

# Rapid Involuntary Client Engagement

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## Aligning for Growth & Change

In this evolving era of evidence-based practices we have an extraordinary array of knowledge to draw upon to improve many of our processes in corrections. We now have considerable evidence on what are regarded as best practices for engaging new clients in what has come to be called an effective *working alliance* or working relationship. A strong working alliance is a function of a shared understanding and respect for each other's roles, the ability of the change agent to listen empathetically, and a joint commitment to progress on behalf of the client. According to the research, the stronger the working alliance, the better the outcomes. However, establishing a working alliance with non-voluntary clients can often be challenging.

When a working alliance is not established, pseudo-compliance and attrition are more likely. The research<sup>1-3</sup> on offender compliance and attrition indicates that the first few sessions are critical in determining the direction and course of supervision. Attrition is highest immediately after these early sessions. As any officer knows, when compliance issues arise, neither the clients nor the officer benefits from the complications that typically take place. In short, in community supervision, the sessions one would least want to make major mistakes on are the first two to three sessions.

## The Assessment Function Provides a Great Opportunity to Align With the Client

What we can do as officers to avoid misunderstandings and create a good connection with our clients is as much an art as a science. However, research is showing us some preferred paths that integrate a variety of EBPs into the assessment process, where, according to many, treatment and change often begin.

A third-generation assessment offers a potential intersect for several EBPs in corrections and human services: role clarification for non-voluntary clients,<sup>4, 5</sup> Motivational Interviewing (MI),<sup>6-8</sup> normative feedback,<sup>9</sup> and stimulation of the precursors for change.<sup>10, 11</sup> These four practices are methods for engaging clients in a responsive manner. Not surprisingly, they are highly interdependent and effective in reducing discord, attrition, and noncompliance.

Together the above practices make up the guts of a very blended and rich skill set that ideally starts during the assessment process and readily carries over into subsequent sessions. MI is capable of encompassing the entire intake process from assessment to change planning, and thus it serves as a guiding framework. The other processes, however, are woven in and out of this larger process, in conjunction with the unfolding steps necessary to complete an assessment and guide a person in developing a related plan of action.

We see six steps in this larger process:

1. Role Clarification.
2. Interview Stages.
3. Normative Feedback.
4. Agenda Mapping.
5. Refining the Focus.
6. Change Planning.

In this article I will first describe and discuss each strategy independently; I will then discuss the mechanics of transitioning from one to another of these tactics and how to blend and combine certain combinations of them.

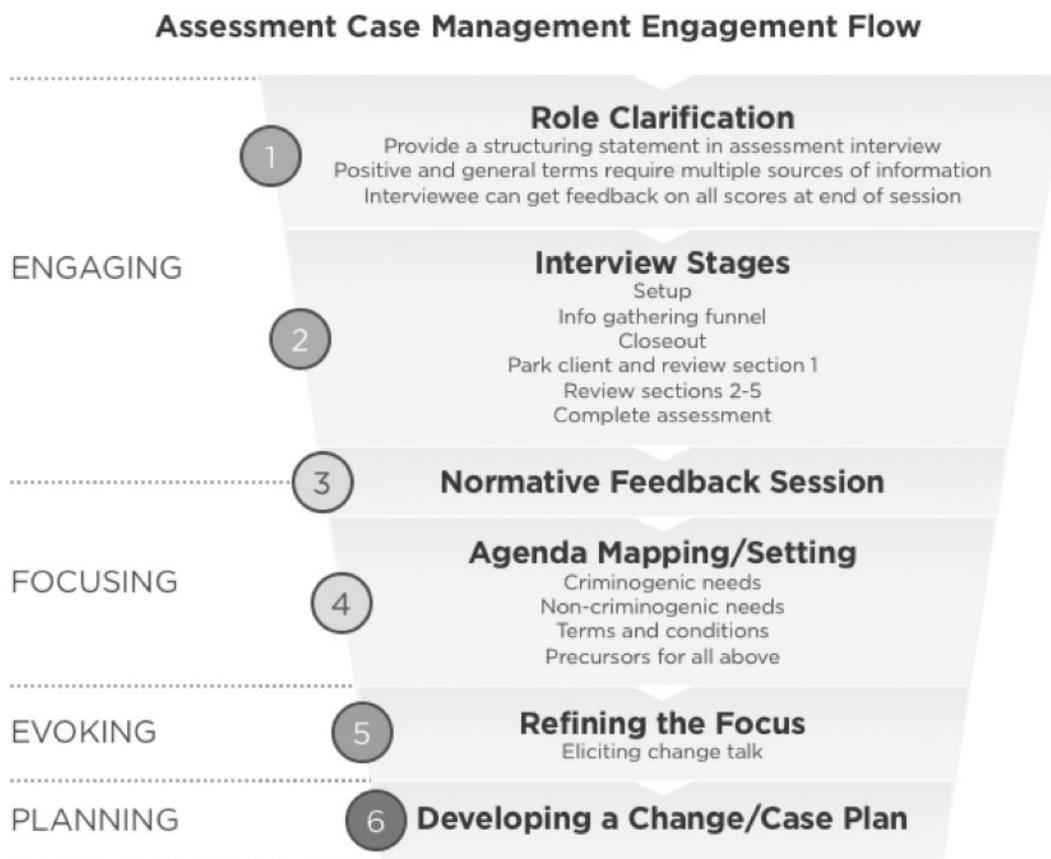
## Motivational Interviewing

In their most recent (third) edition of *Motivational Interviewing: Preparing People to Change* (2012), creators of Motivational Interviewing (MI) William Miller and Stephen Rollnick greatly simplified how they portray MI. While emphasizing the same technical skills and spirit, they construe MI as an additive model that incorporates and ultimately uses four basic processes:

