TAC
TECHNICAL ASSISTANCE COLLABORATIVE

Assertive Engagement and Motivational Interviewing

Trainers: Jordan Gulley and Theresa Young

April 14, 2025

Introductions: TAC

The Technical Assistance Collaborative (TAC) is a nonprofit organization dedicated to helping our nation's human services, health care, homelessness, and affordable housing systems implement policies and practices that empower people to live healthy, independent lives in the communities they choose.

Assertive Engagement Training Agenda

- Welcome and Introductions (5 minutes)
- Icebreaker (10 minutes)
- Engagement Overview and Challenges (10 minutes)
- Understanding Behaviors (15 minutes)
- Assertive Engagement Overview & Strategies (40 minutes)
- Breakout Discussion (10 minutes)
- Questions and Answer (5 minute)

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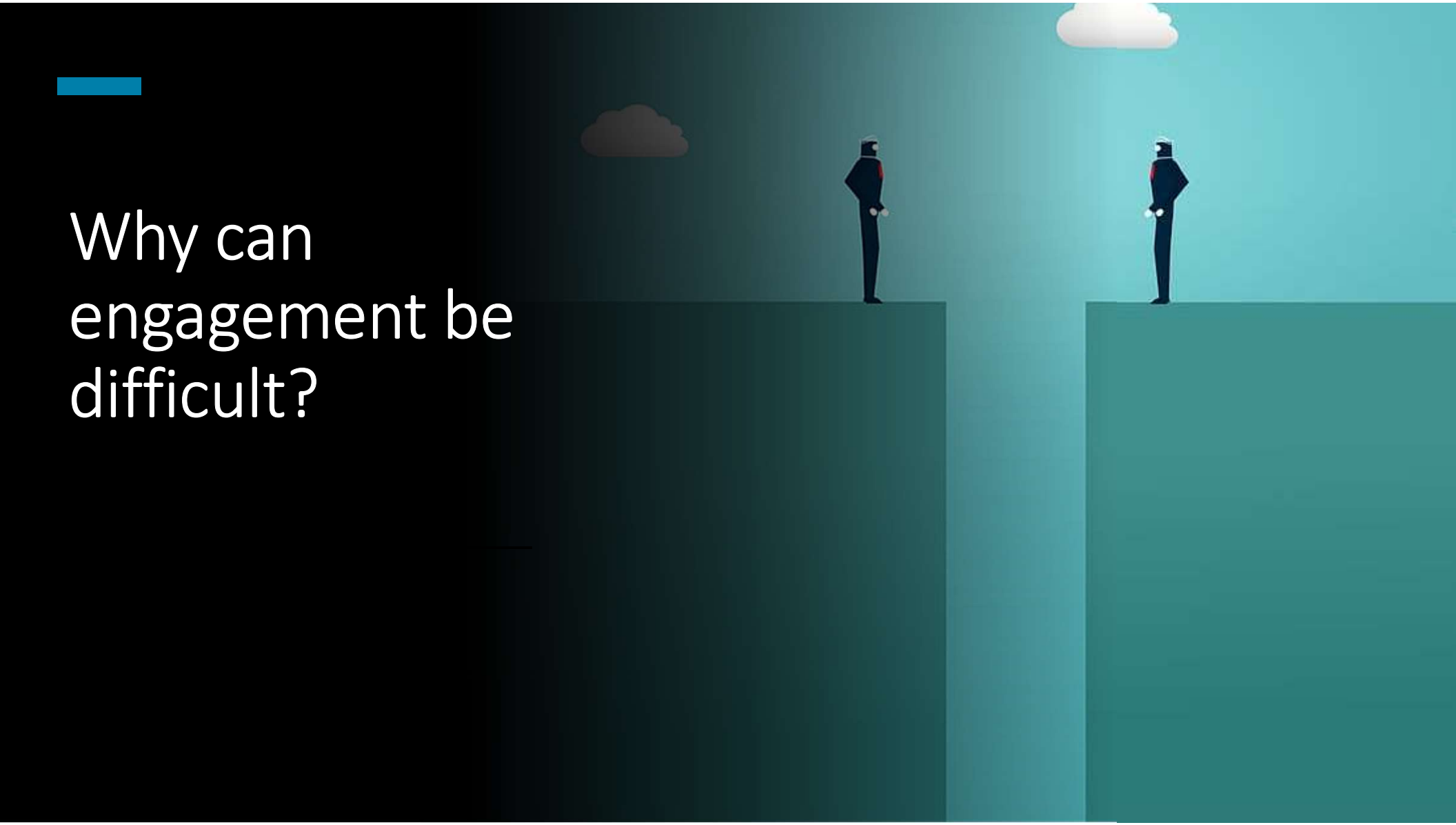
Ice Breaker

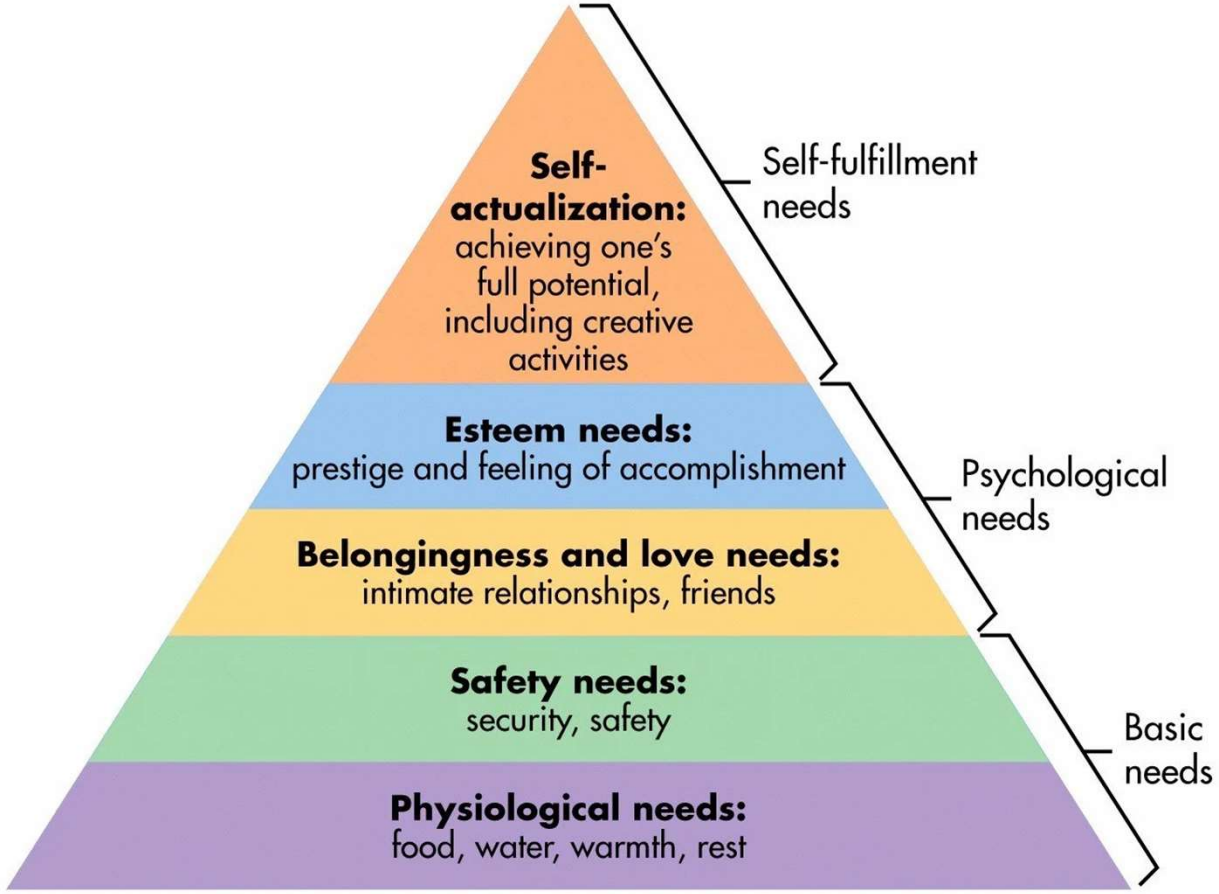
What is Engagement?.....

