

## Lab 2: Engage and Motivate



*Florida Department of Children and Families  
June 2016*

<b>Lab 2: Engage and Motivate .....</b>	<b>1</b>
<b>Lab 2.1: Interviewing During Exploration .....</b>	<b>3</b>
Goals of the Exploration Phase.....	3
Developing Discrepancy .....	4
Decisional Balance – Weighing the “Pros and Cons” .....	4
Exploring Potential Areas of Change with a Family.....	5
Observation: Developing Discrepancy and Decisional Balance .....	7
Mutuality and Self-Determination.....	8
Self-Efficacy.....	8
Increasing Self-Efficacy .....	10
Activity A: Traps to Avoid .....	11
Show Time .....	14
Evoking Change Talk.....	15
Activity B: Parent Self-Motivation Statements .....	18
<b>Lab 2.2: Interviewing to Engage and Motivate.....</b>	<b>19</b>
Resistance .....	20
Strategies to Defuse Resistance .....	22
Activity C: Defusing Resistance.....	26
<b>Lab 2.3: Follow-up Field Activity.....</b>	<b>27</b>

# Lab 2.1:

## Interviewing During Exploration

**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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### Goals of the Exploration Phase

Purposeful interaction with family to:

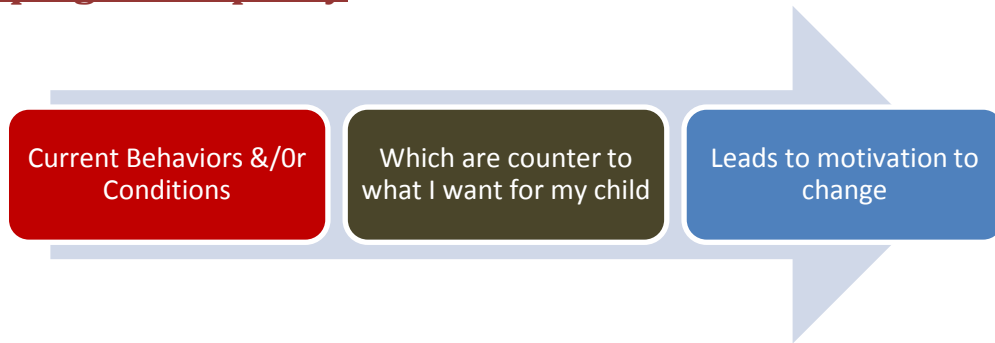
- Continue to build productive working relationship
- Gather descriptive details about child needs, caregiver protective capacities, stage of change
- Evoke Change Talk
  - Raise self-awareness of family
  - Develop family change strategies

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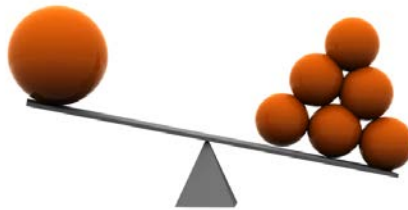
## Developing Discrepancy



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## Decisional Balance – Weighing the “Pros and Cons”

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 is important.

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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

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### 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			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	Mrs. Jones would have to return to work	There is a threat that James could be arrested. 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	The family would not have as many material resources		
The school would stop calling Mrs. Jones about James and Jaleesa	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)
Mrs. Jones would be proud of James and feel he was a good role model for Jaleesa		James has stopped going to school and has no career back-up plan	James has "status" in the neighborhood

After doing the decisional balance exercise, Mrs. Jones felt the benefit of James of 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.

## **Observation: Developing Discrepancy and Decisional Balance**

Watch the video and then answer the following questions:

*In what areas did the Case Manager use discrepancy in the interview with the client?*

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*In what ways was the Case Manager using the decisional balance concept to guide the conversation?*

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*How do you think conversations you will have with your parents will look the same or different than the video we just observed?*

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*In what ways do you see the benefit of engaging with parents/families via this form of interviewing?*

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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;

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## Self-Efficacy

- 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.

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

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

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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

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## Increasing Self-Efficacy

Your task is to help the family succeed even when the ideal services and sequencing are not available.

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!

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.

## Activity A: Traps to Avoid

### Directions:

- In this activity we will discuss some of the “traps” that case managers may fall into when attempting to work with families.

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**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!”*

### Instead:

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### **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...?”

**Instead:**

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**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 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!”