- Engaging
- Focusing
- Evoking
- Planning

The authors describe how MI begins with engaging clients to explore possibilities for a relationship, and the need for the interviewer to adjust to the client's world during this process via reflective listening. As trust and

**FIGURE 1**  
Assessment Case Management Engagement Flow



respect emerge, the interviewer naturally can shift into considering with the client what values, changes, and goals of the client might provide a helpful shared focus. This second process of focusing builds upon the previous engaging process taking place between the two persons, which leads to a clear focus or direction for subsequent discussion, with an emerging change target (e.g., quit smoking, exercise more, improve attitude, etc.). Once there is a mutually agreed-upon change target, the conversation will best be served (from an MI perspective) by moving into the evoking process, in which the interviewer begins to deliberately elicit and reinforce change talk regarding that topic. Finally, and not always in the same session, when the client expresses and demonstrates a definite commitment towards the target change, the last process of planning might usefully be employed.

Though there is clearly a sense of linear movement across the four processes of MI, it is not hard and fast and it can be relatively iterative. For example, if, in the midst of focusing with a client to establish a good change

agenda, the client becomes overwhelmed and unsure, it may be good to shift back into engaging in and concentrating on further building trust and rapport. Thus the four processes of MI provide loose guidelines for rolling out an entire assessment and case planning process. Give and take amongst the processes is assumed all along the way, where one is cycling in between two or more processes. However, there is good reason to also refer to the processes as markers for ideally initiating certain stages or tactics.

As Figure 1 suggests, certain MI processes are more likely to be associated with specific steps in the assessment/change planning cycle. Use of reflective listening, which is so core to engaging, is quite consistent with moving through the information-gathering phase of the interview. Providing and exploring feedback with the assessment scores and profiles can readily trigger agenda-setting or the focusing process. By the same token, once a promising change target has emerged in a client's mind, even a cursory discussion of the client's precursors for making this change can

enable better evocation and real change talk. In what follows, I will try to make it clear how the four processes of MI "map" to other assessment steps (role clarification through change planning).

*The MI Engaging Process in Assessment*  
Whether engaging the client via active listening skills helps to facilitate the role clarification process or the other way around is a moot point. The two strategies go well together, and both work best up front, before the actual fact-finding part of the interview begins. Engaging is the MI process particularly well-suited for creating an inviting atmosphere in which to conduct the assessment interview. The primary skills for engaging are empathetic listening and use of active listening skills such as OARS (Open questions, affirmation, reflective listening, and summary reflections).

Setting aside a few minutes *prior* to the information-gathering process to draw out the client and listen to some of the client's in-the-moment concerns and agenda can be most productive. Clients often say interesting things

when they aren't encumbered by any sort of agenda. Sometimes what they share provides answers to certain assessment items, which thus don't need to be probed later. Other things they share help the interviewer get a better feel about pace and alignment possibilities during the rest of the interview.

Ideally, off-the-cuff comments help establish early on more of the personhood of both the client and the staff. Genuineness is a key component of engaging.

### 1. Role Clarification

Chris Trotter's work<sup>4</sup> analyzing outcomes for non-voluntary client populations such as probationers or social services neglect/abuse cases identifies an often overlooked and underused mechanism—role clarification—as a promising practice. Trotter and others have determined that until repeated role clarification has taken place, there really are no safe assumptions about the nature of the relationship between staff and clients, when the clients are non-voluntary. Numerous studies<sup>4, 5, 12, 13</sup> have determined that workers who spend extra effort clarifying roles (their own, their client's, the agency mission, along with the limits of their authority and any non-negotiable terms) have over time significantly better outcomes than staff who don't do so. Consequently, many of the recently adopted practice models for integrating EBPs into probation/parole supervision sessions (e.g., STICS, EPICS, COMBINES, STARR, Vogelvang's, JSAT's generic model, etc.) incorporate role clarification as a core component.

When staff clarify their roles, the client's current expectations, their agency's mission, and their use of authority, second-guessing is reduced and engagement becomes more effective and real. Role clarification can signal to the client aspects of the engagement that are soon to emerge, enabling the client to become used to these aspects and better accept them before the actual engagement occurs. For example, spending a few minutes reviewing a skill in the abstract and then later providing clients with some skill coaching in job interviewing or drink/drug refusal skills will give them a better idea of what to expect and how to show up for their part. This kind of clarification can be ongoing, flexible, and very situational. Staff might check in to see if they can test some statements about a client's thinking distortions and specify that they would like the client to correct these distortions as the client can, thus enabling a deeper dialogue.

Assessment is another context where role

clarification applications can pay terrific dividends. For example, providing a *structuring statement* as a prelude to a clinical interview is standard practice. Usually these structuring statements deliberately include information that is likely to assure the person about to be interviewed that he or she is getting involved in a safe, engaging, and productive process. Standard things the interviewer wants to convey are:

1. The purpose of the assessment interview in positive and general terms;
2. Because the assessment is so personal and has a lot of potential, the importance of drawing upon multiple sources of information to make it as well-rounded and helpful as possible;
3. When the interview is over, sharing with the client (if he or she is interested) scored, objective information—comparable to blood pressure measures—about how the person compares to others in the criminal justice system (cjs); and,
4. Because this is the person's story and assessment, asking questions back and forth.

