or other steps and interventions will help them achieve change.
- Assess the progress they are making, what is working well to help them make progress, what is not working well.
- Adjust case plans as needed to help parent achieve success in achieving change.

“Mastery through experiences” means that the skills people need to achieve change are developed through sustained effort and practice. The skills to maintain sobriety, to manage a mental illness, to care for a medically fragile child, to learn how to parent a child with ADHD are not something to be learned in a class. While some learning may begin in a “class”, the practice of those skills with coaching from professionals will be necessary to use and develop the skills.

***How important is it to match interventions (services and treatment) to the stage of change a person is in?***

***Endorse:***

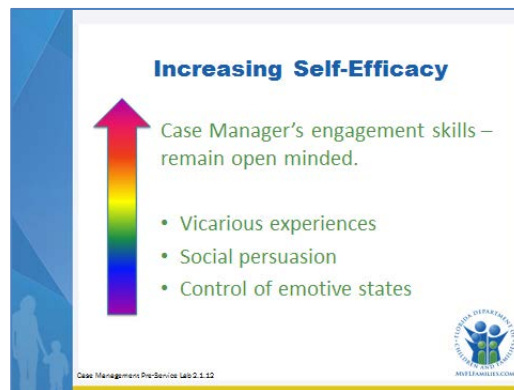
- Very important

***If interventions are not aligned with the stage of change what do you think can happen?***

***Endorse:***

- Will impact the family's self-efficacy as they may feel less likely to succeed
- Might increase resistance
- Will damage rapport and trust with Case Manager
- Will impede change

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Your task is not only to help get the family to the realization that they need and want to change, it is to help them design their strategy for change, the case plan.

When the family is participating in services, it is your job to help them evaluate whether the strategies to achieve change are working, or need to be modified. **Remain open-minded**, sometimes a service program that you thought was not good turns out to be a great match for the family!

Likewise, a service that you thought was perfect turns out to be one the family is not invested in.



Always be open to exploring the family's perspectives. Strategies to achieve change can be optional. What is not optional is the need for a safety plan until change occurs and the child can be safe at home, without the need for a safety plan. In court supervised cases with children out of the home, there are established time frames in which permanency must be achieved. The Case Manager helps the family understand any of the external factors that must be considered as they weigh their options and choices.

**“Vicarious experiences”** means seeing “people like me” succeed through sustained efforts, and then “I want to succeed as well.” This is why self-help and peer support groups such as AA for persons in recovery from alcohol and/or addiction, and parent support groups for children with different disabilities, parents anonymous, can be a powerful resource for families going through change.

**“Social persuasion”** means convincing a person that they are capable of success by trying hard and promoting the development of relevant skills and self-capacity. This is why family team meetings and other ways of pulling extended family into the family assessment and case planning process can add value when “family persuasion” is channeled in a positive, healthy way.

**“Control of emotive states”** means that the Case Manager and other persons on the family team know what topics are difficult ones for the family member to discuss without losing emotional control. Remember when we discussed the need to talk to children about the times they are having fun, so that when you get to the more difficult topic you can see if their affect changes. We had the same discussion regarding parents. That is why it is so important to spend time exploring general, “lighter” topics before wading into the complex family problems and difficulties that brought the family into child welfare. As a Case Manager steering conversations with a family member, you have a great deal of power through your engagement skills to help the parent manage their stress during discussion of difficult topics.

***What are some of the more effective ways you learned in the classroom or observed in the field to help parents remain in control during interviews?***

***Endorse and elicit:***

- Being empathetic, validating a person’s feelings.
- Normalizing the feelings people are expressing.
- Asking if they want a break, or to continue the conversation at another time.
- Asking where the conversation should take place, where they will feel more comfortable.
- When they become emotionally distraught, steering the conversation back to topics where they are more comfortable.

In the CORE labs we discussed empathy and appropriate ways to show empathy. In thinking about ways to support self-efficacy, and self-determination, there are some responses we might make as Case Managers that are not empathetic; in fact, they are going to subvert our goal of behaving in ways that motivate. We are going to do a short exercise on recognizing “non-empathetic” responses.

## Activity A: "Traps to Avoid"

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**Time:** 15 minutes

**Source:** Adapted from Miller, W.R., & Rollnick, S. (1991) by the Healthy Families Florida

*Training Institute. Motivational interviewing: Preparing people to change addictive behavior. New York: Guilford.*

**Purpose:** To provide an opportunity for participants to experience some of the traps they may encounter when working with families who are trying to make changes in their lives.

**Materials:**

- **PG: Traps to Avoid worksheet**

**Trainer Instructions:**

- *Explain that you would like to discuss some of the “traps” that Case Managers may fall into when attempting to work with families, particularly when those families have motivations that lead them away from positive change.*
- *The PG: lists the “Trap” and “Instead...” examples.*
- *As a whole class work through each of the following conversational role-plays or “traps”. Ask one of the participants to play the part of the Case Manager and one to play the Parent.*
- *Trainer provides lead-in introduction to the type of trap. After the participants read the script, trainer provides the debriefing points.*

**Activity Instructions:** Instructor guided role-plays.

**1. Question-Answer Trap** - In this trap, you ask a lot of simple questions, allowing the person to give short, usually not very informative, answers. You have to do all the hard work, thinking up all the right questions to ask.

**CASE MANAGER:** *“You hit your kids, right?”*

**PARENT:** *“No, I just spank them.”*

**CASE MANAGER:** *“How often do you spank them?”*

**PARENT:** *“Not much.”*

**CASE MANAGER:** *“I’m not sure what ‘not much’ means. How many times a week would that be?”*

**PARENT:** *“Not even once a week.”*

**CASE MANAGER:** *“O.K., how many times a month?”*

**PARENT:** *“Jeez, I don’t know!”*

**Trainer:** This doesn’t lead anywhere does it? In this "trap" the Case Manager and the parent fall into a pattern of question/answer, question/answer and so on. The problem with this pattern is that it tends to elicit passivity and closes off access to deeper levels of

understanding and experience and issues are not in explored in depth. Parents may feel like they are put on the spot and/or all they have to do is react.

