QUESTION #1

What did we learn in these two days that informs us about how to engage our participants more effectively?
But how do we “honor” the benchmarks, “honor” the screening tools and mandatory questions, and “honor” our database reporting needs while trying to engage participants to fully disclose issues so that we can help them with those issues????????
QUESTION #3

And how do you do that without crossing boundaries?
WHAT ENGAGEMENT IS NOT
MOTIVATIONAL INTERVIEWING

A clinical approach that helps people with mental health and substance use disorders and other chronic conditions such as diabetes, cardiovascular conditions, and asthma make positive behavioral changes to support better health.
PRINCIPLES OF MOTIVATION INTERVIEWING

• Express empathy
• Develop discrepancy
• Support self-efficacy
• Roll with resistance
EXPRESS EMPATHY

• Listen actively
• Listen reflectively
• Accept Ambivalence
• Honor feelings but don’t cross boundaries
DEVELOP DISCREPANCY

• Help participant to perceive a discrepancy between where they are and where they want to be.

• Help participant articulate their own arguments in favor of change.

• Where are you now? Where do you want to be? Why?

• Accept Ambivalence

• Honor feelings but don’t cross boundaries
• Belief that change is possible is key motivator.
• The participant is responsible for choosing and carrying out change.
• Accept Ambivalence
• Honor feelings but don’t cross boundaries
ROLL WITH RESISTANCE

• Avoid arguing for change
• Resistance should not be opposed
• Resistance is your cue to try a new approach
• Honor feelings but don’t cross boundaries
SO HOW DO WE OPERATIONALIZE THIS?
WHAT YOU WILL SEE NOW IS KNOWN AS FRAMING AND IT HAS THE BBB* SEAL OF APPROVAL

*Blessed by Benita Baker
<table>
<thead>
<tr>
<th>Q#</th>
<th>During the past 12 months...</th>
<th>Yes</th>
<th>No</th>
<th>Declined to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.1</td>
<td>Did your husband or partner threaten or make you feel unsafe in some way?</td>
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<td>54.2</td>
<td>Were you frightened for your safety or your family’s safety because of the anger or threats of your husband or partner?</td>
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<td>54.3</td>
<td>Did your husband or partner try to control your daily activities, for example, control who you could talk to or where you could go?</td>
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<td>54.4</td>
<td>Did your husband or partner push, hit, slap, kick, choke, or physically hurt you in any other way?</td>
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<td>54.5</td>
<td>Did your husband or partner force you to take part in touching or any sexual activity when you did not want to?</td>
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<td>54.6</td>
<td>Did anyone else physically hurt you in any way?</td>
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In our program, particularly in the last few years, we have seen that many of our clients have experienced abuse at the hands of their partners.

Sometimes that abuse comes in unusual ways. The obvious is physical abuse. But, not so obvious is emotional abuse like being made to feel bad about yourself or psychological abuse like playing mind games on you or sexual abuse like using sex as a weapon or making fun of your sexuality or even economic abuse by withholding money or controlling your spending of money.

Do you understand what I am saying? Do you understand that abuse or what we sometimes call domestic violence can be physical, sexual, emotional, psychological or economic? Do you have any questions about that?

The truth is that domestic abuse of any kind can have an affect on either the mother, the unborn child or both. What we see sometimes is that a mom who is a victim of abuse or violence can become depressed and depression affects both the mom and the baby. What happens “up here” does affect the baby “down here.” We also see that this kind of abuse or violence can result in vaginal bleeding, urinary tract infections, irritable bowel syndrome and other things. For the newborn baby, this abuse or violence often results in low birth weight - one of the main causes of early childhood disease.
I am not saying that you this kind of abuse in your life but if anything in your personal or intimate relationship is causing you stress, then we want to help you in a confidential way. We can provide you with more information as to how you can help yourself. We can refer you to agencies that can assist you. We can help you to protect yourself and your unborn child.

So, I request you permission to ask some questions that are going to seem very personal but they will help us to know if abuse or violence is an issue in your life. With that information, we can design a confidential plan for helping you. Would you please give me the permission to ask you these questions?

Thank you for honoring me and giving me this special level of trust. I promise you that I will never violate that trust. But, now that you have done this, I can share something with you that is very special. The difference between a domestic violence victim and a domestic violence survivor is the taking of just one step. And this is the step that makes you a survivor instead of a victim. Remember this, if abuse or violence is part of your life, you do not have to carry this burden alone. We are here to help.

Disclaimer. The final step is helping the client to engage is the disclaimer which underscores the sincerity of the interviewer and de-emphasizes the accusation aspect while emphasizing that help is available.

Permission. Critical to the process is asking the client permission to make the delicate inquiries which will follow. Coupled with asking permission is the solemn pledge of confidentiality and again a request for permission to ask the questions.

Honoring/Gratitude. Before asking the critical questions, it is important to honor the client for their life’s struggles, for their willingness to engage on this issue and for their willingness to trust the interviewer and the agency. This is also the point when one honors the client by giving her the badge of survivor and asks her to shed the label of victim.
REFLECTIONS

• Simple Reflection: You seem angry.
• Amplified Reflection: You seem furious about.
• Double-sided Reflection: On the one hand, you like things the way they are but on the other hand you want things to change.
• So, the participant shares her experience as a victim of abuse and immediately you start thinking about your abusive ex-spouse. What to you do?

• Or she shares that she has done something abhorrent to your religion and, in your heart, you are saying “this is an abomination unto the Lord.” What do you do?

• She tells you how she dealt with a difficult situation identical to yours and you feel that her solution will fail because you dealt with this year’s ago. What do you do?
CO-DEPENDENCY

- Taking things personally
- Allowing your files to follow you home
- Self-disclosing to participant
- Guilt/depression over participant failure
- Taking credit for participant success
- Stifling self-advocacy
- Participant ownership
IN CONCLUSION...
TAKE CARE OF YOURSELF - I

- Set reasonable expectations for yourself and your participant
- Take delight in each small success!
- Don’t forget to appreciate positive “signals” from participants!
- Evaluate and reflect on your own abilities and effectiveness. Remember how far you have come.
TAKE CARE OF YOURSELF - II

• Surround yourself with positive and capable people. Seek out mentors who will identify and reinforce your strengths, and help you with your challenges.

• When you can only laugh or cry, try to laugh!

• Reward yourself.

• Don’t stop learning.

• Keep Hope alive.