**Instead:**

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**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.

**Instead:**

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**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.”

**Instead:**

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## **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!

**Instead:**

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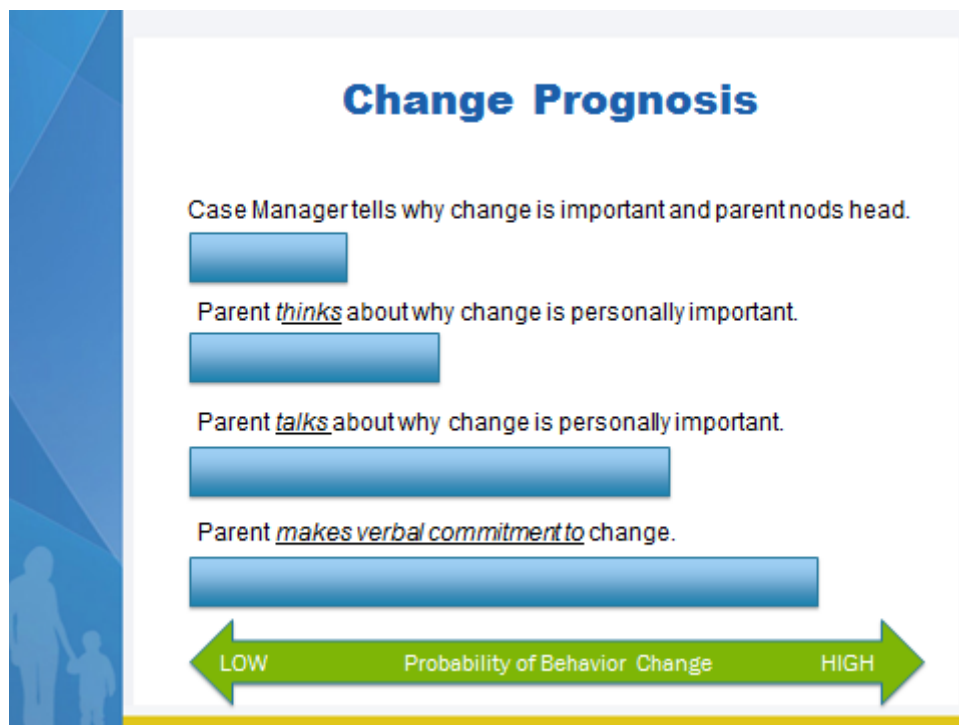
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## Show Time



*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?*



## Evoking Change Talk

1. Problem recognition
2. Family concern about problem
3. Family intention to change
4. Level of family optimism (self-efficacy)
5. Making decisions

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## **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?

[illegible]

## **Activity B: Parent Self-Motivation Statements**

### **Directions:**

1. Read each Self-Motivational statement and select if it describes problem recognition, concern, determination, or optimism for change.

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**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)

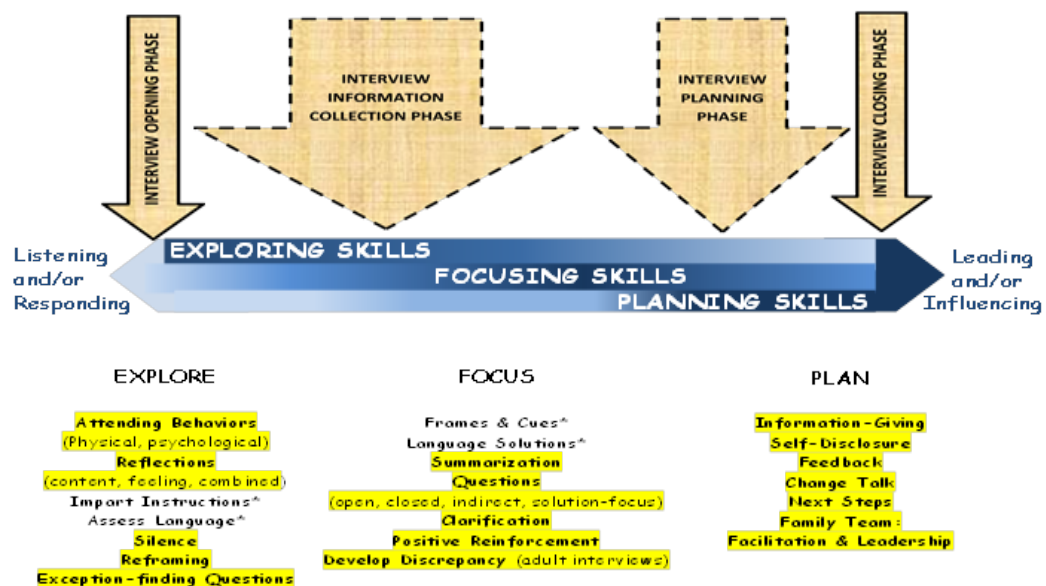
1. I'm really worried about this.
2. Now that I've decided, I'm sure I can change.
3. I never really realized how much my drinking resulted in the kids getting left alone and getting hurt.
4. I've got to do something about this.
5. When I was doing better, my kids and I had a good time together. That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

