WORKING WITH IN VOLUNTARY CLIENTS

PRESENTED BY: BRENDA WESTBERRY
WESTBERRY CONSULTING

SCHOOL OF BEST PRACTICES-WATTERVILLE VALLEY, NH

AUGUST 27, 2019

OBJECTIVES

- PARTICIPANTS WILL:
- IDENTIFY AND DISCUSS SPECIAL PROBLEMS AND ISSUES IN ENGAGING THE INVOLUNTARY /NONVOLUNTARY CLIENT
- REVIEW EVIDENCED BASED APPROACHES AND RELATIONAL INTERVENTION STRATEGIES THAT ARE USED IN HELPING THE INVOLUNTARY AND NONVOLUNTARY CLIENT POPULATIONS
- EXAMINE FRAMEWORKS IN DECISION MAKING FOR PRACTITIONERS’ WORKING WITH INVOLUNTARY CLIENTS IN GROUP AND ONE ON ONE SETTINGS
- DISCUSS STRATEGIES THAT PRACTITIONERS CAN USE TO INFLUENCE AND IMPACT THE CLIENT RELATIONSHIP
- EXPLORE MOTIVATIONAL INTERVIEWING AND THE NATURE OF “CHANGE TALK”
RULE #1

AS A CLINICIAN/COUNSELOR YOU MUST RESPECT THAT CLIENTS HAVE THE RIGHT TO MAKE THEIR OWN DECISIONS AND THE RESPONSIBILITY TO FACE THE CONSEQUENCES OF THOSE DECISIONS.

VOLUNTARY POPULATION

VALUES ADVICE AND HELP OF COUNSELOR
CAN CHANGE HELPERS AND PROGRAMS WITH VERY LITTLE CONSEQUENCES
CAN WITHDRAW FROM PROGRAMMING
UNDER NO EXTERNAL PRESSURE TO SEEK HELP
CAN CHOOSE PROGRAM AND METHOD OF PARTICIPATION
NO LONGER AMBIVALENT ABOUT SEEKING HELP
**INVOLUNTARY CLIENT**

- Is forced to seek or pressured to accept help from the helping professional.
- Ex. Legal or personal consequences for non compliance.

**MANDATED CLIENT**

- Must work with counselor/practitioner due to legal mandate or court order.
NON VOLUNTARY CLIENT

- Has contact with helping professional through formal and informal pressure that often comes through referral sources, agencies, other family members, outside events.
- Example: Partner brings a partner to treatment to be fixed.
- Someone who enters a program and feels that they didn’t have a choice. Ex. I have to get my CEU credits....
- Umbrella term “Involuntary”

COMMONALITIES IN THE TREATMENT NEEDS OF OFFENDERS

- Detoxification
- Screening and Assessment
- Treatment for co-occurring mental disorders
- Treatment for physical health issues
- Family-related services such as visitation, childcare, and reunification
- Case management
- Legal assistance; life skills, homelessness
- Vocational skills development and employment
WHAT IS IT LIKE TO DO SOMETHING AGAINST YOUR WILL?

HOW DO WE INCREASE RESISTANCE?

• EXPERT MODEL
• FORCING CHANGE AND FOCUS ON FAILURE
• LACK OF CARING
• SYMPATHY VS. EMPATHY
• ARGUING FOR CHANGE
REACTANCE THEORY - JACK BREHM

TWO GUIDING PRINCIPLES:

• THE MORE IMPORTANT THE PERSON'S FREEDOM IS PERCEIVED TO BE, THE LARGER THE REACTION TO THE REMOVAL OF IT. IN OTHER WORDS, IF THE FREEDOM BEING THREATENED IS PERCEIVED AS VERY IMPORTANT TO THE INDIVIDUAL, THEY WILL REACT ON A LARGER SCALE THAN IF THE FREEDOM IS SEEN AS NOT SO IMPORTANT. THE STRONGER THE FEELING OF FREEDOM, THE LARGER THE RESISTANCE TO THE LIMITATIONS.