- A strengths-based process of connecting with a person to:
  - Gain a better understanding of them as an individual
  - Introduce them to the service relationship
  - Create a shared understanding and common goals
  - Build trust –many have been burned by the system
- It is individualized to the person

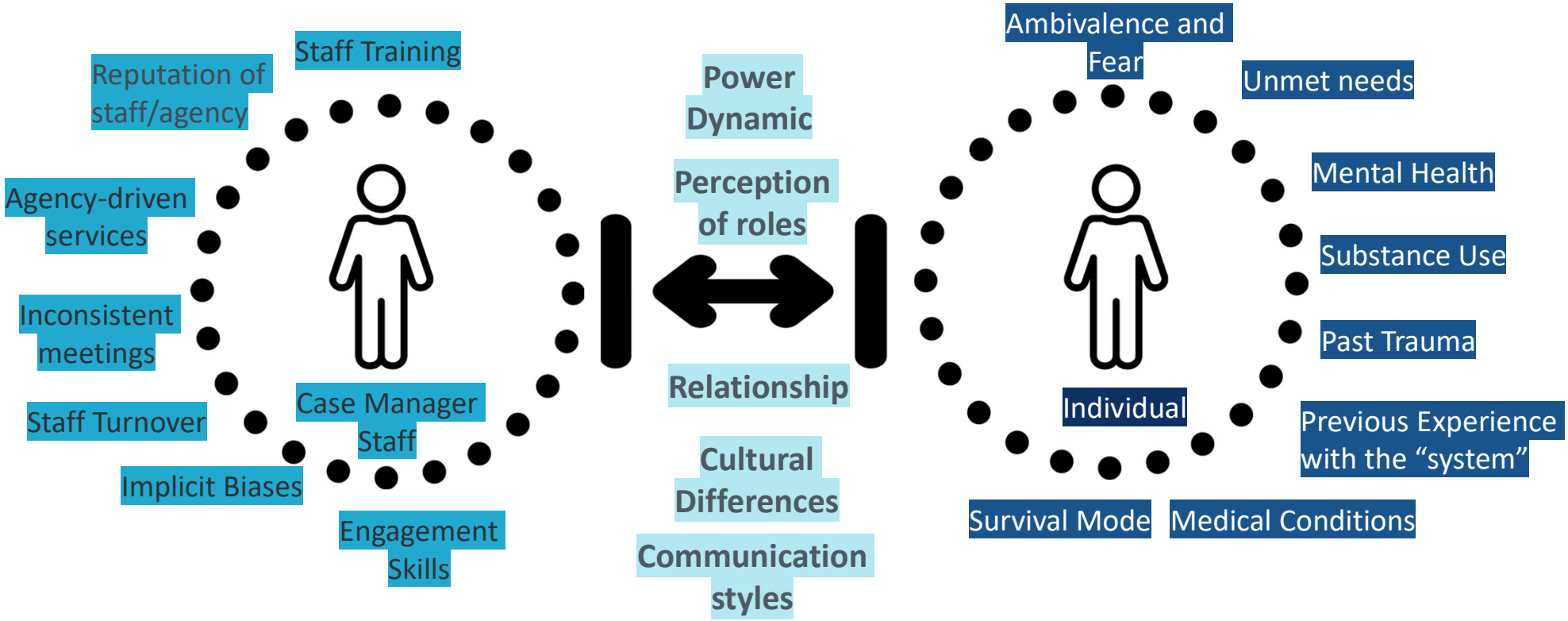
Why can engagement be difficult?



Maslow's Hierarchy of Needs



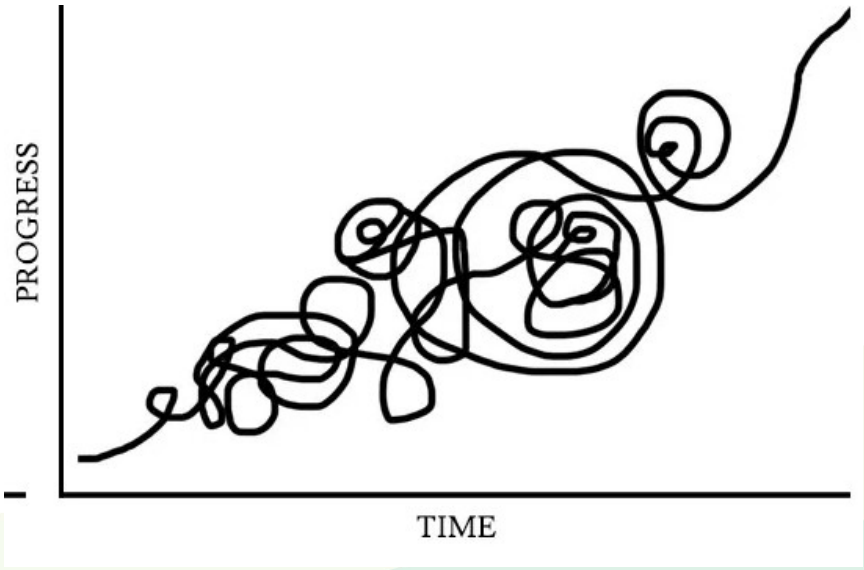
What can impact the quality of engagement relationships



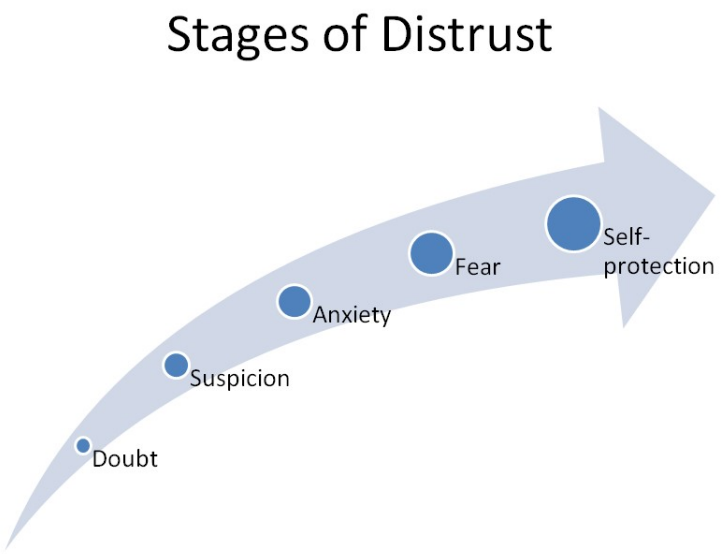
When it comes to effective engagement.....