The above specific application of role clarification for assessment—providing a structuring statement—can help head off the client's subsequent uneasiness and second-guessing about the purpose or direction of the interview. It provides a foundation for the next phase, which funnels into progressively more personal and "hot" case information. Consequently, the more the interviewer personalizes and tailors his or her upfront structuring statements to the specific client, even if the interviewer barely knows the client, the better. With practice, the interviewer develops a set of template statements in his or her skill portfolio that range along a continuum corresponding to the different types of clients typically seen. When this takes place, the interviewer finds it easier to adjust his or her language to fit individual clients. As a result, clients become more engaged.

### 2. Interview Stages

The actual assessment interview is best conducted in the context of the MI engaging process. This involves the use of considerable reflective listening while navigating and maintaining sensitivity to the stages of a clinical interview. Until the interviewer is thoroughly familiar with what items, in what domains, need to be scored, it can be challenging to "trust the process," but ultimately that's what is called for.

The three stages of an interview are: 1) the set-up, or structuring statement that is described above under role clarification; 2) the information-gathering funnel that represents the bulk of the interview; and 3) the close-out steps for getting strong closure. The interview set-up steps are designed to assure the client that the interview will be safe—the interviewer has the client's best interests at heart, such that the interview may be of some use to him or her personally—through the feedback that is provided later.

The so-called "Information-Gathering Funnel" refers to how most semi-structured assessment tools are built or organized, beginning with the more impersonal domains or subscales (e.g., criminal history, education, or employment) and moving in a sequence to the progressively more personal content and subjects (such as regulating emotions and attitudes). Structuring interviews this way can help establish and build rapport early on. Moreover, semi-structured interviews give interviewers the freedom to deviate from the order of the domains for the sake of gathering information in a more conversational style. And the more personable and engaging the style, the stronger the possibility for moving ahead with a fuller MI approach in subsequent supervision sessions.

One way of initiating the information-gathering stage is to ask the client to tell his or story regarding involvement in the criminal justice system. After providing the client with a structuring statement, some officers find that it is easy to get almost any client talking by asking them to:

*Please talk to me about your experience with the criminal justice system. If you just start with the first time you ever were in trouble with the law, and then the next, I'll try to take notes on any patterns that emerge. It doesn't have to be in perfect order either, we'll probably get distracted talking about other things sometimes, but this might provide at least one theme for us to follow.*

This technique should provide ample opportunity for the interviewer to employ empathy, lots of OARS, and discernment. As the client brings up issues related to various domains (such as education/employment, alcohol and drugs, peers, or self-regulation), the interviewer decides whether or not to systematically explore that area in the immediate moment. After finishing investigating

any respective domain, the interviewer should summarize it to the client for closure before bringing the interview to the next topic.

When the interviewer begins to feel a bit confident of having covered the “content space” of the assessment tool’s scoreable items (that is, the interviewer has enough information to score all or almost all of the items of the respective assessment tool), it’s time for the last stage of the assessment—the close-out. Several potential steps are involved in this stage:

1. Segueing into a transition, using a grand summary, a “magic question” or some other device to indicate that the interview has gone well and is about over—including asking the client to review or complete some paperwork while the interviewer double-checks for items with not enough information to be scored accurately;
2. Addressing any issues that have been flagged during the interview that need closure;
3. Either finishing scoring and providing feedback, or suggesting and setting up the future possibility for the client to receive feedback from the various scale scores in the assessment.

Signaling and drawing the assessment to a conclusion in a way that provides closure to the client and the interviewer is important. The client has just spent the better part of an hour or more sharing his or her life story with a relative stranger. The interviewer has listened, taken notes, and guided the interview, but he or she still has to score this assessment and use the results pragmatically. One way to respectfully acknowledge the client’s personal disclosure is to use a grand summary that pulls together the bigger patterns of the individual’s life: his or her experiences being in trouble, as well as other positive factors and strengths the client has demonstrated that provide grounds for more hope in the future. Another method is to use some playful magic questions, now that some rapport has been established, to check that no significant parts of the client’s life are missing from the interview.

*Magic questions* are simply big, goofy open-ended questions. For example:

- “If your fairy godmother were to jump out of your car’s glove box on the way home and tell you could have anything you wished for, providing you do it in 10 seconds... what would you wish for?”
- “What have we not talked about that, as far as you are concerned, might be important

in terms of success on supervision?”

- “What goals, short or long-term, are you considering for yourself?”
- “Suppose you died today and came back to your funeral in a few days... who would likely be there? What would they say about you? Why?”
- “What do you see your future looking like two years from now?”

When significant new aspects emerge, the interviewer should probe and explore them before concluding the interview with a last request. The interviewer can ask the client to sit tight for a minute or two while he or she reviews the scoreable items of the respective assessment tool and more often than not identifies a few that could use additional probing. Sometimes this pause with the client for review can be facilitated by giving the client a required agency form to fill out or a self-administered assessment, such as the ASUS, ASUDS, or RSAT, to complete; both the client and the interviewer are then doing something useful.