• WHEN SEVERAL FREEDOMS ARE THREATENED, THE REACTION IS GREATER
REACTANCE WITHIN GROUP

- Group leaders should understand the group member’s reactance as a sign of health, and his/her anger as an expression of strength. With this reframed perspective, group leaders can provide the boundaries and develop the culture within which the group members are able to function.

STAGES OF GROUP DEVELOPMENT

- Pre group planning
- Preparation stage
- Beginning stages
- Work phase
- Ending phase
HOW TO REDUCE REACTANCE

- CONTRACT TO REGAIN FREEDOM- FORMULATE A PLAN
- FOCUS ON SPECIFIC MEASURABLE CHANGES- WHAT ARE THE CIRCUMSTANCES FOR YOUR ADMISSION?
- EXPECT BEHAVIOR TO OCCUR AND NOT DISAPPEAR ON ITS OWN
- AVOID BLAMING
- ACKNOWLEDGE ROLE OF SITUATION
- PREACH LESS, DON’T OVER EMPHASIZE CHANGES
- REWARD PROGRESS

ASSESSING MOTIVATION TO CHANGE

MOTIVATIONAL INTERVIEWING
MATCH INTERVENTIONS TO SPECIFIC CHANGE ISSUES AND STAGE
CLIENT CENTERED & COLLABORATIVE
NON-CONFRONTATIONAL

GUIDE THE CLIENT TO CONNECT THEIR USE OF AOD, CRIMINAL BEHAVIOR, AND MH SYMPTOMS TO PERSONAL GOALS - THEIR HAPPINESS OR LACK OF IT.

CHOICE IS UP TO THEM
REALITIES OF CHANGE

• MOST CHANGE DOES NOT OCCUR OVERNIGHT.
• CHANGE IS A GRADUAL PROCESS WITH OCCASIONAL SETBACKS – NOT AN OUTCOME.
• DIFFICULTIES & SETBACKS CAN BE REFRAMED AS LEARNING OPPORTUNITIES.
**Change Talk and Resistance**

**Change Talk Statements:**
- Desire for Change
- Ability to Change
- Reasons for Change
- Need for Change
- Commitment to Change

**Resistant Statements:**
- Opposite of Change Talk statements
- Communication style may involve arguing, interrupting, negating, or ignoring the clinician

*Quiz: Recognizing change talk during resistance*

---

**THREE DEGREES OF CHANGE TALK**

- **WEakest:** “I GUESS I COULD PARTICIPATE MORE.”
- **MODerate:** “I CAN PARTICIPATE MORE”
- **STRongest:** “I’M POSITIVE I COULD PARTICIPATE MORE IN MEETINGS.”

*School of Best Practices_18_ 20*
URICA

• URICA – UNIVERSITY OF RHODE ISLAND CHANGE ASSESSMENT SCALE
• PSYCHOMETRIC PROPERTIES: HIGH VALIDITY AND RELIABILITY
• EASY TO USE, CONSUMERS FILL OUT, SAVING STAFF TIME
• EASY TO SCORE

MANDATED CLIENTS IN CORRECTIONAL SETTING WHAT CAN WE DO? (TROTTER)

PRO SOCIAL MODELING
CONTRACTING THROUGH AGREEABLE MANDATE
CHALLENGE UNDESIRABLE BEHAVIORS
MEET ON MIDDLE GROUND  SWEETENING THE POT  INCENTIVES WORK
FIND WAYS TO GET CLIENT BEYOND WHERE THEY MAY BE
INFORMED CONSENT - CONTINUE TO CLARIFY YOUR ROLE
GROUP LEADERS SHOULD EXPECT

• GROUP MEMBERS TO INITIALLY TEST AUTHORITY. THIS IS THE GROUP MEMBER’S ATTEMPT TO BECOME VISIBLE, TO DETERMINE WHETHER THEY ARE SEEN AS HAVING VALUE.