- Engagement is not an event it is a process.
- Engagement may ebb and flow over time. People “dis-engage” for a variety of reasons.
- It does not happen overnight, but some members will engage easily, and others will be more reticent
- There are no “expected” time frames, follow the person’s lead
- Assertive Engagement Techniques may be necessary

How Engagement can look

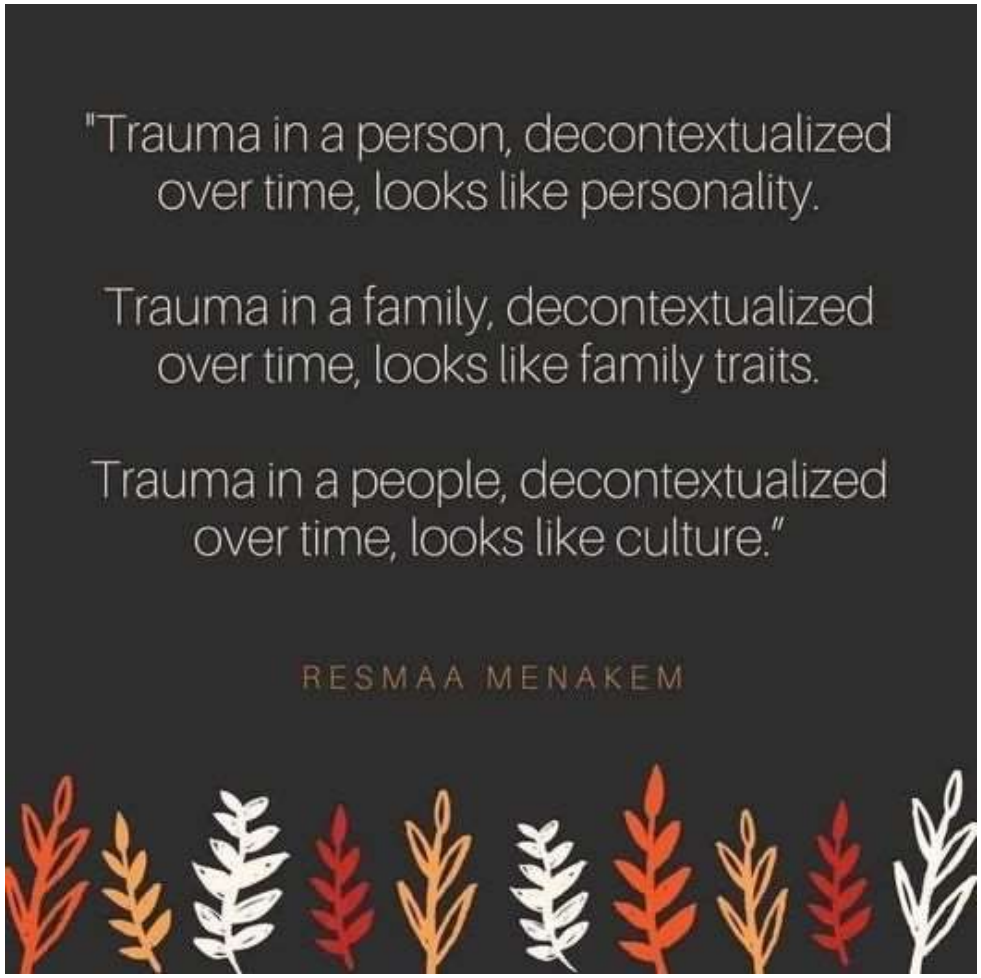


Normalizing Mistrust



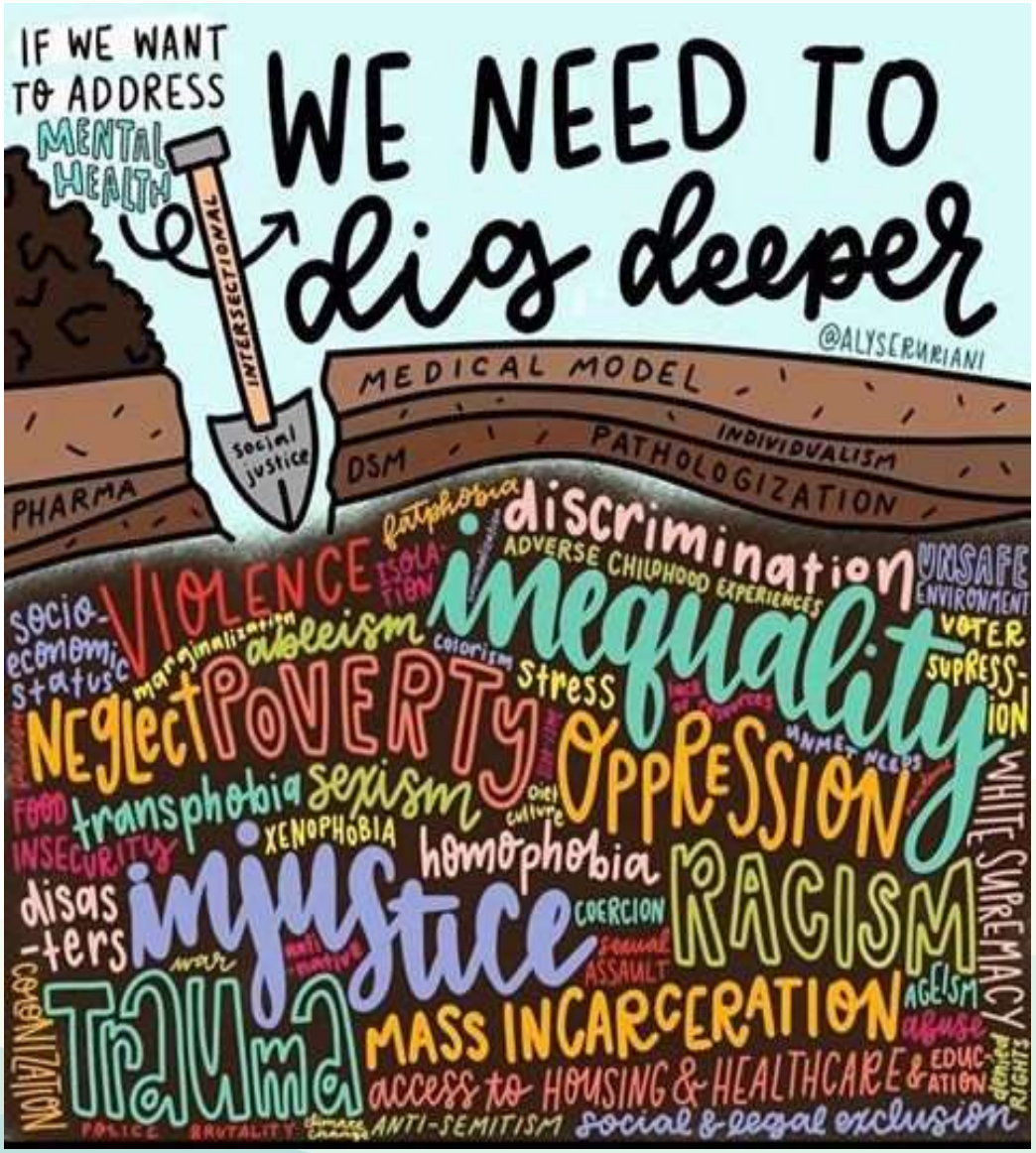
- Many systems and services were built without including the experiences of people receiving them
  - More prevalent for members of marginalized groups
- Previous history of providers
  - Believing they "know what is best"/not valuing a person's autonomy
  - People having to retell their story over and over
  - Misalignment of needs with service delivery
  - Staff overpromising and underdelivering

Understanding Trauma's Impact



Understanding the Role of the Behavior

1. Behavior IS communication: What is it communicating?
2. Trying to meet needs:
   a. Connection
   b. Love/Belonging
   c. Avoidance
   d. Control/Power
   e. Unmet basic needs
3. Understand the role trauma may be playing



Behavior Self-Preservation

Actions and Interpretation

Automatic Response	Behavior	What it Could Mean	Options to Ask/Consider
Fight	Aggression, Threats, Yelling, Refusal	Purposeful attempt to regain control, unaddressed trauma	▪ Are there unmet needs? ▪ Is this an avenue to get connections? ▪ Is this response to systems of oppression? ▪ Is this coping with a trauma response? ▪ Is this taught helplessness? ▪ Are they trying to gain control in their life? ▪ How are previous (and current) traumas and inequities impacting their choices (or lack of choices)? ▪ Others?
Flight	Avoidance, 'denial', substance use	Overwhelmed by pain, unsure of how to proceed, unaddressed trauma	
Freeze	Self-isolating, not engaging, passive/no-opinion	Taught helplessness, internalized lack of autonomy, self worth, concern, unaddressed trauma	

Scenario

Gary experienced homelessness for over 15 years prior to being housed through PSH. It took a long time (multiple years) to complete a full assessment for Coordinated Entry, but a clear picture of his housing history was never gathered. He was recently matched to PSH and assigned to your program. The process was slow moving but he engaged with you on tangible goals and he has been in his apartment for 4 months. Though he has agreed to work with you, he is rarely at his apartment to receive your scheduled visits. You are very concerned because in addition to a suspected schizoaffective d/o (has never had a full assessment) has medical issues (congestive heart failure) that causes severe edema in the legs and has not followed through with any medical care. He drinks regularly which you suspect exacerbates his medical conditions. You find out from the outreach team that he has only spent two nights in his apartment and has been continuing to stay in his tent outside.