Finally, once the assessment is scored or ready to be scored, it’s appropriate for the interviewer to address any loose items like flagged items—any “hot cognitions” such as suicidal ideation or other critical acute needs (such as necessary psychotropic or health medications, shelter problems, or significant legal issues such as restraining orders). Then the interviewer indicates how the client can get feedback on the results of the assessment.

### The MI Focusing Process in Assessment

Opportunities for developing a shared focus for supervision can emerge at almost any point during the assessment interview. It’s not uncommon for corrections clients to indicate areas that they are interested in changing at various points throughout the assessment interview. These notions are always worth noting and sometimes reinforcing, especially when the area coincides with strong criminogenic factors (e.g., antisocial companions, attitudes, self-regulation skills, etc.). However, the focusing process most often begins in earnest once the interview is over.

#### 3. Normative Feedback

The best time to begin focusing on change goals with a client is whenever *the client* is ready for this activity. Having said this, we also know that the process of providing normative feedback—feedback that is both personal and objective, such as sharing specific measures of

blood pressure or scale scores in a risk/need assessment—can often stir up some readiness regarding the client’s interest in looking at personal goals. Due to the potential this strategy has for facilitating the focusing process, it is important for the interviewer to plan for it deliberately, whenever possible.

#### *Preparing to Provide Feedback*

There are five simple steps to planning for providing normative feedback:

1. Scoring all related assessment tools;
2. Considering the overall patterns and relationships between the assessment score, notes and prior records, i.e., case analysis;
3. Objectively identifying the top criminogenic and non-criminogenic case factors;
4. Identifying the related possible lowest precursors to change for the priority target behavior and some of the related strategies for engaging that precursor with your respective client;
5. Considering and selecting the best timing considerations for introducing feedback and related possible case focusing.

Once the interviewer has re-engaged the client and finished clarifying insufficiently probed items, it’s time to score the assessment. This may also be the time to set a follow-up appointment, thank the client, and excuse him or her. Sometimes, for many intake officers, this may be the last time they will see the client; therefore, they may have the client wait nearby while they finish scoring. Regardless, the scoring should take place soon after the interviewer completes the interview. This will enable the interviewer to capitalize on his or her immediate memory capacity and avoid having the case details blur with subsequent intervening other cases.

The complexity of assessment scoring and recording varies, of course, depending on the assessment tools that are used. Most corrections systems rely upon what are referred to as “third-generation risk/need tools.” These kinds of tools (such as LSI-R, Compass, SDRRC, SPIN, and LS/CMI) minimally provide summary risk measures and a profile of the criminogenic needs factors currently in the client’s life. Some systems require the use of multiple tools, where the information tapped through an interview-driven protocol is complicated by knowledge gained through a self-administered survey tool. In order to analyze the case and prepare for giving the client feedback, it’s important to score and

complete all the necessary tools and review their various components.

This case review needn't take more than a few minutes. It should include any assessment notes, the resulting assessment scores, and the rap sheet or criminal records as well as prior treatment and/or supervision records. These documents should enable the interviewer to piece together some of the larger patterns in the client's life and begin to assess where the most promising one or two change target areas are. When documents or information from different sources converge, they might need to be taken more seriously. For example, if a client states things in the interview that cause the interviewer to score a particular subscale rather high, and in the case analysis the officer discovers that the client's self-report on a survey tool also scored unusually high in this area, one can probably more confidently conclude that the respective area is significant in the client's life.

The interviewer should consider non-criminogenic case factors or issues as well as the criminogenic ones. Sometimes certain non-criminogenic issues (e.g., need for psych meds, recent blacklisting at the local shelter, serious tooth infection) have a way of trumping any other change targets until the issue is addressed. Of course, attention must still be paid to addressing the more criminogenic factors, but these should not necessarily exclude possible deal-breaking, non-criminogenic areas.

After reviewing the assessment and case materials, the officer should be in a more informed place to determine what the top criminogenic factor is—the one that most likely currently has the most influence on the client's ongoing criminal behavior. This factor or domain tentatively becomes one of the two top case priorities; the other top priority is the domain most important to the client. In some cases there may be so much ambiguity and/or ambivalence on the part of the client that it may not be productive to plan further until the feedback has been presented and processed with the client. In other cases it may be relatively clear, however, what the top criminogenic factor is and/or what the client's preferred change targets are. If there is clarity in either of these areas, the final step in preparing can be taken.

Considerable research now supports officers focusing with their clients on the more criminogenic change targets. Among the *central eight* criminogenic factors are antisocial peers, antisocial attitudes, history of anti-social behavior (aka low self-control), and

antisocial pattern or personality. These four factors, sometimes referred to as the "Big Four" because of their prominence in the meta-analysis research, are likely to have a more potent influence on criminal behavior than other factors. But this does not mean that other factors should not be considered.

Sometimes other so-called non-criminogenic factors such as mental or physical health, living situation, and clothing can become deal-breakers if not addressed upfront. Sorting criminogenic and non-criminogenic factors requires a high degree of discrimination and ability to navigate and negotiate what are sometimes very grey areas. Officers who maintain a balanced commitment to fulfilling both the need and the responsivity principles are less likely to sort in a rigid fashion.