**Instead:** Use open-ended questions and reflective listening

**2. Confrontation-Denial Trap** - Most Case Managers will have the experience of talking to a parent who is not yet ready to change. The parent provides a reasonable argument in response to every statement the Case Manager makes. The Case Manager and parent then engage in an argumentative, confrontation/denial trap, in which the parent opposes each argument for change with an argument for remaining the same. An example of a mild confrontation/denial trap is illustrated in the following conversation.

**CASE MANAGER:** *"The baby sleeps with you sometimes, right?"*

**PARENT:** *"Not all of the time!"*

**CASE MANAGER:** *"You remember that I told you it's not safe."*

**PARENT:** *"Yes, but sometimes I'm too tired to put her in her Pak n Play and she's always fine when I wake up."*

**CASE MANAGER:** *"You know what might happen, don't you?"*

**PARENT:** *"Yes, but..."*

**CASE MANAGER:** *"What about...?"*

**Trainer:** One of the benefits of adapting a Motivational Interviewing (MI) approach is the avoidance of such discouraging interchanges as in the Confrontation-Denial trap. Rather than engaging in futile attempts to convince the parent to change, the MI approach encourages the parent to voice the reasons for change, with just a little questioning and guidance supplied by the Case Manager. Remember that if a person feels backed into a corner, the person will usually defend their point of view more strongly. If you leave your parent with no other option than to argue with you, that is what you will get. MI techniques help the parent and the worker avoid the inevitable frustration of two people working at odds.

**Instead:** Use reflective listening and elicit self-motivational statements. (This is a good example in which the decisional balance approach can be used to help the parent gain a better understanding of the impact of their behaviors to motivate change.)

**3. Expert Trap** - In this trap, you come across as being the expert and the one with all of the answers for problems and concerns.

- **Example:** *You might say something like "I've seen a lot of this, and it always leads to babies being suffocated, so we should do something about it before it happens to you." The parent can easily say "That wouldn't ever happen to me and my baby!"*

**Trainer:** This is the most common "trap" to get caught up in. The Case Manager acts as though they have all the answers, and that his/her job is to give advice and provide

direction to the parent. While there is a time and place for expert knowledge, the Case Manager must first learn what the parent's goals, objectives and plans are. An additional problem with this approach is that the parent may tend to passively accept the suggestion(s), and may only halfheartedly commit to the difficult work involved in changing.

**Instead:** Give the parent the opportunity to explore and resolve the uncertainty about change for themselves.

**4. Labeling Trap** - In this trap, you use a word that labels the person as something, usually bad, rather than find out what they do and how that affects everyone.

- **Example:** *You say to the parent, "I know you're an addict, hooked on alcohol and pills, so I hope I don't come across like I'm just trying to get you to quit using for the sake of your child." The person can easily get offended by that label, not listening to what you're really trying to say.*

**Trainer:** The labeling trap occurs when there is an attempt to convince a parent that he or she is an "alcoholic," "addict," or some other label. Some even believe that parents must accept a label or diagnosis in order to change their behavior. MI theory disagrees with this view, and suggests that Case Managers de-emphasize labels whenever possible as they can be frightening and stigmatizing.

**Instead:** Give reflections and reframing

**5. Premature Focus Trap** – In this trap, you really want them to get going, so you offer ideas and tell them what to do before they are ready.

- **Example:** *You say, "I know you aren't sure you need to do this, but I know of a great program at the Families Investment Center where they help you stop arguing and get along better. Everyone can use that, don't you think?" They respond, "Maybe, but right now, that's just not very important in our families."*

**Trainer:** In this trap, (the second most common one to fall into) the Case Manager quickly decides what the problem is and starts making well-intended suggestions. Remember to devote adequate time to listening to the family during the first part of the interview, to learn their view of their family, their strengths and their challenges. Wait until later in the interview to focus on certain problems raised and to gather more descriptive details. Feedback and planning comes at the end of the interview. Use caution with focusing too quickly on a specific problem, aspect of a problem or overestimating what the problem might be. Although there may be some real concern, the parent might not be ready to deal with it or see it as a priority.

**Instead:** Start with the family concerns.

**6. Blaming Trap** - In this trap, the Case Manager somehow wants to communicate to the parent that they are the cause of all the problems, and they should just take care of it.

- **Example:** You say “In my opinion, it looks like you let your mother make all of the decisions for you and your baby and you’re not thinking for yourself.” What the person hears is, “it’s all your fault!” Good luck getting the person to open up to you after that!

**Trainer:** In the Blaming Trap, the Case Manager assigns blame for a problem, either to the parent or to someone else, (e.g., friend or family member). If the parent feels blamed, she will likely become defensive; if someone else is blamed, the parent may either seek to protect the blamed person, or may decide that she is not responsible for dealing with the problem, since it is not her fault.

**Instead:** Focus on the problem/issue and the plan to change. Help the parent develop self-efficacy.

## Activity STOP

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**Trainer Note:** Here are a few videos you may choose to use to reinforce the concepts learned.

<https://www.youtube.com/watch?v=67I6g1I7Zao>

*This video exhibits the decisional balance by showing the cost/benefits if she doesn't stop drinking and cost/benefits if she does make a change.*

<https://www.youtube.com/watch?v=URiKA7CKtfc> 6.32

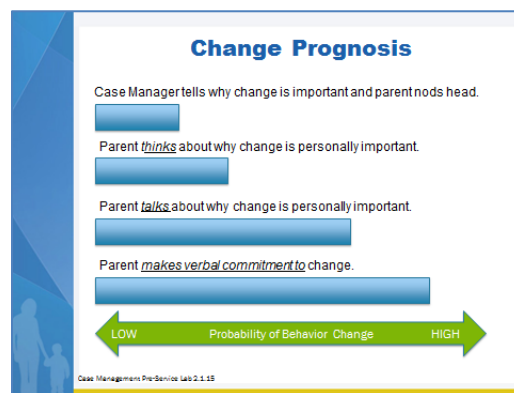
*This video exhibits mutuality.*

After the video go over above questions. You may add additional questions including:

- **How do you think conversations you will have with your parents will look the same or different than the video we just observed?**
- **In what ways do you see the benefit of engaging with parents/families via this form of interviewing?**

All of the interviewing skills we have discussed can be used during exploration to engage families in identifying what needs to change, which requires that we know what the concerns/threats are, what caregiver protective capacities are needed to change, and most importantly that we are engaging the parents/families in the change process.