## Lab 2.2: Interviewing to Engage and Motivate

### Learning Objectives:

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

### References:

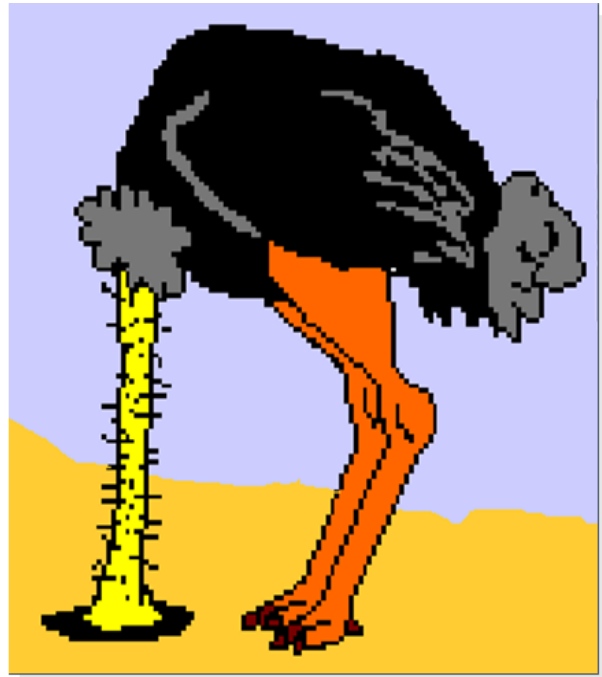


\*Terms unique to child interviews or persons with developing English proficiency.

## Resistance

**The past is gone; the  
present is full of confusion;  
and the future scares the  
hell out of me!**

— David L. Stein



**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.

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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)

## **Strategies to Defuse Resistance**

### **Simple Reflection**

#### **Definition:**

- Meet resistance by offering a simple acknowledgment of the person's disagreement, feeling or perception.

#### **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."

**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:**

**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:**

### **Amplified Reflection**

#### **Definition:**

- Reflect back what the participant said in an amplified or exaggerated form to encourage the parent to elicit the other side, ambivalence.

#### **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."

**Parent** “My wife is always exaggerating. I haven’t ever been that bad to the kids.”

- **Case Manager:**

**Parent** “Those classes on parenting don’t really teach you anything anyway.”

- **Case Manager:**

## **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.”

**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 :**

**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:**

**Parent** “OK, maybe I’ve got some problems with my boyfriend, but it’s not like I’m a bad mom.”

- **Case Manager:**

## 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)

**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:**

**Parent** “OK, the law says I had to let you come here, so just tell me what I have to do.”

- **Case Manager:**

## 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.”



## 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.

## Reframing

### **Definition:**

- Reframing information that the parent is offering in a way that 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?"

## **Activity C: Defusing Resistance**

### **Directions:**

Utilize the Sandler/Braun family to practice your interviewing skills. Take turns playing the role of the Case Manager, Melanie and an Observer. Each person will have a turn at all three roles. When role-playing use one of the scenarios below.

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### **Scenario 1 (Melanie Braun):**

Melanie is 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, but if things do not get better she is afraid Bruce will leave the family.

### **Scenario 2 (Bruce Braun):**

Bruce is determined to be seen as the head of his household and he feels like he is being forced into enter treatment. He is afraid James is making a wedge between him and Melanie.

### **Activity Notes:**

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## Lab 2.3: Follow-up Field Activity

**Learning  
Objectives:**

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

**References:**

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### 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 on the worksheet. 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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