When there are reasonably safe assumptions about what some of the future change targets might be, reviewing the client's possible precursor strengths is an excellent last step in preparing for providing feedback. The precursor model developed by Fred Hanna represents a potential breakthrough in methods for working with challenging clients. Hanna and his colleagues have identified seven distinct personal change enablers or precursors to change. When these precursors are *not* present in someone, they represent obstacles that interfere with an individual's ability to make any fundamental change:

### Precursors of Change (Hanna, 2002)

1. **Sense of Necessity for Change**—expresses desire for change and feels a sense of urgency.
2. **Willing to Experience Anxiety**—open to experiencing emotion and more likely to take risks.
3. **Awareness**—able to identify problems and sort thoughts and feelings.
4. **Confronting the Problem**—courageously faces the problem with sustained attention towards the issues.
5. **Effort Toward Change**—eagerly does homework, high energy; active cooperation.
6. **Hope for Change**—positive outlook; open to future; high coping; therapeutic humor.
7. **Social Support for Change**—wide network of friends, family; many confiding relationships.

The seven precursors of change can be used not only to enable the interpersonal context for change, but as a scale (5-point Likert:

None = 0; trace = 1; Small = 2; Adequate = 3; Abundant = 4) to assess client readiness for change stages. This can be an invaluable aid with higher risk and potentially difficult clients. After reviewing the precursors for a particular client on a specific change target, officers with some sense of which precursors are weakest can prepare themselves further by reviewing the techniques and strategies associated with those specific precursors.<sup>14</sup> This enables the client and officer to get the maximum alliance in the impending normative feedback session.

The last piece in preparing to provide assessment feedback is identifying options for providing feedback. The key to normative feedback is providing personal information to someone in a manner that appears objective and unbiased. Therefore we often find it useful to share total scores for risk and protective measures and subscale scores and profiles. While it's quite appropriate to use the scored assessment tools themselves, sometimes it is more helpful to refer to what are called norming charts or profile documents that sometimes can make things a bit clearer to clients and still come across as objective.

Depending on the assessment instrument, a typical norming chart provides separate norms for men and women, as this is now considered best practice in the assessment process. Norm charts typically show the client how his or her specific risk score falls into a range of all possible scores, for a representative sample of other clients. The client then can see what percent are at more or less risk than the client and can make more informed decisions about his or her own behavior change.

Another format for providing feedback is to profile the various subscales in the assessment so that they convey a sense of which subscale areas have more influence on a respective client's life. There are two ways to convey this. One approach is showing the proportion of items that scored as risk factors—this would be the intensity of the factor. The other is to depict the relative potency of the factors. For example, within the Central Eight criminogenic factors, repeated meta-analysis results reinforces that certain factors, sometimes referred to as the Big Four, are much more influential on criminal behavior—at least two times more impactful—than other factors. Thus authors tend to emphasize these areas (history of criminal behavior, low self-control, anti-social attitudes, anti-social peers, anti-social personality or pattern). These facts can be indicated readily by

color-coding that denotes the more potent factors in red, the next in orange, and the weakest factors in yellow.

Another playful example for giving feedback is the use of Legos. Since the whole idea behind the use of feedback is to help clients get aroused and involved with looking at the discrepancies in how they experience their lives, using a game like Legos can be useful. For example, after a quick explanation of the Central Eight criminogenic factors, the client can be asked to select and assemble a wall or fort made of Legos that represents the client's biggest challenges to getting out of and staying out of the criminal justice system. Whatever the client comes up with will usually provide an excellent set of reference points for the subsequent discussion. If at some point the client is interested in what obstacles the assessment indicated, then the officer can build a parallel wall alongside the client's, to compare and contrast in the conversation.

### Providing Normative Feedback

Thanks to research and the ever-expanding communities of MI adherents, there is a well-established initial formula for providing and exploring feedback and information sharing. The steps for providing feedback and advice are: 1) Elicit whether or not the client is interested; 2) Provide the information succinctly; and 3) Elicit what the client makes of that information, or what the client needs to make more sense of it. Thus the acronym E-P-E is often referenced for this process.

Asking someone if he or she would actually like to receive feedback is a respectful way to begin. It acknowledges the other person's autonomy and values his or her ability to

self-regulate and make good decisions. Most clients, like people in general, are fundamentally curious, and they rarely turn down this offer. (If they do, interviewers should accept this decision, but leave the door open for a change of mind later.)

Some keys to presenting assessment feedback are: 1) use the KISS principle (keep it simple, stupid); 2) tailor your language level to the client's; 3) remain open and ready to puzzle with the client what it might mean to *him or her*. The task when presenting feedback is to engage and partner with the client more than to educate.

It's often very helpful *not* to push or promote a particular point of view too strongly, but instead take a neutral position. If your client is ready to learn anything from you, it will become evident as you go along.

Finally, the last part of providing feedback/advice is exploring with the client his or her thoughts and reactions to the feedback. This step is where active listening skills can really pay off for the interviewer. To be flexible and client-centered while the client sorts out the new information or perspective can be very effective. The client should be allowed to soak in whatever possible insights he or she may be processing and, at the same time, be willing to really listen to them, often through the competing chorus of the client's defenses. If and when change talk emerges, the interviewer should massage and reinforce some of this with reflective listening.

### 4. Agenda Mapping

Miller & Rollnick<sup>6</sup> describe three common scenarios likely to occur when someone tries to set a practical course of change with a client:

1) The client knows exactly what the problem is and what steps he or she needs to take to change and improve the situation; 2) the client is torn between two to three change targets and isn't sure how to prioritize them or resolve the ambiguity and/or the client's ambivalence; and 3) the client is overwhelmed by the magnitude of possible change, and his or her perspective is very global and stuck. An interviewer might adopt very different agenda-mapping strategies depending on which scenario the client is presenting.