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The prognosis for a family in terms of achieving change depends upon their ability to come to own the problem and the solutions to achieve change. Your task as Case Manager is to help the parent/caregiver develop self-awareness about the problem, motivation to address the problem, and self-efficacy to tackle the problem.

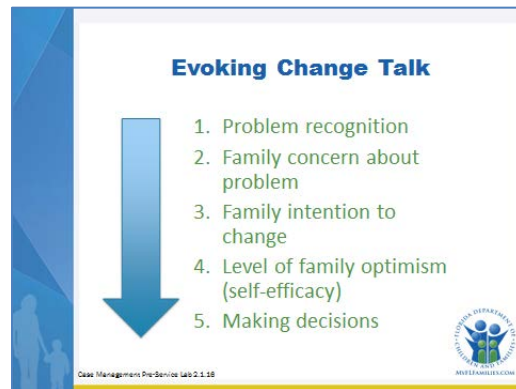
Parallel to the stages of change, parents first think about the problem, then are able to talk about why change is personally important, then make a verbal commitment to change. The role of the Case Manager can be instrumental in evoking change talk from the parent(s).

The responsibility for change remains always with the parent; they have the choice to make. Your task as Case Manager is to use your engagement skills to empower the parent to recognize and tackle the conditions or behaviors that are

making their children unsafe. The parent will be doing the work instead of you carrying the burden.

We discussed the use of evocative questions to promote change talk earlier. The exploration stage with a family is when the opportunity to evoke change talk begins. Sample questions around each of these topics are in your participant guide.

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The Case Manager will follow this general sequence in eliciting change talk and self-motivating change from the family:

### 1. Problem Recognition

It is first important to get the parent to tell you how she or he sees there is a problem. It is very helpful to not try to get movement through the process until you hear the person tell you their problem recognition.

The problem recognition should begin with a child need and how that need leads to something the parent would need to do differently (for example a behavior change or change in other conditions in the family).

An "I" statement about the Case Manager's understanding of the problem may help at this point, though it needs to be carefully worded and timed if the person is in Pre-contemplation or early Contemplation.



## **2. Family Concerns**

The family voices personal concern for their own condition, health, families etc. Once the parent talks about the problem, the Case Manager then shifts and elicits statements from the person about how he or she is concerned about that problem.

## **3. Family Intention to Change**

The family indicates commitment or decision to change. Direct or implicit intention to change (taking an initial step).

Once concern statements are out, then the Case Manager again shifts to elicit statements from the person about their intention to change. Here is where it is important for the Case Manager to make sure the person knows that certain behavior, harmful to the children, must change, and ask what else the person could do.

## **4. Family Optimism**

The family indicates hopefulness or optimism about his or her ability to change. Self-efficacy.

Once the person talks about making changes, the Case Manager then reinforces self-efficacy by eliciting statements from the person regarding their optimism about the change to be made. The use of scaling questions can be quite helpful to determine family optimism, and to support the family's thinking about change strategies. For example:

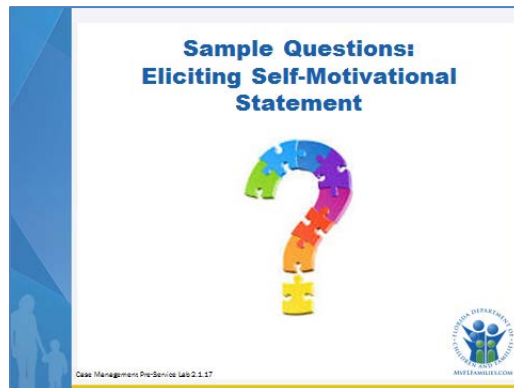
*“On a scale of 1-10, with 10 being very optimistic and 1 being not at all optimistic, what is your level of optimism that you can stop drinking?”*

*“What would help you to move that number up by one?”*

## **5. Making Decisions**

The parent making, and voicing the decision to change is the goal. Sometimes, the Case Manager will need to help the parent voice and think through the pros and cons of making the change in order to come to the conclusion that they want to change. Then, the Case Manager can explore family resources and other supports, services needed to explore the change, along with any barriers the family believes will need to be addressed.

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## SAMPLE QUESTIONS FOR ELICITING SELF-MOTIVATIONAL STATEMENTS

Note that the words in parentheses are examples; these words should be changed to reflect the unique circumstances in the family being interviewed.

### PROBLEM RECOGNITION

- What things make you think (this) is a problem?
- What difficulties have you had regarding (drug use)?
- In what ways do you think you or other people have been harmed by (your, your spouse's) behavior?
- In what ways has (this) been a problem for you?
- How has your use of (spanking) stopped the children from doing what you don't want them to do?
- What do you see as the reasons we need to keep talking to each other?
- What might happen if you and I don't work together on this situation?

### CONCERNS

- What is there about (your drinking) that you or other people might see as reasons for concern?
- What worries you about your child's (lack of development)? What can you imagine happening to her if this doesn't change?
- How do you feel about the (crying) when you (hit the children)?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

## **INTENTION TO CHANGE**

- The fact that you're here indicates that at least a part of you thinks it's time to do something. Tell me about that.
- What reasons do you see for changing how (you discipline) your children?
- What makes you think that you may need to make a change in (your drug use)?
- If you were 100% successful and things worked out exactly as you would like, what would be different?
- What things make you think you should keep on (drinking) the way you have been? And what about the other side? What makes you think it's time for a change?
- As we've talked about, (leaving your children alone is not okay). What are you thinking about changing regarding that?
- What would be the advantages of making a change?
- I can see that you're feeling stuck at the moment. What's going to have to change so your kids can stay here with you?

## **OPTIMISM**

- What makes you think that if you did decide to make a change, you could do it?
- How will your relationship with your children improve when you do this?
- What's the best outcome for your family to result when you (stop hitting each other)?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?

## Activity B: Parent Self-Motivational Statements

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**Activity B:  
Parent Self-Motivational  
Statement**

*Instructions:*

1. Working in pairs, read each “Self-Motivational” statement and select if it describes: problem recognition, concern, determination, or optimism for change.
2. Be prepared to discuss your response.