- What are your initial impressions of Gary?
- What other questions do you have?
- How would you approach him to engage him in services?

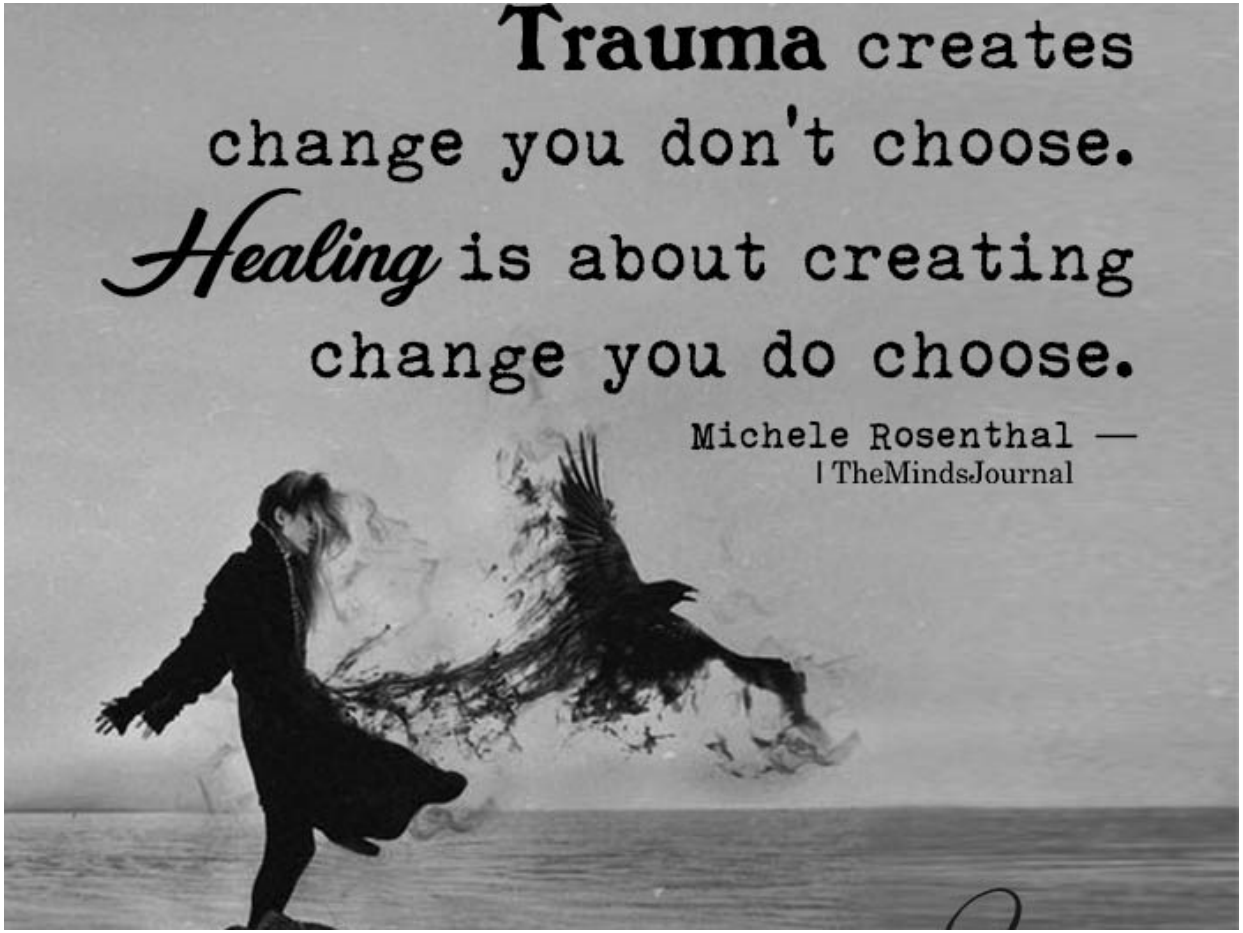
Gary: More Information

You finally catch up with Gary. He has been visiting his apartment to shower and cook meals but still is not sleeping there. Gary says he would like to stay in his apartment overnight but finds it overwhelming. You offer to work with him on that and he obliges. You complete your initial assessment and learn that Gary has an extensive trauma history. His mother died when he was 11 years old quickly and unexpectedly when she presented to the emergency department with shortness of breath, and they discovered late-stage lung cancer. Gary reports to you that he believes he is living with cancer. Gary also shares that he is a veteran and was on active duty during his military career, he doesn't say much more about his time in the service but acknowledges it has had a significant impact on him. He considers himself a survivalist and uses military skills to live outside successfully, so sleeping outside in his tent feels comfortable and is part of his routine.

Reframing Behaviors

Now that you have information about Gary's trauma history:

- how do you think about his behavior differently?
- What role might trauma play in his behavior?
- How would you approach him differently?



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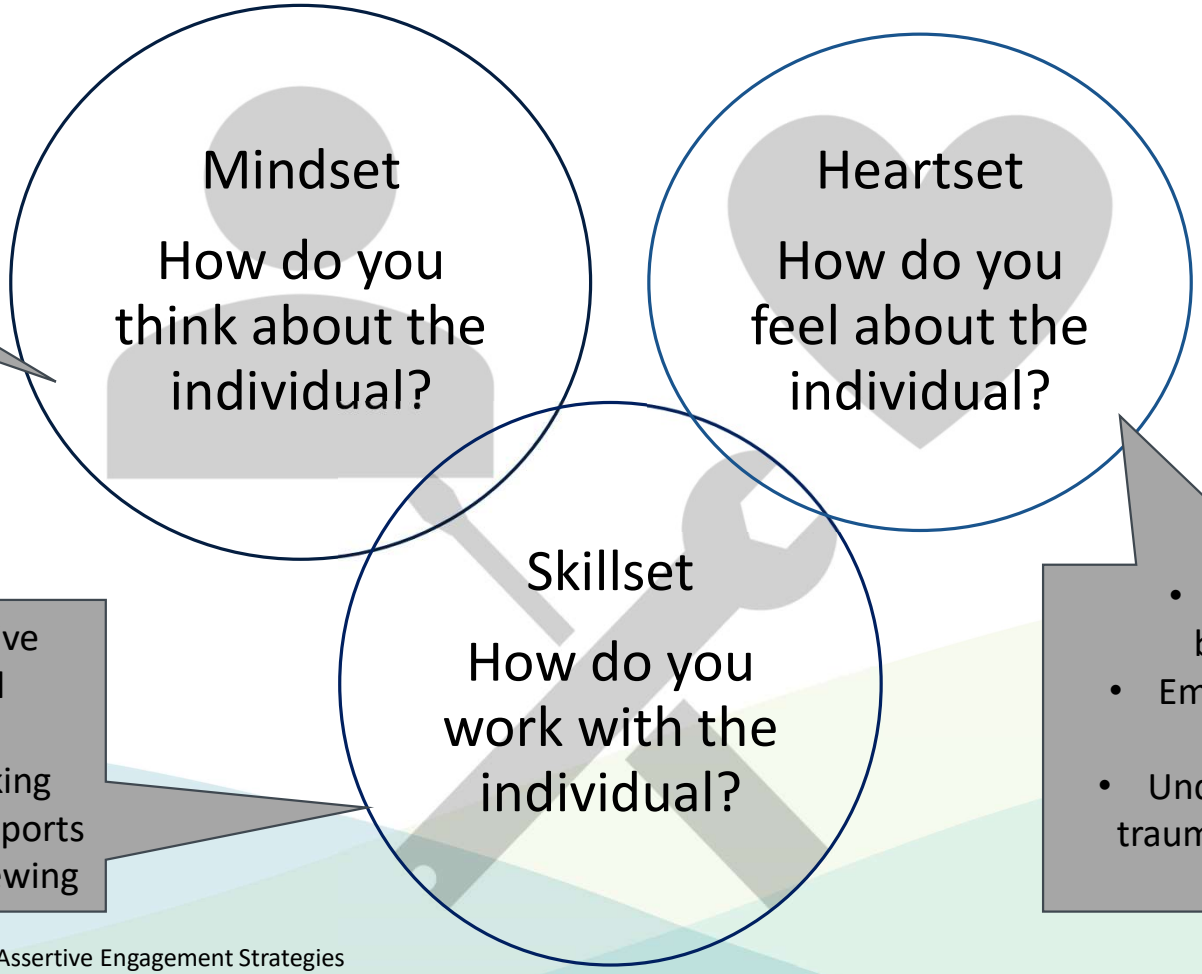
Assertive Engagement