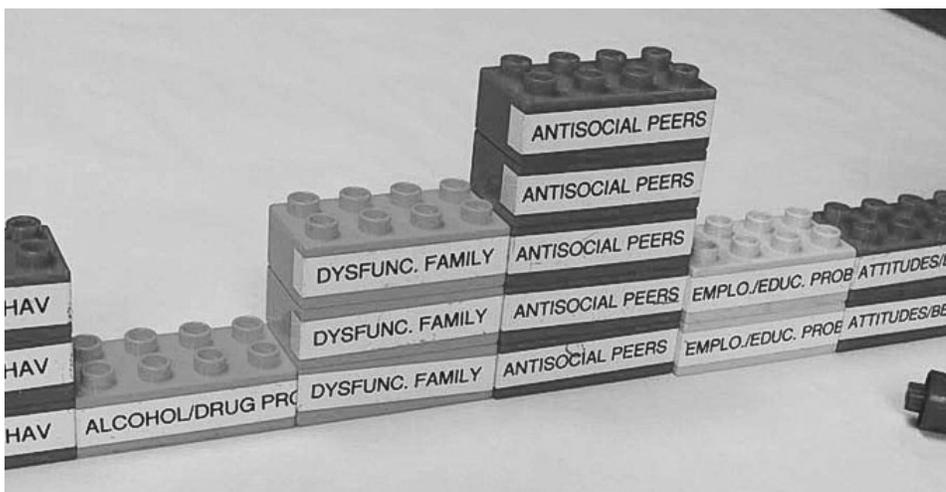
In case number one, where the client has a relatively good idea where he or she needs to be heading in terms of personal change, the segue from the focusing to the evoking process seems barely necessary. However, it still might not be a bad idea to review the possible targets with the client to eliminate any loose ends before engaging the client in a way that draws out change talk for targeted change and strengthens his or her commitment.

The second case is probably much more common for higher risk clients. They have multiple criminogenic factors present in their lives, and the initial challenge is helping them sort out which one or two are the most important to them to change. There are various techniques to help clients with this sorting. One of them is to facilitate some decisional-balance or SWOT (strengths, weaknesses, opportunities, and threats) analysis work to the various contenders. Another approach might be to return to the precursor model and, after teaching the client how to assess each possible target area for the presence of precursors, consider starting the change process for success with the area that has the greatest amount of precursors present.

In the third case, where an individual is confused and at best very global about what he or she would like to be different, a third strategy is recommended. When someone is so overwhelmed by the degree and variety of demanding change agendas that he or she finds it hard to focus, taking some steps "backwards" can pay dividends. In this case, encouraging the client to back up a bit and look at his or her life from a less constrained view may get better results.

Rather than diving into prioritizing and problem-solving, this last type of client should be supported in detaching a bit, so the client can discuss his or her problems more broadly and begin to articulate how they might be related. Once some of these larger patterns become clearer to the client, he or she can more productively begin sorting priorities.

**FIGURE 2**  
Legos Format for Feedback



Out of the three strategies for focusing, this last one often requires the most equipoise and self-restraint of the officer's "righting reflexes."

Regardless of the strategy that is ultimately effective, the preferred result will be arriving at a mutually satisfactory change target or two; the targets then become the ongoing center of attention in the supervision process. What kind of attention depends on the stage of readiness the client is in. When a client remains essentially in the Contemplation stage, even though some agreement exists about the change objective, the primary goal is helping the client build the necessary commitment and resolve for change.

### *The MI Evoking Process in Assessment*

In MI, evoking is a process that involves deliberately eliciting and reinforcing what is called *change* and *commitment talk* from the client's deeper well of resources and perspective. Client change talk consists of things a person might say when he or she is giving voice to desires, abilities, reasons, and needs for change. Commitment talk continues and extends these same types of statements ("I would love to be able to spend that money on other things besides..."; "If I could do it before, I'm pretty sure I can do it..."; etc.) into a less abstract, more immediate, personal, and volitional context (e.g., "I will use that money to pay the back rent"; "Starting today, I am changing and not using any more"). The goal with evoking is to encourage the client to both surface and settle into a clear and different cost-benefit understanding regarding the behavior or change area.

### **5. Refining the Focus**

Throughout the assessment process, starting with role clarification, there can be many opportunities to elicit and strengthen change talk and commitment. However, until the client and agent have arrived at mutually understood change goals, facilitating change talk can: a) distract from the immediate task at hand; b) be premature; c) be ineffective; or d) all the above. The best time, therefore, to place a premium on the client's change talk is once there is a rather sound agreement about the direction in which the client is headed. Once the client has acknowledged that it is time for him or her to move beyond the fork(s) in the road and possibly take some action in a given direction, that's the time to start paying attention to how one is structuring the conversation relative to change talk.

Usually quite a journey is involved when

anyone moves from a natural and understandable ambivalence about changing to achieve a targeted behavior to a full-on commitment, with no "hole cards" or reservations. Within the framework of the stages of change model, this is tantamount to traveling from the *Contemplation* stage through *Preparation* and into the *Action* stage. Moving through the Preparation stage is sometimes discussed as a relatively brief passage (compared to the time it can take to navigate Contemplation and Action). However, this does not mean it isn't a significant change. The headset or mental model for someone in Action no longer revolves around talking or thinking about a change in the abstract, but taking active behavior-changing steps. The key to this journey is forging commitment.