Pre-Service CM Specialty Module 2.1.18

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**Time:** 30 minutes

**Purpose:** To give participants an opportunity to identify parent self-motivational statements.

**Materials:**

- **PG: 18, Client Self Motivational Statements worksheet**

**Trainer Instructions:**

- *Have participants work in pairs to complete the worksheet.*
- *Instruct participants to read each self-motivational statement and select if it describes problem recognition, concern, determination, or optimism for change.*
- *Debrief as a large group.*

**Activity Instructions:**

1. Working in pairs, read each “Self-Motivational” statement and select if it describes: problem recognition, concern, determination, or optimism for change.
2. Be prepared to discuss your response.

### PARENT SELF-MOTIVATIONAL STATEMENTS Trainer Version

**Problem Recognition:** The person expresses recognition of problems, negative consequences, or difficulties, and more generally of a need for change.

**Concern:** The person voices or otherwise evidences personal concern for his/her own

condition, health, family etc.

**Determination:** The person indicates commitment or decision to change. Direct or implicit intention to change (taking an initial step)

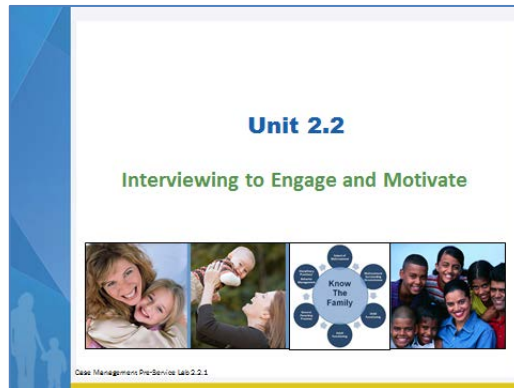
**Optimism for Change:** The person indicates hopefulness or optimism about his or her ability to change. (Self-efficacy)

1. I'm really worried about this. **(Concern)**
2. Now that I've decided, I'm sure I can change. **(Optimism for Change)**
3. I never really realized how much my drinking resulted in the kids getting left alone and getting hurt. **(Problem Recognition)**
4. I've got to do something about this. **(Determination)**
5. When I was doing better, my kids and I had a good time together. That can happen again. **(Optimism for Change)**
6. I feel pretty hopeless about my future if I keep getting more and more involved in hurting myself and others. **(Concern)**
7. This is serious! **(Problem Recognition)**
8. How do people quit a habit like this? **(Determination)**
9. My kids and I won't fight so much if I quit smoking crack, so I'll be a better mom. **(Optimism for Change)**
10. I don't think my problem with drugs is out of control or anything, but I never thought about how it affects others. **(Problem Recognition)**
11. How could this happen to me? I can't believe it! I never wanted to hurt them. **(Concern)**
12. Non-verbally through the person's facial expressions, sighs, tears, or gestures. **(Concern)**
13. I think it's time for me to think about other ways to discipline them. **(Determination)**
14. This isn't how I want to be. What can I do? **(Determination)**
15. Maybe I have been taking foolish risks, leaving the kids alone while I go out. **(Problem Recognition)**
16. I don't know how I'm going to do it, but I've got to make a change. **(Determination)**
17. I think I can do it. **(Optimism for Change)**
18. I guess there's more of a problem here than I thought. **(Problem Recognition)**
19. I can see that in the long run, my hitting the kids is going to cause lots of problems. **(Problem Recognition)**
20. I'm going to overcome this problem. **(Optimism for Change)**

## Activity Stop

# Unit 2.2: Interviewing to Engage and Motivate

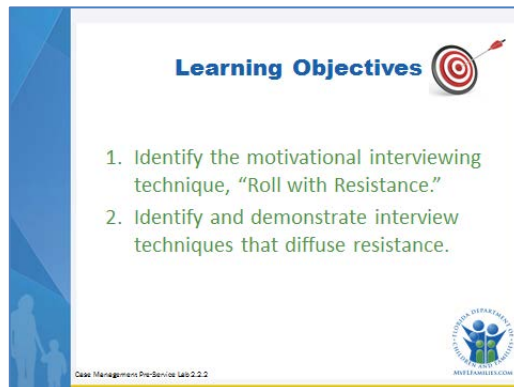
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**Unit Overview:** In this unit, participants will learn interviewing skills that will help engage and motivate families with the change process.

**References:**

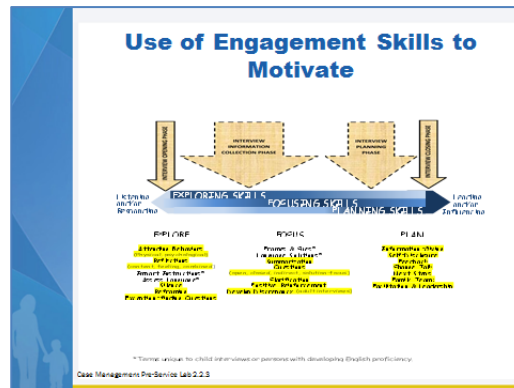
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**Learning Objectives:**

1. Identify the motivational interviewing technique, "Roll with Resistance."
2. Identify and demonstrate interview techniques that diffuse resistance.

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As we have discussed, change happens in a predictable set of stages, and the Case Manager involved has certain roles that are more productive in each of the different stages.

Motivation is not just "something that someone intrinsically has or doesn't have", but rather motivation spans a continuum. Our actions as Case Managers can influence a person's motivation to change through what we do and say, and how we work with families.

Motivational interviewing consists of the use of engagement skills in a purposeful way to facilitate the family members coming to their own decision to make a change. There are four early strategies you have learned that can be used to "steer" the family towards change talk:

- Ask **Open-Ended Questions** to learn about all of the information domains
- **Listen Reflectively** (using reflections and reframes to explore meaning of content and associated feelings; demonstrating empathy with body language and verbal skills)
- **Use Affirmations** (positive reinforcement for strengths observed or reflected in content shared by family member)
- **Summarize** (affirming we have heard correctly)

No matter where a person is in the stages of change the Case Manager's effective use of engagement skills with the intent to enhance motivation is critical. Lasting change is most likely to happen when a person is assisted and supported to take charge of its problems and find solutions that work.

## Resistance

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The nature of investigations and the follow-up intervention in family life by case management can set the stage for an adversarial relationship between the Case Manager and the family. The Case Manager must be mindful that attempts to discuss problems and concerns with the family will be difficult and are likely to be met with resistance, even with the best use of our rapport building skills.