Assertive Engagement Components



- Strength-based
- Recovery Oriented
- Belief that they can change

- Culturally responsive
- Person Centered
- Creating shared value/decision making
- Engaging Natural Supports
- Motivational Interviewing

- Addressing own biases/judgements
- Empathy Unconditional positive regard
- Understanding impact of trauma, oppression, systems

Adapted from Multnomah County Assertive Engagement Strategies

Ingredients to Assertive Engagement

Mindset: How do you think about the individual?	Empathy	Nonjudgemental Curiosity	Recovery-Oriented
	Strengths-Based	Assumption that people want to change	Recognizes innate ability/Resilient
Heartset: How do you feel about the individual?	Address own biases	Unconditional positive regard	Warmth/Caring
	Understanding the impacts of your own trauma/history	Acknowledging Resilience	Instilling Hope
Skillset : How do you engage with the individual?	Active Listening & Reflection	Motivational Interviewing	Patience and Respectful Persistence
	Person Centered and Culturally Responsive	Create Shared Values and Understanding	Equanimity

Adapted from Multnomah County Assertive Engagement Strategies

Heart set/Mindset

Strategies to address Provider Beliefs, Countertransference, Bias

- Intentionally evaluating and addressing by:
  - Defining mission vision and values that commit to dismantling stigma and bias that is widely held toward the people you work with
    - Consistent training and team meetings to evaluate perceptions and unpack impact of experiences on outreach
  - Using peer and individual supervision
- Regularly assessing for signs of compassion fatigue
- Ensuring collective care strategies
  - Taking time between engagements
  - Mindfulness transitions
- Utilizing a team approach to outreach
  - Ensures if someone needs to step back, there is space

What else do you do to check your bias?

Mindset to Skillset: Re-Assessing and Pivoting

- **Constantly assess** for changes within the person and where their focus may be to align with what they want to work on.
  - Start with relationships, not services
- When people have disengaged, we may have to begin again as we did with initial engagement (re-assessing person's needs/goals, meeting basic needs, etc.)
- People might be disengaging for good reasons

Framework for Assessing Assertive Engagement Techniques

- Assessment:
  - What do I know? What do I observe? What can I offer?
- Engagement:
  - How can I create psychological/emotional safety during engagement?
- Evaluate Impact:
  - What was their response?
  - What underlying needs could be driving this response?
- Pivot Approach:
  - How do I better respond to those underlying needs?
  - How do I need to modify my behaviors?
- Re-engage:
  - As you learn more about the person, incorporate strategies into your re-engagement approach
  - Once re-engaged, explore drivers in disengagement

Pivoting: Changing Strategies

- Recognize Patterns in Behavior
  - Step back and evaluate
- Exhibit Clinical Curiosity
  - Drives you to learn more about the person but also “Why”
    - How well do I know them?
    - What are their values and dreams?
    - What behaviors do not align with those values and dreams.. And why?
- Look at yourself
  - What is triggered and what does it mean?

Skillset: Tangible Strategies

Engagement Challenges	How it may show up	Strategies and Examples
Logistical Challenges	• Trouble locating them, no phone, constantly moving	• Creating communication (and transition) plans at intake • Partner with other orgs to support meeting goals (ex: can the case manager at the day drop in get a signature for you?) • Standing "office hours" • Engaging natural supports from start • Creating "safe signals"
Mental Health	• Hesitation to engage • Belief that others/you are out to get them or attempting to harm them • Fixation on things not related to your engagement	• Innovative strategies to create psychological safety (i.e. • As appropriate, address underlying feeling/concern without reinforcing belief • Grounding exercises • Offer choice around engagement and strategies
Substance Use	• Inconsistent engagement • Withdrawal from services • Unauthorized guests, guests • Agitation or aggression during engagement	• Harm Reduction Strategies • Motivational Interviewing (We will focus in on this in the afternoon session) • Conversations about safer use • Scheduled use/using lines • Creativity around scheduling, length of meetings, location • Explore values and misalignment
Mistrust	• Hesitation to engage • Being guarded • Not showing up • "Testing" staff	• Proactive, persistent, patient and *consistent* • Lead with Humanity (vs services) • Let them set the agenda/differ their priorities • Apologize for misconnects and repair trust • Under-promise and over-deliver

Return to Gary

As previously mentioned, Gary considers himself a survivalist and uses military skills to live outside successfully, so sleeping outside in his tent feels comfortable and is part of his routine. Now that you know Gary comes home for showers and meals you have been able to meet him with him a little more regularly. You learn that he loves reading and he reports that the best part of his day is when he can read his novel in his tent before falling asleep. However, he is still sleeping outside and has not followed through with any connections to medical care. Outreach mentions that in the past Gary has let them take photos of his legs to show the street medicine doctor as long as they don't identify him because he does not want to be involuntarily sent to the hospital. The swelling in his legs has caused some challenges with mobility. It also is starting to get cold outside, and you are increasingly concerned about his wellbeing.

