Assertive Engagement

10 Practice Principles That Build Partnerships with Challenging Clients

1. **Respect clients as people worth doing business with.** Work with challenging clients can bring a mindset of “resistant,” “denial,” “uncooperative” and “often hostile.” Assumptions can turn the adage “seeing is believing” into “believing is seeing” when beginning work with AE clients.

2. **Cooperate with the client, not the drug use or problem behavior.** We can listen and understand a client’s position or perceptions without agreeing or acquiescing. Non-judgmental listening has been found repeatedly by research as having curative power.

3. **Recognize that cooperation is possible even where coercion is required.** AE staff have far more latitude for allowing choice and participation in programming and important decisions with challenging clients and their families.

4. **Recognize all client have “Signs of Sobriety.”** There are definitely “signs of using” but there are also signs of better decision-making and health. These signs might include instances where client wanted to use but didn’t, didn’t use as much, stayed away from “the party” crowd, came home early, etc.

5. **Interview from a “not-knowing” posture.** To interview from a “not-knowing” posture requires the staff member to formulate their questions in ways that place the client in the position of “expert” to inform practitioners about themselves and their situations. Challenging clients may need help learning how to get sober and live drug-free yet refraining from giving advice too early or lecturing to the new participant will increase cooperation.

6. **Learn what the client wants.** Focus on “wants” to build motivation and goal-focus careplans vs. the traditional consideration which only recognizes and validates “needs.” It is critical to find out what is important to challenging clients because anyone’s motivation to act is directly tied to what is important to them.
7. **Always search for detail, avoid generalizations.** Detailed information—the “who, what, where, and when” of both negative and positive functioning by the person enables more accurate and realistic assessments and case plans.

8. **Don’t confuse case details with judgments.** Time pressures, high caseloads, and poor client/staff relationships can lead to overly harsh judgments, and judgments made too quickly, that may not fit the information and events. Try to separate “events and information” and “meaning and judgments.”

9. **Focus on creating small change.** Many Assertive Engagement programs and their staff utilize the “48 hour rule” which suggests that the client never be given any goal that can’t be reached in the next two days. Big goals, set way into the future, can frustrate. Try to focus on specific and small “first steps” to get behavior change started and realizing small successes.

10. **Offer choices...avoid unnecessary coercion.** Extensive research (Hubble, et al. 1998) that reviewed 40 years of intervention outcomes found that giving clients one or two choice had a positive impact on outcomes. However, giving three or more choices to the client had no significant impact on outcome. More is not necessarily better—but one or two choices in most situations was definitely better for outcomes than giving no choice(s) at all.

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Center for Strength-based Strategies / Assertive Engagement
The Five (5) Constructs of Hope

Hope as **WILL** – Being inspired / Having inspiration
- Will to live, to survive, to recover—to learn
- Can involve meaningfulness and dignity in face of disease/death.
  Remind participants that a very limiting definition of hope involves “chance for cure” (i.e., “there’s no hope” or “don’t get your hopes up”). Hope involves more than simply the chance for cure.
- “Will hope” can endure—without evidence of “way hope”

Hope as **WAY** – Attached to something/someone (hope is not groundless)
- People hope in—they place their hope
- Hope in (1) Oneself—abilities, resources (confidence, efficacy)
  (2) Others—abilities, resources (trust-confidence)
  (3) Higher Power
- A part of understanding someone is to know—what one hopes in, where one places trust/confidence

Hope as **WISH** – A specific desire/outcome
- Example: “I hope my daughter recovers from drug addiction”
- Example: “I hope I can get out of this bad relationship”
- Elements of will and way are present here

Hope as **HORIZON** – to see beyond present circumstances
- Having a vision beyond the present
- The phrase “This too shall pass” is common to this construct
- Being open to possibilities, transcending the current situation

Hope as **ACTION** – Acting in spite of current circumstance
- Living “in spite of” / acting “as if”
- Beyond the realm of thought/feelings—hope can be found in expressed action
- Involves collective action and/or individual action

Yahne & Miller (1999)
Adapted by Clark (2004)
www.buildmotivation.com
Thomas Gordon’s 12 Roadblocks (for effective listening)

As you think about the Spirit of MI....collaboration/partnering; acceptance/autonomy; compassion; evoking, this list would interfere with the Spirit and likely create discord, a disruption in the relationship.

1. Ordering, directing, or commanding—a direction is given with the force of authority behind it. Authority can be actual or implied.
2. Warning/threatening—similar to directing but carries an implication of consequences if not followed...such as a threat or prediction of a bad outcome.
3. Giving advice, making suggestions, providing solutions—therapist is using expertise and experience to suggest a course of action, prior to eliciting the client’s ideas/knowledge or asking permission.
4. Persuading with logic, arguing, lecturing—the practitioner believes that the client has not adequately reasoned through the problem and needs help in doing so.
5. Moralizing, preaching, telling clients their duty—person needs instruction in proper morals.
6. Judging, criticizing, disagreeing, blaming—implies that something is wrong with the person or what has been said.
7. Agreeing, approving, praising—gives sanction or approval to what is being said; takes away the tension of the person having to examine the issue.
8. Shaming, ridiculing, name calling—intent is to correct a problematic behavior or attitude; is disapproving in manner or attitude.
9. Interpreting, analyzing—looking for a hidden meaning or interpreting, when there is no data to support the observation you are making.
10. Reassuring, sympathizing, consoling—trying to make the person feel better about the problem. Downplaying of emotions, difficulty of the issue.
11. Questioning, probing—asking questions like an investigator; asking questions on non-relevant material, just out of curiosity; person feels like they are on a firing range as the target.
12. Withdrawing, distracting, humoring, changing the subject—implies that what the person is saying is not important, has the quality of minimizing.

Now read these statements and decide which Roadblock applies. Some will feel very similar; select the one you think best applies.

A. ________If you were really all that concerned about being a good parent, you would take stopping smoking seriously!

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