Building rapport can only be accomplished if the Case Manager is willing and able to deal appropriately with anger and resistance. Dealing with anger and resistance happens upfront, during the exploring stage of discussion with the family. If resistance is not effectively dealt with and defused, the prospects for getting to meaningful conversations about change are slim.

“Roll with Resistance” is another technique within Motivational Interviewing which recognizes that simply confronting someone does not always work. Case Managers must be mentally prepared, and have engagement skills ready to meet families where they are at. If the family was where we wished them to be, they likely would not need our help. The basic engagement skills learned in the CORE labs will assist the Case Manager in dealing with anger and resistance and building positive communication with the family. Your persistence in developing these skills will pay off!



***What stage of change do you think caregivers are most likely to be in when they first start receiving case management services?***

***Endorse:***

- Parents are likely to be in pre-contemplation or contemplation when they first come to case management, although, some parents may be farther along in terms of motivation to change.
- Your goal as a change agent should be to help the parent become engaged and continue to remain engaged in the process of making positive changes in their lives that will reduce or eliminate safety threats/dangers to children.

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***Trainer Note:*** Trainer should cover the following different ways that forms of resistance can be recognized. This information could be provided by asking participants first how they recognize each one.

**Argument:** The family contests the accuracy, expertise or integrity of the Case Manager.

- Challenging: The participant directly challenges the accuracy of what the Case Manager has said.
- Discounting: The participant questions the Case Manager's personal authority and expertise.
- Hostility: The participant expresses direct hostility toward the Case Manager.

**Interruption:** The family breaks in and interrupts the Case Manager in a defensive manner.

- Talking over: The participant speaks while the Case Manager is still talking, without waiting for an appropriate pause or silence.
- Cutting off: The participant breaks in with words obviously intended to cut the Case Manager off. (“Now wait a minute. I've heard about enough!”)

**Denial:** The participant expresses an unwillingness to recognize problems, cooperate, accept responsibility or take advice.

- Blaming: The participant blames other people for their problems.
- Disagreeing: The participant disagrees with a suggestion that the Case Manager has made, offering no constructive alternative. This includes the familiar “Yes, but...”)
- Excusing: The participant makes excuses for his or her own behavior.
- Claiming Impunity: The participant claims that he or she is not in any danger.
- Minimizing: The participant suggests that the Case Manager is exaggerating risks or dangers, and that it, *“really isn't so bad.”*
- Pessimism: The participant makes general statements about self or others that are pessimistic, defeatist, or negative in tone.
- Reluctance: The participant expresses reservations and reluctance about the information or advice given.
- Unwilling to Change: The participant expresses a lack of desire, unwillingness to change, or an intention not to change.

**Ignoring:** The participant shows evidence of not following or ignoring the Case Manager.

- Inattention: The participant’s response indicates that he or she has not been following or attending to the Case Manager.
- Non-answer: In answering a Case Manager's query, the participant gives a response that is not an answer to the question.
- Non-response: The participant gives no audible or nonverbal reply to a Case Manager's query.
- Side tracking: The participant changes the direction of the conversation that the Case Manager has been pursuing.
- False Compliance: Not doing or following through with what they said they would do or barely doing the minimum.

Display Slide 2.2.6 (PG: 21)

**What is beneath resistance?**

- Person is feeling out-of-control
- Person is feeling vulnerable (fear, anxiety)

Case Management Pre-Service Labs 2.2.6

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You will recall our different discussions in the CORE learning labs about behaviors being an expression of an underlying emotion, and the importance of recognizing the underlying emotion correctly. You will recall that we did a self-assessment on ourselves as to how we typically behave when we are fearful or feeling a loss of control.

When you are seeing behavior that reflects “resistance” there is a reason and we need to understand what might be the reason behind it. There are generally two different emotional states to consider:

- The person is feeling a loss of control (loss of empowerment)
- The person is feeling vulnerable (fear, anxiety)

A person is likely to feel a loss of control if the worker is overly direct or if the person does not understand what is happening or why they are being asked to do certain things. You will better connect with such an individual by providing them with more information and/or acknowledging that they are the expert on their child and family. You still want to convey the expectations you have for the individual and share your concerns but only after you’ve heard the person’s perspective and understand their concerns about your involvement with the family. That helps the person regain a sense of control.

The other emotional state that can promote resistance is vulnerability. When a person feels vulnerable they are reluctant to share information because they fear it may be used against them somehow. Or, in the case of domestic violence, a mother (typically) fears that the involvement of case management might result in an escalation of violence against herself or her children. You will want to connect

with a person who feels vulnerable by reassuring them, to the degree possible, that their information is confidential (excluding the mandatory reporting of abuse or criminal activities) or if the information will be shared – who has access to it and how it may be used (framing the discussion around how it will ultimately help them or their children). When domestic violence is present, it is important you reassure the parent that you will work hard to make sure that their children are safe from the violence of other people, and that you want to offer them assistance in their own safety planning if needed.

Your understanding and appreciation of how emotional and cognitive factors influence or trigger resistance will enable you to be prepared regardless of which initial reaction you encounter from the parent(s) - fears of loss of control or feelings of vulnerability.

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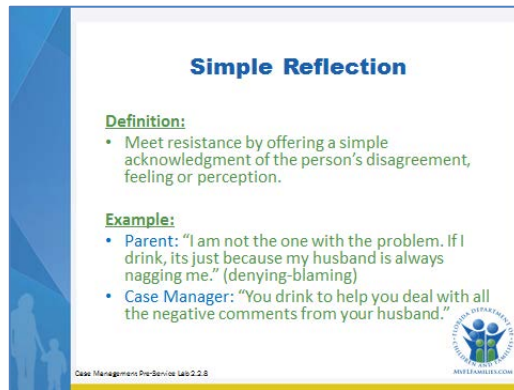


You have already come a long way in recognizing and demonstrating the use of engagement skills. Dealing with resistance requires many of the same skills you have already been introduced to. There won't be anything new here that you haven't heard before. You will learn to use all of your engagement skills with a purpose. Sometimes it will be getting to know the family, building trust, sometimes it will be exploring the details associated with family conditions and dynamics, sometimes to motivate change, and sometimes to defuse resistance. The same skills are used for multiple purposes.