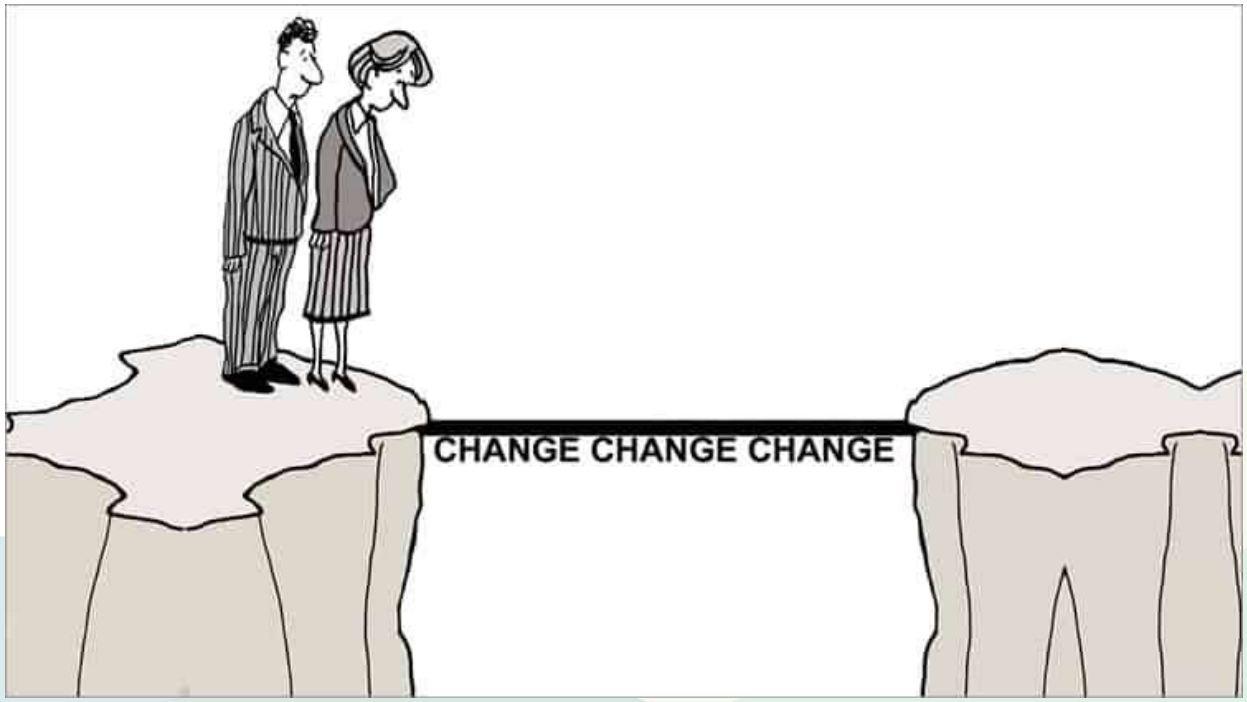
Breakout Discussion

- Now that you know a little bit more Gary's needs and preferences what engagement strategies would you use to continue to build trust and rapport so that you can begin working towards goals together?
- How are you balancing personal Gary's autonomy program expectations?
- As a provider:
  - How do you simultaneously hold the fact that we want to engage in assertive engagement AND there are sometime programmatic and funding considerations that impact our ability to continuously show up?
  - How do we balance respecting autonomy with individual choice given that often PSH programming is "responsible" for the individual?

Second half Training Agenda

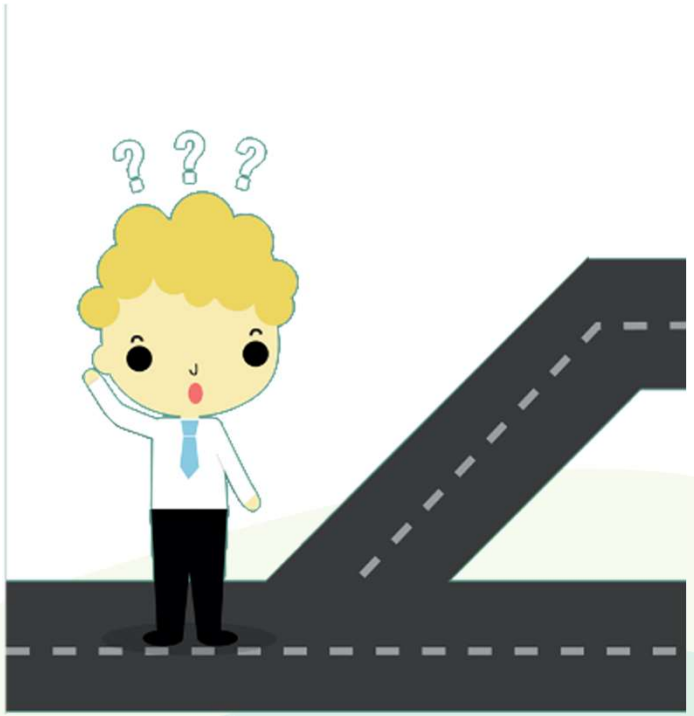
- Understanding Change Behaviors (10 minutes)
- Stages of Change (10 minutes)
- Introduction to Motivational Interviewing/Spirit of MI (15 minutes)
- MI core skills (20 minutes)
- Role Play & Debrief (15 minutes)
- MI Techniques (20 minutes)
- Practice (15 minutes)
- Debrief and Questions (5 minutes)
- OEO Discussion (10 minutes)

Why Don’t People Change?



Why People Change…

"People are generally better persuaded by the reasons which they have themselves discovered than by those which have come into the mind of others." – Pascal



Ambivalence

- Ambivalence is the state of having conflicting feelings about something
  - Simultaneously having positive and negative feelings about something; wanting two incompatible things
- People may see reason to change but may not be ready to make that change
- Ambivalence may be in response to threat, being afraid, it hurts too much, it is too hard to share, it does not align with their own goals, or may be rooted in trauma
  - How do we reduce the risk or threat for this person?

Ambivalence Unpacked

Listed below are common situations what we encounter in our work. For each area, try to imagine what things might/do sustain the behavior or status quo. Then try to identify what might be more problematic about the behaviors.

- Give us an example of a behavior that you are trying to change…

Sustaining Status Quo	Problems with Status Quo

- Someone is living unsheltered and despite expressing a desire to "get out" she continues to engage in sex work.

Sustaining Status Quo	Problems with Status Quo

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Stages of Change

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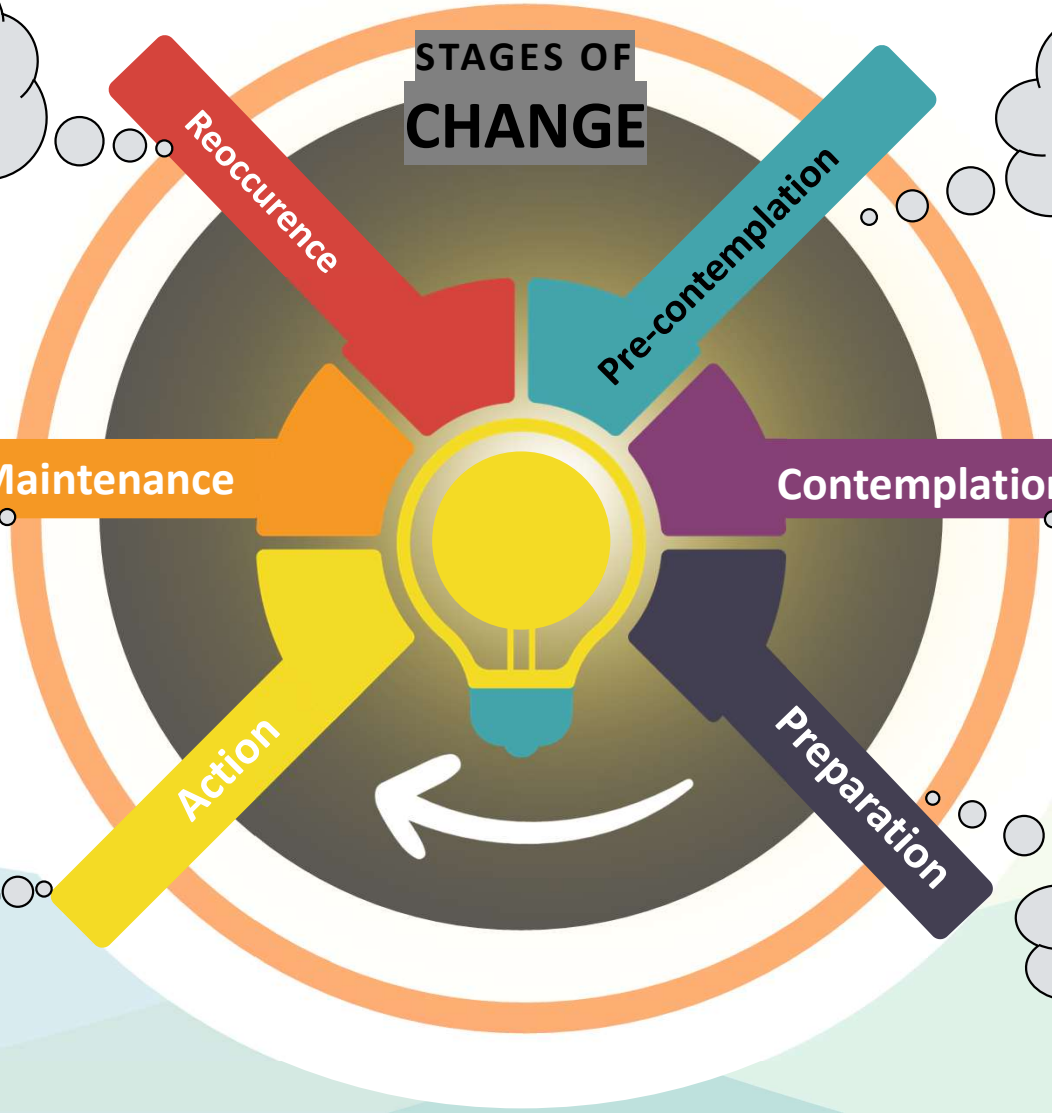
STAGES OF CHANGE