Two main ingredients are necessary for fostering commitment: desire for the outcome and belief in one's ability to achieve it. Serious gaps in either of these will undermine the growth of commitment. The term desire can be confusing, because it is also referred to as a component of change talk (desires, abilities, reasons, needs). As an essential ingredient however, what is meant by the term is an overarching desire. Many reasons, needs, and smaller desires contribute to the relative importance of an objective—and determine whether or not it is an overarching desire. So it is that change talk builds towards and into commitment. However, while desire is essential or necessary, it may not be sufficient, for without belief in one's ability to accomplish the task, desire will often flicker and fail.

Belief in one's ability to complete a specific task or objective has been termed self-efficacy by Albert Bandura,<sup>15</sup> a leader in developing social learning theory. According to Bandura, self-efficacy is strongly associated with the probability of someone initiating a new behavior. When someone believes he or she cannot accomplish a specific task, there is a low probability that the person will either initiate or strive to complete it. A person must believe the objective is actually possible in order to have a commitment to it.

### *Using Techniques and Strategies to Develop Precursors (Readiness)*

Earlier, in the context of preparing to provide normative feedback, we discussed the value of inventorying a generic set of seven precursors to change.<sup>16</sup> To the degree that someone has all these precursors fully on board regarding a specific change enterprise, the more likely the person is to forge a real and successful

commitment to change. Conversely, if certain precursors are negligible or non-existent, the struggle to change can be very protracted, if not unsuccessful. Therefore, with difficult clients it is very important to use some methods that help the person specifically engage his or her weakest precursors. Fortunately, a clearly defined set of techniques and strategies exists<sup>17</sup> for helping clients develop each of the seven precursors.

Over 70 strategies and techniques for developing specific precursors are provided not only in Hanna's book *Doing Therapy With Difficult Clients*, but in certain case management software as well as rolodex card prompts, to enable this urgent developmental process on the spot (i.e., in real time). For example, if an officer were to determine that a client had only a trace of the precursor *Sense of Necessity* for changing a priority change target (such as tapering substance abuse, terminating fist-fighting, obtaining a GED, or finding some prosocial friends), the officer might refer to the software or rolodex prompts and select one of the following:

#### **A SENSE OF NECESSITY:**

##### **Techniques & Strategies**

1. **Align Client Values with Therapy**
2. **Reality Therapy Approach**
3. **Answer the "What's-in-it-for-me?" Question**
4. **Subpersonality Approach**
5. **Increase Client Anxiety Levels**
6. **Explore if the Client Feels Deserving of Positive Change**
7. **Identify Secondary Gains**
8. **Scaling Necessity from 1 to 10**
9. **Identify and Refute Possible Core Beliefs that Inhibit Necessity**

For the sake of convenience, suppose the officer selects #1 above, Align Client Values with Therapy. The coaching prompt that would follow would look something like the steps that follow below. It would be a simple set of reference points regarding the specific technique that officers can readily use to guide them when initially engaging that particular technique.

#### **Align Client Values with Therapy**

- A. Find out what is important to client
- B. Reframe it in terms of the target change behavior and coaching/counseling
- C. Point out that coaching/counseling can provide it
  1. For example, substance abuse seeks same goals as coaching/counseling
    - a. Find out what the person is trying to change drugs/alcohol

1. Change in feelings
    - (a) narcotics
    - (b) benzodiazepines
  2. Change in beliefs
    - (a) cocaine
    - (b) crystal meth
  3. Change in behaviors
    - (a) alcohol
  4. Change in relationships
    - (a) marijuana
    - (b) ecstasy
- b. Show how coaching/counseling can provide what drugs cannot

This process of employing precursor strategies will be greatly enhanced if, in keeping with strong engagement with non-voluntary clients, the tenets listed below are adhered to. More detail on these tenets can be found in Hannah's *Techniques for Motivating Difficult Clients: The Precursors Model of Change*<sup>17</sup> as well as his book *Therapy With Difficult Clients*.<sup>10</sup>

### Relationship-Building Strategies

1. Prior to using these techniques, the officer and client have spent a minute or two clarifying their roles (with the officer emphasizing his or her role as potential coach).
2. The officer is engaging his or her MI spirit.
3. The officer has strong precursors—all seven—for engaging the client and working with the client's precursors.
4. The officer is ready, willing, and able to "empathize, even when it hurts or sickens."
5. Attention is given to the metalog (what is being thought in the conversation but not given voice).
6. Courtesy and permission are exercised—the officer is MI-adherent and uses the rhythm of Elicit—Provide—Elicit as much as possible.
7. Empathy is established before confronting (as in reality therapy, not critical judgment).
8. Boundaries are set that further positive change and are referred to in subsequent role clarification.
9. Find the connection with the client—it's not something one has to necessarily wait for....
10. Develop the ability to see through situations, read between the lines and don't take just any old bait.
11. Leave your ego at the door, avoid

taking things personally.

12. Validate the client's abilities.
13. Admire negative behaviors and attitudes—adjust to the client's world and sense the value and utility of negative client behaviors and attitudes before reframing or helping the client pivot the skill toward the positive.
14. Give the client plenty of options for telling you to back off.

Refining the focus for change involves fully appreciating what it's really going to take for the client to develop and finish forging a commitment to change. Working more closely with the precursors to change quickly enables this process to become very granular and real. Discussing precursors eliminates the risk, vagueness, and ambiguity of talking about things in the abstract and keeps the focus in the room, on one's relationship with the client.

