

**ENGAGEMENT**  
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**IPS**  
**SUPPORTED**  
**EMPLOYMENT**

# WHAT DOES IT MEAN & WHY DOES IT MATTER?

## ■ Engage

*verb* en·gage

: to get and keep (someone's attention, interest, etc.)

## ■ Engaged

*adjective* en·gaged

❖ 1: involved in activity : occupied, busy

❖ 2: greatly interested : committed

(<http://www.merriam-webster.com/dictionary/engaged> )

■ Is it beneficial to work with a consumer who is attentive, interested, busy with & committed to looking for work? Why?

# BUILD STRONG ENGAGEMENT FROM THE GET-GO!

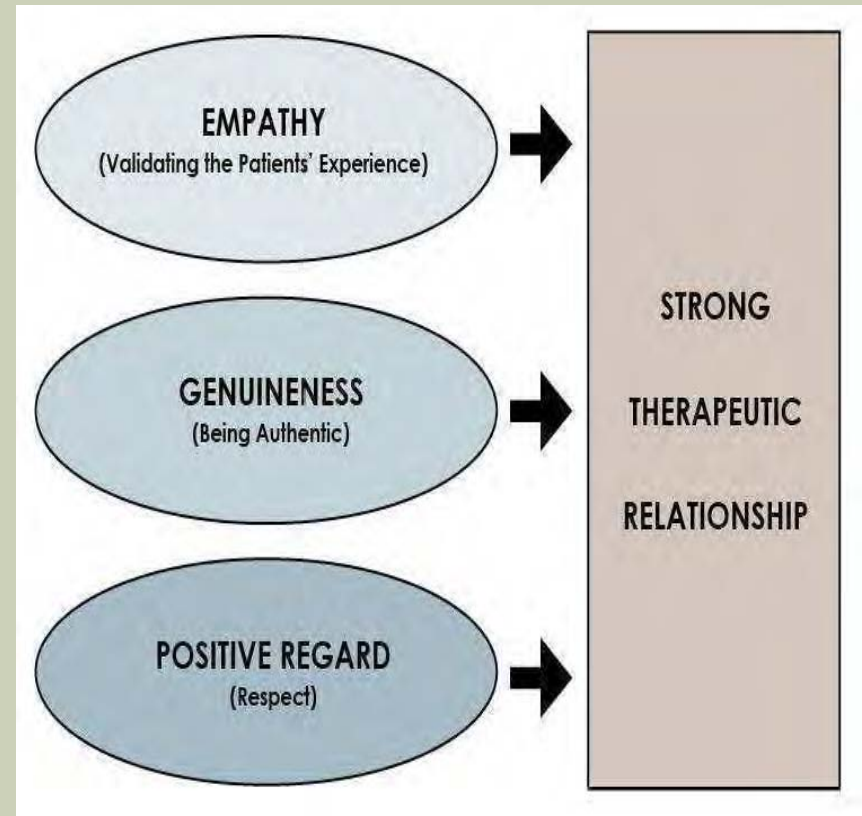
- What's to be expected: *Clear, honest and consistent communication*
  
- Good things to discuss during enrollment include:
  - A) Goal is to *find a job you want to do*, not just will do.
  - B) This is a *working relationship*; each of us needs to follow through on what we say we are going to do so that we can progress towards your goal of working.
  - C) *We will meet for 2-3 hours every week in the community* (explain why this yields better results).
  - D) Our *meetings will be mostly in the community* (explain why).
  - E) The *type of benefits the consumer receives and their knowledge* about how working may impact benefits.
  - F) Verify *contact information*
  - G) *Skills, strengths and life interests* (motivational interviewing)
  - H) *You will lead/guide* this job search and I will support and assist you!
  
- **Best policy: Don't say it, if you don't mean it and can't follow through!** A working relationship involves both parties identifying and committing to what they will do to move towards the defined goal...in this case a preference-based, competitive job in the community.

# CONTINUE TO BUILD STRONG ENGAGEMENT DURING THE ASSESSMENT PHASE OF IPS

## ■ Basic CBT

### Active Listening:

- Eye contact, uncrossed arms, and nodding in agreement or understanding
- Restating, Paraphrasing & Reflecting, Summarizing
- Reframing: is where you change the meaning or context of something so that the client can see it differently, with the aim of creating a shift in feelings, perceptions or behavior.



## CONTINUE TO BUILD STRONG ENGAGEMENT DURING THE ASSESSMENT PHASE OF IPS

- ***Motivational Interviewing:*** Motivational Interviewing is 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*. The approach upholds *four principles— expressing empathy and avoiding arguing, developing discrepancy, rolling with resistance, and supporting self-efficacy* (client's belief s/he can successfully make a change).

(<http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>)

# MOTIVATIONAL INTERVIEWING 101

## Key Principles:

- **1) EXPRESS EMPATHY:** Understand where the patient is and then convey that to them. Guide people to understand and listen to themselves.
  - • Acceptance facilitates change.
  - • Skillful reflective listening is the essence of motivational interviewing (the concept and practice the clinician can return to over and over again).
  - • Ambivalence is normal and a critical element for all human growth.
  
- **2) DEVELOP DISCREPANCY:** Change is motivated by a perceived discrepancy between present behavior by a patient and their important goals and values. Developing discrepancy should be done in a non-judgmental way.
  - Common techniques used to create or develop discrepancies include:
    - • Asking the patient to look into the future and imagine a changed life under certain conditions (i.e., condition is well managed) or to look into the past and recall periods of better functioning.
    - • Ask the patient to consider the worst possible scenario resulting from not changing behavior or the best possible consequences resulting from trying to change. Repeat back pros and cons as stated by patient.
  - Example: “On one hand I hear you saying you want to work as a Janitor, and on the other hand you said the last job you had as a Janitor didn’t end so well.” Tell me about that.