Our natural response might be to hurry up and get through the interview. When we are seeing resistance, the opposite response is called for, we need to slow down and deal with the behavior.

There are some basic strategies that can be used to defuse resistance.

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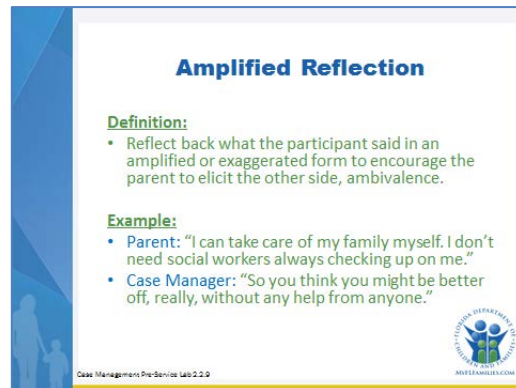
A **“simple reflection”** means to respond to resistance with non-resistance. Meet resistance by offering a simple acknowledgment of the person’s disagreement, feeling or perception. For example,

- **Parent** “I am not the one with the problem. If I drink, it’s just because my husband is always nagging me.” (denying-blaming)
- **Case Manager:** “You drink to help you deal with all the negative comments from your husband.”

**Trainer Note:** For the next two examples read them to the class and have them create a simple reflect. The parent examples will be in the Participant Guide with the Case Manager response blank.

- **Parent** “Who are you to be telling me what family problems drugs can cause? What do you know about drugs? You’ve probably never even smoked a joint!”
- **Case Manager** “It’s hard to imagine how I could possibly understand your situation.” **Or** “Sounds like you are pretty angry at me.”
- **Parent** “I just don’t want anybody telling me how to raise my kids. I ought to be able to handle this on my own.”
- **Case Manager** “You don’t think that you need any help.” **Or** “You think you should be able to everything on your own.” **Or** “You think family matters are private.”

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An **“amplified reflection”** is to reflect back what the participant has said in an amplified or exaggerated form. If successful, this will encourage the parent to back off a bit and will elicit the other side, ambivalence. An amplified reflection must be delivered in an empathetic way. If it comes across as sarcasm, it will not work! An example:

- **Parent:** “I can take care of my family myself. I don’t need social workers always checking up on me.”
- **Case Manager:** “So you think you might be better off, really, without any help from anyone.”

**Trainer Note:** For the next two examples read them to the class and have them create a simple reflect. The parent examples will be in the Participant Guide with the Case Manager response blank.

- **Parent** “My wife is always exaggerating. I haven’t ever been that bad to the kids.”
- **Case Manager** “It seems to you she has no reason for concern.”
- **Parent** “Those classes on parenting don’t really teach you anything anyway.”
- **Case Manager** “Children’s problems don’t really have anything to do with parenting skills. They just happen.”

Display Slide 2.2.10 (PG: 23)

**A Double-Sided Reflection**

**Definition:**

- Acknowledging what the parent has said and adding the other side of his/her own ambivalence.

**Example:**

- **Parent:** The parent has told you about the fun she has when drinking with friends, and also has told you about how awful she feels when she comes home and finds the kids fighting and hurt.
- **Case Manager:** “You really like the good times you have with your friends when you are all drinking, and you are also concerned about how your kids are doing while you’re gone. Tell me more about that.”

Case Management Pre-Service Lab 2.2.10

A **“double-sided reflection”** acknowledges what the parent has said and adds the other side of his/her own ambivalence (not yours). This requires use of information that client has already shared with you, so you likely will not be using a double-sided reflection in your first interview with a family. Always put the positive side first, then the negative. Use the word “and” instead of “but.” Keep the “but” word out of your vocabulary.

Some examples:

- **Parent:** The parent has told you about the fun she has when drinking with friends, and also has told you about how awful she feels when she comes home and finds the kids fighting and hurt.
- **Case Manager** “You really like the good times you have with your friends when you are all drinking, and you are also concerned about how your kids are doing while you’re gone. Tell me more about that.”

**Trainer Note:** For the next two examples read them to the class and have them create a simple reflect. The parent examples will be in the Participant Guide with the Case Manager response blank.

- **Parent** “I know it sounds like I’m making excuses, but you don’t seem to understand how hard it is to get this kid to take a nap. Even when I tried the things that class taught me, I didn’t get any peace and quiet.”
- **Case Manager** “It’s important that I believe you. You want me to know you tried the things you learned in class without success and so now you haven’t been trying anymore.”

- **Parent** “I get you’re here to help me. Look, I don’t smoke any more pot than most of my friends. They all have kids and nobody is accusing them of hurting their kids.”
- **Case Manager** “You appreciate I’m here to help you and you’re concerned that I’ll make a bigger deal out of your smoking pot then it deserves.
- **Parent** “OK, maybe I’ve got some problems with my boyfriend, but it’s not like I’m a bad mom.”
- **Case Manager** “You recognize your relationship is causing problems for you and your family, and it’s also important that people not think of you as a bad mom.”

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**Shifting Focus**

**Definition:**  
When a person appears stuck on an issue responding in a way that defuses the initial concern that the parent had and redirecting attention to an issue that is easier to address.

**Example:**

- **Parent:** “I know that what you want is for me to be the perfect mom and never hit my kids, but I am not going to do that.” (Denying-unwillingness)
- **Case Manager:** “I do not want us to get stuck on the use of corporal punishment. Right now, I am more interested in finding out what you like about being a parent in general.” (change the topic)

Case Management Pre-Service Lab 2.2.11

**“Shifting focus”** is a good strategy to use when a person appears stuck on an issue. The goal is to respond in a way that defuses the initial concern that the parent has. You want to redirect attention to an issue that would be easier to address. Do not engage in the issue as presented by the parent when you want to shift focus.