The use of MI and coaching around the precursors go a long, long way towards helping clients find the desire and courage to change. With practice, officers can readily access and use various MI skills for structuring conversations to promote the client's change talk. This activity alone can account for significant shifts in the importance a client places on a particular change target. In a similar fashion, engaging the client around his or her weaker precursors for change translates into a very straightforward method for drawing out and enhancing the client's confidence for making the change. As a person's desire (importance) and courage (confidence) rise, so does resolve or commitment and probability for success. Planning out how a change can be made becomes less problematic once an individual has made a commitment to change something.

### 6. Developing a Change/Case Plan

Once an individual is ready to commit to a change behavior, the energy he or she has around that particular target begins to shift and increase, making it much easier for the person to move and be open to new possibilities. A frequently used analogy is swooshing downslope on skis through three or four gates or stages of change planning.

According to Miller & Rollnick<sup>6</sup> and other MI trainers,<sup>18</sup> there are four sets of considerations inherent in change planning:

1. Setting goal(s).
2. Sorting options or strategies for change.
3. Formulating a plan.
4. Reinforcing commitment.

These four steps form a natural or logical

sequential order that makes guiding people through the "gates" of change planning relatively simple. Setting goals is often just a matter of formalizing what has already been occurring in the conversation regarding the target behavior. Typically the interviewer might nudge the person by asking how things need to be different or what specific goals the client might now have. Without being overly directive (and detracting from the client's sense of agency), the goal here is to get a better picture of the goal by getting everything on the table.

Sorting through the options can begin easily with some brainstorming for other possibilities that might not have surfaced thus far in the conversation. It might also be helpful during this step to make sure that all the client's relevant current strengths, attributes, and resources (e.g., social network capital, available family and organizational support, etc.) are taken into consideration.

The next step, formulating the plan, is often best preceded by a certain type of structuring statement that suggests to the client that plans that are more complete and have some aspects of a SMART format can often help in successfully achieving goals. If the client is open to suggestions, the interviewer should indicate how some of the following things can contribute to achieving goals:

- Putting the plan in writing.
- Making the plan specific and concrete instead of abstract.
- Setting objectives that are not too far out in time.
- Stating the goal in positive terms of what the client would like (rather than emphasizing what they won't be doing).
- Identifying people that will support the goal-achieving efforts.
- Identifying possible goal barriers and quick remedies ahead of time.
- Sharing your plan with others and posting it conspicuously anywhere you hang out.

Such a structuring statement can then be followed with an invitation to begin drafting the plan: "What do you think about us trying to throw something together in writing?"

In this way one can begin a very collaborative process of generating a plan. Ideally this produces a written draft that can be subsequently refined by the individual. However, in some cases, especially when a person has an aversion to writing things down, this might start out by only verbalizing the plan—let the client drive the process and the format when possible!

Finally, look at ways the client can pick up extra reinforcement for his or her plan along the way. Who can the client share the plan with that is almost certain to give him or her support? What milestones can be built into the plan for easy recognition and opportunities for self-reinforcement as well as positive reinforcement from the officer? Processes that are reinforced lead to completion and more successful outcomes. If the reader is interested in more detailed information regarding change planning, please see Bogue and Nandi's guide to implementing MI in Corrections.<sup>8</sup>

## Conclusion

This article has been an effort to make sense of the wonderful intersecting research-supported strategies that the field of community corrections has available for integrating into the first few sessions with our clients. The early sessions are so critical for forming effective relationships with our clients. The cognitive scientists like to tell us these days how people run on impressions and not necessarily facts. Salespeople, on the other hand, are quick to point out that it is the first and last impressions that matter.

Part of the inspiration for this inquiry unquestionably has been the emergence of practice models<sup>19</sup> that deliberately integrate combinations of EBP into the space of typical case management sessions. These models are showing tremendous efficacy for reducing recidivism, underlying the good news that the officer can, after all, be the best possible intervention the system has. However, as

straightforward as these practice replacement strategies are, they require enormous work of the individual officer, the supervisor, and upper management to be effectively implemented. This article was written to help us all better understand how the various moving parts of any practice model can be initiated, harmoniously, from the very start at assessment.

## Endnotes

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<sup>4</sup> Trotter, C., *Working with Involuntary Clients* 1999, London: SAGE Publications. 165.

<sup>5</sup> Trotter, C., *Pro-Social Modelling*. European Journal of Probation, 2009. 1(2): p. 142-152.

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<sup>7</sup> McMurrin, M., *Motivating Offenders to Change: A Guide to Enhancing Engagement in Therapy*. 1 ed. Wiley Series in Forensic Clinical Psychology, ed. M. McMurrin 2002: John Wiley & Sons. 264.

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<sup>9</sup> DiClemente, C.C., et al., *Process Assessment in*

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<sup>14</sup> Hanna, F.J., C.A. Hanna, and S.G. Keys, *Fifty Strategies for Counseling Defiant, Aggressive Adolescents: Reaching, Accepting, and Relating*. Journal of Counseling & Development, 1999. 77: p. 395-404.

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<sup>19</sup> Bourgon, G., L. Gutierrez, and J. Ashton, *The Evolution of Community Supervision Practice: The Transformation from Case Manager to Change Agent*. Perspectives, 2012. 36(3): p. 64-81.