• GROUP LEADERS SHOULD WORK TO UNDERSTAND HOW IMPORTANT THEIR INITIAL ACCEPTANCE OF ____ CLIENTS ARE AND HOW NECESSARY IT IS WITHIN THE GROUP PROCESS.

• GROUP LEADERS SHOULD ENGAGE IN ALTERNATELY WATCHING AND SUPPORTING GROUP MEMBER INTERACTIONS, (PULLING BACK AND LETTING GROUP MEMBERS HELP EACH OTHER IN ORDER TO HELP GROUP MEMBERS GET TO THE STAGE OF BEING ABLE TO ENGAGE IN THE GROUP PROCESS).

EXPECTATIONS CON’T

• GROUP LEADERS’ PURPOSEFUL BEHAVIOR, E.G. ‘MODELING LISTENING TO SOMEONE BEING ANGRY WITHOUT SHUTTING THEM DOWN.’ ‘SETTING BOUNDARIES WITHIN A SUPPORTIVE ENVIRONMENT

• MONITOR CAREFULLY THE CONCORDANCE BETWEEN THE MESSAGES SENT AND THE MESSAGES RECEIVED IN THE COMMUNICATIONS BETWEEN GROUP LEADERS AND GROUP MEMBERS. GROUP LEADERS NEED TO MAKE SURE THAT WHAT THEY ARE TRYING TO CONVEY IS IN FACT WHAT IS HEARD AND REACTED TO BY GROUP MEMBERS.
DIMENSIONS OF ENGAGEMENT

• RECEPTIVITY - OPEN TO CHANGE AND RECOGNIZES PROBLEM
• EXPECTANCY – PERCEPTION OF WHETHER THEY WILL BENEFIT
• INVESTMENT – ACTIVE CONTRIBUTIONS “WORK” WHILE IN TREATMENT TAKES RESPONSIBILITY
• WORKING RELATIONSHIP – DOES THE CLIENT “LIKE” AND RESPECT THE HELPER

CREATING A THERAPEUTIC ALLIANCE

• THE CREATION OF A THERAPEUTIC ALLIANCE IS VERY IMPORTANT WHEN WORKING WITH THIS POPULATION. OF COURSE, THE ABILITY TO CREATE THIS ALLIANCE AND ITS RELATIVE IMPORTANCE VARIES ACCORDING TO STAFF ABILITY, EXPERIENCE, AND TRAINING. IN JAILS, IT MAY BE LESS CRUCIAL BECAUSE CLIENTS MAY REMAIN IN TREATMENT ONLY A SHORT TIME. IT MAY, HOWEVER, BE MOST CRITICAL IN COMMUNITY SUPERVISION SETTINGS IF CLIENTS ARE ENGAGED IN OUTPATIENT TREATMENT. IN RESIDENTIAL PROGRAMS, SUCH AS THERAPEUTIC COMMUNITIES, PEERS PLAY A LARGER PART IN THE TREATMENT EXPERIENCE, AND THE CLIENT’S RELATIONSHIP WITH HIS OR HER PEERS IS OFTEN AS IMPORTANT AS OR MORE IMPORTANT THAN THE RELATIONSHIP WITH THE COUNSELOR.
RESOURCES


• MACGOWAN, M.J. (2003) INCREASING ENGAGEMENT IN GROUPS: A MEASUREMENT BASED APPROACH. SOCIAL WORK WITH GROUPS 26, 1, 5-28

• ROONEY, R.H. (1992) STRATEGIES FOR WORK WITH INVOLUNTARY CLIENTS. NEW YORK: COLUMBIA UNIVERSITY PRESS

• TROTTER, C. (1999) WORKING WITH INVOLUNTARY CLIENTS: A GUIDE TO PRACTICE. LONDON: SAGE