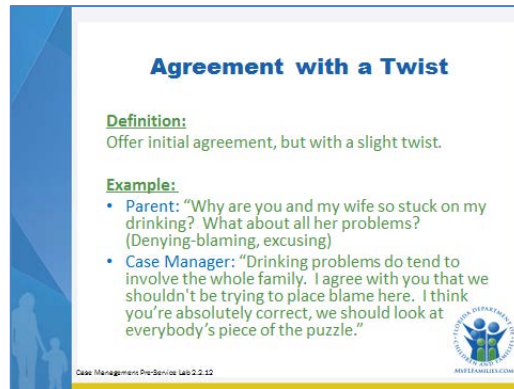
- **Parent:** “I know that what you want is for me to be the perfect mom and never hit my kids, but I am not going to do that.” (Denying-unwillingness)
- **Case Manager:** “I do not want us to get stuck on the use of corporal punishment. Right now, I am more interested in finding out what you like about being a parent in general.” (change the topic)



**Trainer Note:** For the next two examples read them to the class and have them create a simple reflect. The parent examples will be in the Participant Guide with the Case Manager response blank.

- **Parent:** “You’re probably going to give me a bunch of orders that I have to follow and make me go to counseling and classes every day just to be able to see my kids.”
- **Case Manager:** “I’m glad you want to see your children and we’re just at the beginning of figuring things out. Let’s talk about prioritizing things. What do you think is the first thing you should do?”
- **Parent:** “OK, the law says I had to let you come here, so just tell me what I have to do.”
- **Case Manager:** “You want to do what needs to be done to get your children back and yet you’re frustrated you’ll have little or no choice in the matter. Let’s start by me learning more about you, particularly, what you think needs to happen in your life to make things better for your children.”

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**Agreement with a Twist**

**Definition:**  
Offer initial agreement, but with a slight twist.

**Example:**

- **Parent:** “Why are you and my wife so stuck on my drinking? What about all her problems? (Denying-blaming, excusing)”
- **Case Manager:** “Drinking problems do tend to involve the whole family. I agree with you that we shouldn't be trying to place blame here. I think you're absolutely correct, we should look at everybody's piece of the puzzle.”

Case Management Pre-Service Lab 2.2.12

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**Agreement with a twist** means to offer initial agreement, but with a slight twist. For example,

- **Parent:** “Why are you and my wife so stuck on my drinking? What about all her problems? (Denying-blaming, excusing)”
- **Case Manager:** “Drinking problems do tend to involve the whole family. I agree with you that we shouldn't be trying to place blame here. I think you're absolutely correct, we should look at everybody's piece of the puzzle.”

**Trainer Note:** Below is a video on using reflections with resistance. Trainer should assess the knowledge level of the class and time available to determine how thoroughly to cover the topic.

<https://www.youtube.com/watch?v=3PS-Xvpt9gc> 16:02

Instruct participants to answer the following questions while watching the video:

- In what areas did the Case Manager use reflection in the interview with the client?
- How do you think conversations you will have with your parents will look the same or different than the video we just observed?
- In what ways do you see the benefit of engaging with parents/families via this form of interviewing?

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**Emphasizing Personal Choice and Control**

**Definition:**  
Emphasizing personal choice and control when people think that their freedom of choice is being threatened, they may react by asserting their liberty.

**Example:**

- **Parent:** "Nobody tells me what to do, nobody!"
- **Case Manager:** Assure the parent that in the end, change really is dependent upon each individual's commitment to it.

Case Management Pre-Service Lab 2.2.13

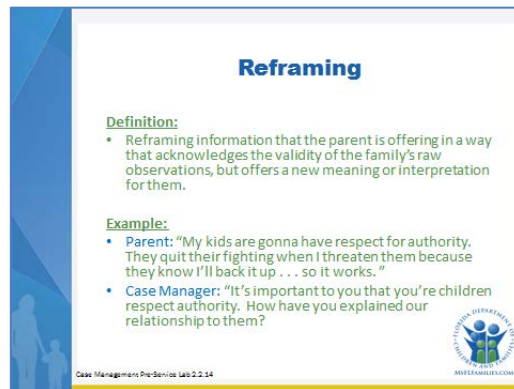
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**Emphasizing Personal Choice and Control** is used when people think that their freedom of choice is being threatened, they may react by asserting their liberty. It is advised to not use this response to resistance when the harm is so high that the Case Manager cannot risk the parent making a choice to continue that harm.

Example:

- **Parent:** "Nobody tells me what to do, nobody!"
- **Case Manager:** Assure the parent that in the end, change really is dependent upon each individual's commitment to it.
  - "Nobody can change your drinking for you. It's really your decision."
  - "I can't decide for you, and I can't change you, even if I wanted to. You're a free person, and it's up to you."
  - "If you decide that you don't want to change, then you won't. If you want to change, you can. It's your choice."

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**“Reframing”** is a skill we have already discussed. When it is in response to a form of resistance, the Case Manager will reframe information that the parent is offering. The approach acknowledges the validity of the family’s raw observations, but offers a new meaning or interpretation for them.

Example:

- **Parent:** “My kids are gonna have respect for authority. They quit their fighting when I threaten them because they know I’ll back it up . . . so it works.”
- **Case Manager:** “It’s important to you that your children respect authority. How have you explained our relationship to them?”

Because these new skills take time to develop and get proficient at, Case Managers are sometimes reluctant to attempt them. As long as the family gets the sense that you are trying to understand them they do not mind if your reflection or reframe is off the mark slightly or even significantly for that matter . . . because they sense your positive intent. They will correct your interpretation or understanding if it is off.

However, if the parent does not have a sense of your intentional engagement one of two things will happen. If you’re fortunate, the first thing that will happen will be that the parent will keep bringing the conversation back to an idea or topic important to them that they think you’ve missed or totally misunderstood where they’re coming from. This means that you have not sufficiently validated their concerns or recognized (note, not agreed with) their position.

The second and more problematic response if you have not sufficiently engaged (heard) the parent is that the individual will simply shut down on you. You begin to get minimal or even no responses to your questions. If this happens you need to quickly back up and ask, “what have I missed that’s important to you?” Remember, being empathetic (trying to understand someone without judging them) should buy you a lot of time and provide ample opportunity for you to make a connection no matter how much you may botch a reflection or are off the mark with a reframe.

## Activity C: Defusing Resistance

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**Activity C:  
Defusing Resistance**

**Instructions:**

1. In small groups, take turns role playing the roles of the Case Manager, Melanie and the Observer.
2. Use different strategies to address Melanie's sense of vulnerability and Mr. Braun's fear of loss of control.