Can occur anywhere in the process

There is no interested in change, or they do not find behavior problematic to them

Person has sustained changed behavior more than 6 months; intend to continue

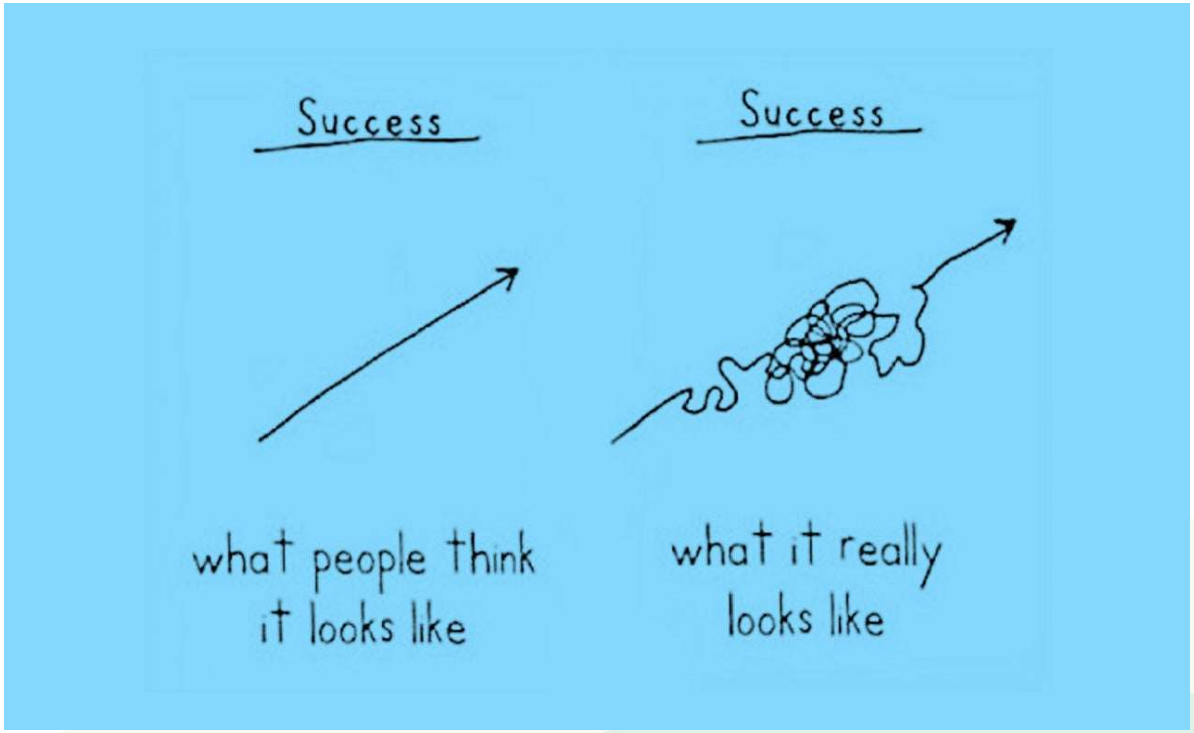
There is no interested in change, or they do not find behavior problematic to them

Recently changed behavior and intend to continue with change

Ready to take action within next 30 days, making plans

Change is Usually NOT Linear

- People can enter or exit different stages of change at any point in their overall progress
- Trauma impacts how people progress through change
- People may experience return to a behavior at any point
  - This does not always mean they have to



Assessing for Stages of Change: Case Example

Judy is a 56-year transgender female who is unsheltered and sleeping outside. She uses methamphetamine regularly to stay awake and protect herself and her belongings. Unfortunately, the sleep deprivation and use causes her to be irritable and sometimes physically aggressive towards others. This has led to her being discharged from several programs and frequent law enforcement “run ins.” She states she does not want to keep using but at this point, it’s how she survives, and she doesn't know how else she will keep herself and her belongings safe. She has tried to cut down but so far has not been successful.

- What stage of change do you think Judy is in?
- How might her trauma history play a role in progressing to the next stage?

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Motivational Interviewing

Motivational Interviewing helps people explore ambivalence – what keeps the person doing what they do and what might move them towards wanting to make a change

What is MI?

A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

– Miller and Rollnick

Ingredients for Motivational Interviewing

- **4 Spirit Elements**: Partnership, Acceptance, Compassion, Evocation
- **4 Processes**: Engaging, Focusing, Evoking. Planning
- **4 Core skills**: Open Ended Questions, Affirmations, Reflections, Summaries

Spirit of MI: PACE

Partnership

Cooperative conversation and joint decision-making process

Individual is the 'expert' on their life and family perspective

Partnership where both counselor and individual play a vital role.

Acceptance

Absolute self worth or unconditional positive regard

Autonomy

Accurate empathy

Affirmation

Compassion

Actively promote individual welfare

Give priority to the individual's needs

Genuine value for the well-being of the individual

Evocation

Evoke from the individual their own motivation and resources for decision making or health behavioral change

Evoke inherent ability to develop in positive direction

What Does Partnership Look Like in Practice?

1. Listening more than talking
2. Limiting suggestions
3. Promoting Choice
4. Empowering people to make changes on their own terms
    a. People know what they need
    b. People know their own hierarchy of needs
5. Being aware of your thoughts feelings and willing to set aside agendas


Lunch Break

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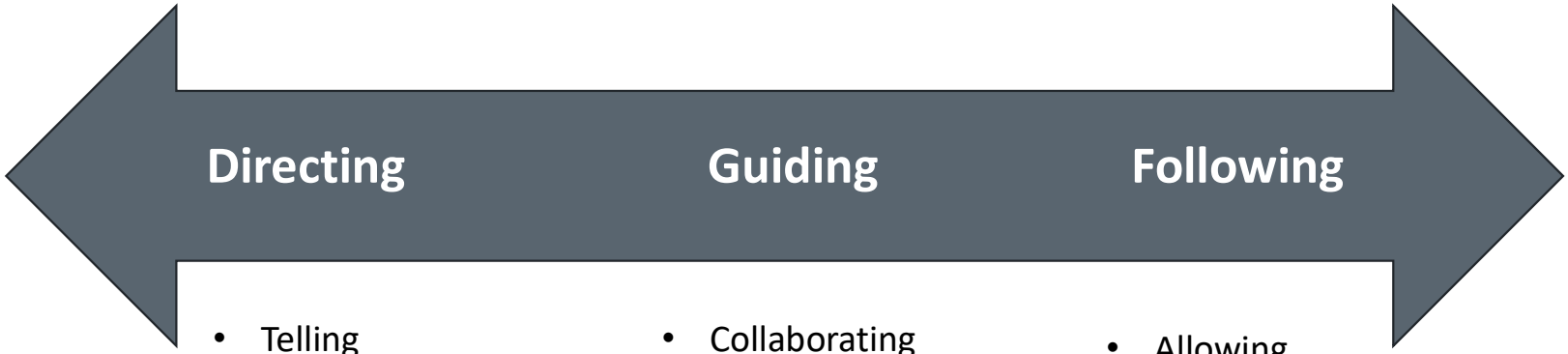
Core Skills

Interpersonal Communication Styles



- Telling
- Advising
- Ordering
- Leading
- Managing
- Controlling goals or process

- Collaborating
- Evoking
- Increasing intrinsic motivation
- Honoring Autonomy

- Allowing
- Permitting
- Observing
- Going along with
- Following wherever person leads

Which communication style do you naturally gravitate towards?
Do you always use the same communication style?