# MOTIVATIONAL INTERVIEWING 101

## ■ 3) ROLL WITH RESISTANCE:

The resistance or disconnect a person offers can be turned or reframed slightly to create a new momentum toward change. • Avoid arguing for change (unnecessary stress for you and stress for the patient).

- • It is a signal to RESPOND DIFFERENTLY, slow down...listen...breathe.
- • New perspectives are offered, after patient grants permission, but they are not imposed.
- • Remember and rest in the fact that the patient is the PRIMARY RESOURCE in finding answers and solutions. Validate and express empathy.

## ■ 4) SUPPORT SELF-EFFICACY:

It refers to a person's belief in his or her ability to carry out a task and succeed. It is a key element for change and can be a good predictor of treatment outcome. It is the hope that the patient holds that there is a possibility for change.

- • A person's belief in the possibility of change or even a willingness to contemplate a different vision for themselves is a powerful motivator.
- • It is the person, not the care manager that will choose which change to make and will carry it out. Each person is an expert in his or her own life. The care manager offers a possibility which may or may not fit where the person needs or desires to be.
- • The care manager's BELIEF in the person's ability to change, move, consider new possibilities is a powerful resource for the patient to choose to utilize and becomes a self-fulfilling prophecy.
- • Confidence is a predictor of change.

# HOW CAN YOU CONTINUE TO BUILD STRONG ENGAGEMENT DURING THE RAPID JOB SEARCH PHASE OF IPS?

- A working relationship = an engaged process:
  - Pre-planned, concrete ways you & the consumer will participate
- Ways consumers may participate during job search meetings:
  - **Hands on computer work:**
    - Online applications
    - Online lead searching and evaluation
    - Elevator pitch and mock Interviewing
    - Thank you cards
  - **Job Development: Lead &/or Supporting Role:**
    - Preparation with ES to include:
      - Role plays; beforehand &/or in between various employer contacts
      - Gradual active participation while observing ES during job development
      - Complete direct participation with employers; ES as 'co-pilot' or anonymous observer
      - Self-rating of strengths/areas to improve after various employer contacts
- Homework for both parties based off activities conducted and identified next steps; develop together and be sure to check-in on during next session.



# HOW CAN YOU KEEP CLIENTS ENGAGED ONCE THEY'VE OBTAINED A JOB?

- Offer Genuine PRAISE!
- Normalize Support:
  - Everyone needs support when life changes occur
  - Supports look different for everyone & are tailored to the client
  - Share an experience of utilizing supports for professional reason
- Validate Feelings:
  - Most people are anxious when starting something new, especially a new job. Share an example of when you were nervous starting a new job, emphasizing the supports you found helpful to succeed.
- Reach Out Frequently:
  - A quick phone call/voice mail
  - Drop by the consumer's home or place of work
  - Send a card or letter
  - Talk to their clinical staff; sit in on a meeting with them

# EARLY WARNING SIGNS OF DIS-ENGAGEMENT

- Cancelling right beforehand
- Arriving late
- Requesting to leave early
- Lack of follow through/preparation for discussed & agreed upon activities for that day's session
- Changes in living environment &/or household status that may lead to new focuses & commitments
- Change in demeanor from one session to following session
- No call/no show to appointment(s)
- Increased expression of self-doubt and/or fear
- Only rescheduling when you seek them out; does not initiate

# RE-ENGAGEMENT: WHEN & HOW?

## ■ When:

- Be observant and act as soon as you sense signs of dis-engagement.
- If no progress is being made, but you're meeting regularly, it's time to re-evaluate the plan (it could be that someone's not engaged).

## ■ How:

- Stop, inquire, listen & act/re-plan according to your client.
- Give your client a voice in the plan.
- Utilize motivational interviewing & attentive listening to support your clients with developing their own plan based off their interests, skills, passions and dreams (rather than your 'expert' opinion, even if you are an 'expert').
- Allow people to make mistakes and learn from them. Be there to offer support and to praise their efforts. That's how we learn & become invested in ourselves!

# ASSERTIVE ENGAGEMENT & OUTREACH BY INTEGRATED TREATMENT TEAM

- 14. Assertive engagement and outreach by integrated treatment team:
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- 5= Evidence that *all 6 strategies* for engagement and outreach are used:
  - 1) Service termination is not based on missed appointments or fixed time limits.
  - 2) Systematic documentation of outreach attempts.
  - 3) Engagement and outreach attempts made by integrated team members.
  - 4) Multiple home/community visits.
  - 5) Coordinated visits by employment specialist with integrated team member.
  - 6) Connect with family, when applicable.

# ASSERTIVE ENGAGEMENT & OUTREACH BY INTEGRATED TREATMENT TEAM

## ■ Examples:

- 1) Home visit with case manager
- 2) Work site visit with case manager
- 3) Piggyback appointment with clinical staff (case manager, therapist, psychiatrist, IDDT person, etc.)
- 4) Ask member(s) of treatment team to pass message along to consumer/encourage to contact you.
- 5) Community visit to place known to hang out
- 6) Drop-in center visit (if known to visit)
- 7) Family member contact (ROI must be on file)
- 8) Visit place of worship (if applicable)
- 9) Mail a letter or card
- 10) Send an email together with clinical staff
- 11) Leave a note at residence or with landlord

# INDIVIDUAL JOURNEY'S

- Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.

-Bill Anthony