Pre-Service CM Specialty Module 2.2.15

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**Time:** 30 minutes

**Purpose:** This exercise is based on the analysis of the Sandler/Braun FFA and family history that has already been completed. Each participant will practice their skills in responding to initial resistance from Melanie (mother) who does not believe that Bruce will ever be able to stop drinking; and initial resistance from Bruce (step-father) that people are blowing his alcohol use out of proportion and that James is the problem; including that Melanie has been too lenient in the past. In essence, we are anticipating that Melanie will feel vulnerable and that Bruce will fear loss of control.

**Materials:**

- **PG: 26, Defusing Resistance worksheet**

**Trainer Instructions:**

- *In groups of three, take turns playing the role of Case Manager, Melanie and an Observer; each person will have a turn at all three roles.*
- *Have members practice using different strategies to address Melanie's sense of vulnerability and Mr. Braun's fear of loss of control.*

- *Participants role playing Melanie pick from one of the following:*
  - *she's afraid she's going to eventually lose either her husband or her son;*
  - *she's afraid if she tells the Case Manager how bad things really are her children will be removed; or,*
  - *if she cooperates too readily Mr. Braun will make her pay for it once their case is closed.*
- *Participants playing Mr. Braun choose from one of the following:*
  - *he's determined to be seen as the head of his household;*
  - *he will not be forced to enter treatment; or*
  - *he's afraid that James will force a wedge between him and Melanie.*
- *Encourage the group to attempt each reflection/reframing strategy at least once.*
- *Encourage observers to record specific reflections/reframes attempted to be able to discuss in detail during the exercise debriefing.*

**Exercise Debriefing:**

- *After each participant has had an opportunity to practice, debrief as a group, discussing the following points:*
  - *What the Case Manager was observed doing*
  - *How the parent responded*
  - *How the strategy worked*
  - *Which strategies are easier/harder, etc.*
  - *Remind participants that "client resistance" is normal and is to be expected*
- *Remind participants that motivational interviewing takes a lot of practice.*

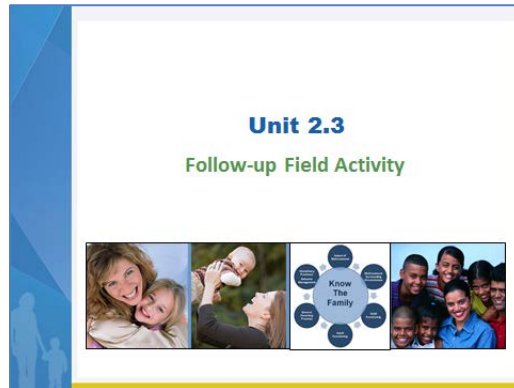
**Activity Instructions:**

1. In small groups, take turns role playing the roles of the Case Manager, Melanie and the Observer.
2. Use different strategies to address Melanie's sense of vulnerability and Mr. Braun's fear of loss of control.

**Activity STOP**

# Unit 2.3: Follow-up Field Activity

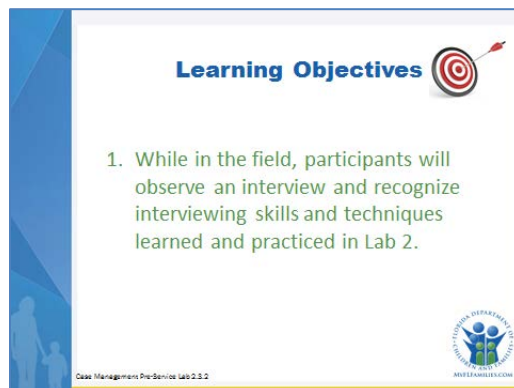
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**Unit Overview:** In this unit, participants will be given a detailed field observation tool to shadow, observe and record interviewing skills they learned in Lab 2.

**References:**

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**Learning Objectives:** 1. While in the field, participants will observe an interview and recognize interviewing skills and techniques learned and practiced in Lab 2.

**Trainer Note:** This activity was created primarily for those who specialize in case management. If you have trainees in your class who specialize in licensing, adoptions or independent living, this field activity can be used from them as well, simply have them shadow someone in their specialty area rather than a Case Manager.

## Field Activity for Interview Observation

The purpose of this activity is to observe and recognize interview skills and techniques you learned and practiced in Lab 2.

1. Conduct a field observation of a Case Manager interacting with a child and/or caregiver on one of their ongoing case management cases. Try to “catch” detailed examples of effective techniques and skills observed and some examples of missed opportunities. The goal is not to capture a detailed analysis of all skills observed, just highlights.

Remember to develop a working agreement with the person you observe prior to the observation.

2. Following the interview, develop a written summary of what you observed using the questions in worksheet **PG: 28-29, Interview Observations**. If, during your field observation, you do not observe examples of all of the skills and techniques listed in the worksheet please use examples from past observations to answer the questions.

## Interview Observations

Person Conducting Observation \_\_\_\_\_

Person Observed \_\_\_\_\_

Person's Job Role \_\_\_\_\_

**Instructions:** This tool is for purposes of recording information about interview techniques and skills observed during a Case Managers interaction with a parent/caregiver or child. The observations should “catch” behaviorally specific details of some positive and negative examples of the interview techniques and skills listed below. It is not expected to capture analysis of every interviewing technique or skill observed, only the highlights. Please note next to the technique or skill is the page number in Lab 2 where you can find the information describing this technique or skill.

1. List an example where the Case Manager was observed:

- Helping a caregiver/child's decisional balance (pgs. 4-6)
- Built mutuality with a caregiver/child's and encouraged self-determination (pg. 8)
- Increased a caregiver/child's self-efficacy (pgs. 8-10)

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**2.** Describe the skills and techniques the Case Manager deployed to avoid the following interviewing traps: question-answer trap, confrontation-denial trap, expert trap, labeling trap, premature focus trap, and blaming trap (pgs. 11-13). If observed any of these interview traps occur please describe what happened and what interview skills and techniques could have been deployed to avoid these traps.

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**3.** Did the caregiver/child exhibit any resistance during the interview? If so what describe what did this resistance consist of (pg. 20-21)? What interviewing skills and techniques did the Case Manager use to defuse this resistance and did this work? If the resistance was not defused what techniques do you think may have helped diffuse the resistance? If the child/parent was not resistant during your observation think back to previous observations and answer the above questions.

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