Frey, J. & Hall, A (2021). Motivational Interviewing for Mental Health Clinicians

OARS

- **O**pen ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries

Open Ended Questions

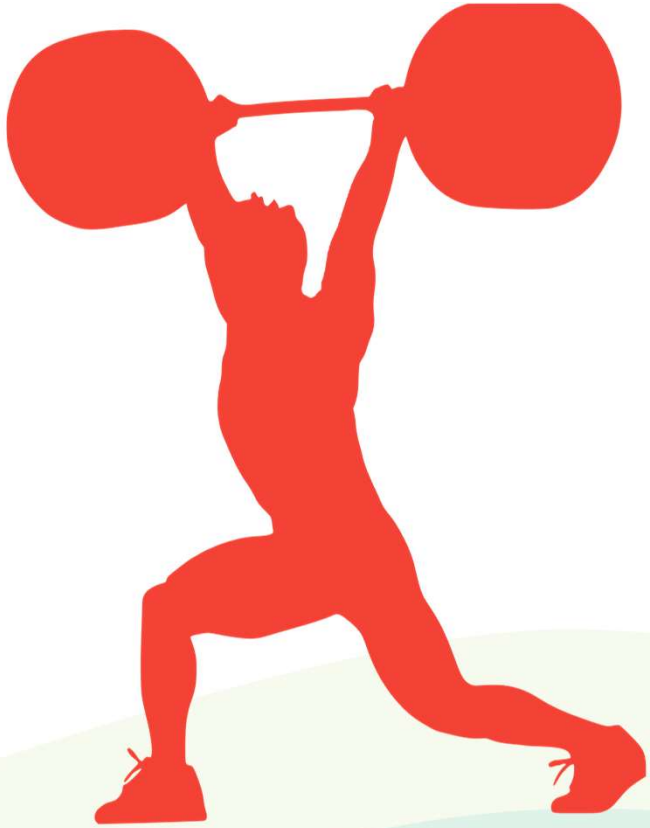
- Cannot be answers yes or no/with one word
- Allows person to feel heard
- Allows person to determine what and how to disclose
- Should not be stacked
- Rely more on listening than questioning

Convert Close-ended Questions to Open Ended:

- Are you feeling better today?
- Do you have a source of income?
- How many times have you used in the last month?
- Were you able to save last week?
- Do you want to apply for jobs today?
- Have you cut down on your drinking?

Affirmations…

- Improve rapport
- Reinforce the person's participation
- Express empathy
- Reduce negativity & Highlight strengths
- Help reframe the person's own thoughts about the situation
- Are genuine and personalized
- Are not compliments
- Empowers the individual



Affirmation: Examples

Statements of appreciation for the person and their strengths

Clear and genuine words of understanding or appreciation

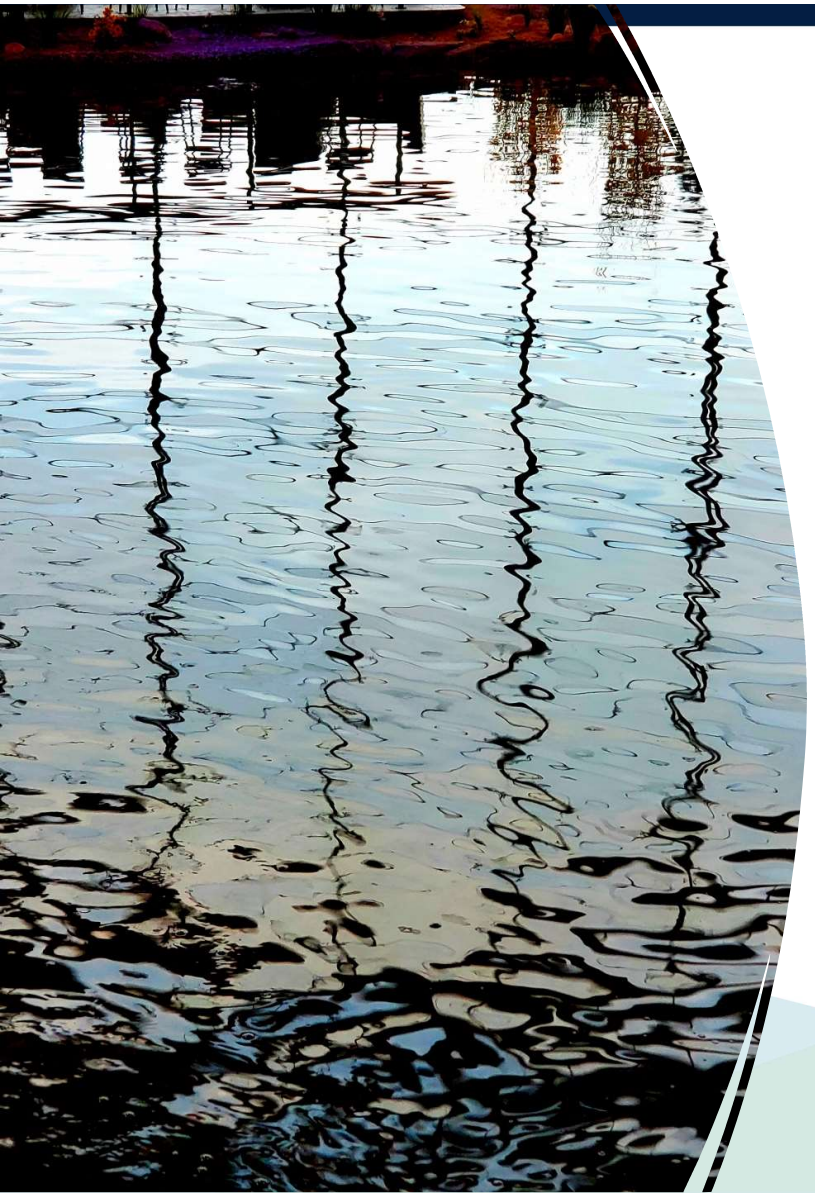
Used to increase rapport, support building the person's confidence, and elevates things that may have previously been unseen by the person

A mother is involved with child protective services after her DUI and she fears losing her children.

- "You are someone who cares very deeply for your children and are willing to fight to keep them."
- "You have worked hard to be a good mother and you're worried this mistake will change things."
- "You coming to see me shows your committed to doing what it takes."
- What else?

Reflections

- Allow the person to feel heard
- Allow staff to confirm perceptions (not assume)
- Staff to choose what direction the conversation will take based on what is reflected back
- Allows the person to correct staff if it is wrong
- Are statements, not questions
- Research has found a ratio of 2:1 reflections to questions for MI
- There are multiple levels of complexity
  (See Handout)



Reflection: Practice

- I do not know why I am even here. I only use sometimes. I only got arrested because of bad timing.
- I'd like to lose weight but every time I try, I fail. I am not sure I have the stamina to keep trying.
- I will stop using when I am housed.
- I feel like I am sneaking, you know…I wish they'd stop making them and then I wouldn't have to make myself quit, I just couldn’t buy them. You know what I mean? That would be great.

Summaries

Allow the person know you heard all sides of the story

Let's the person hear what they have said

Allow you to present the discrepancy

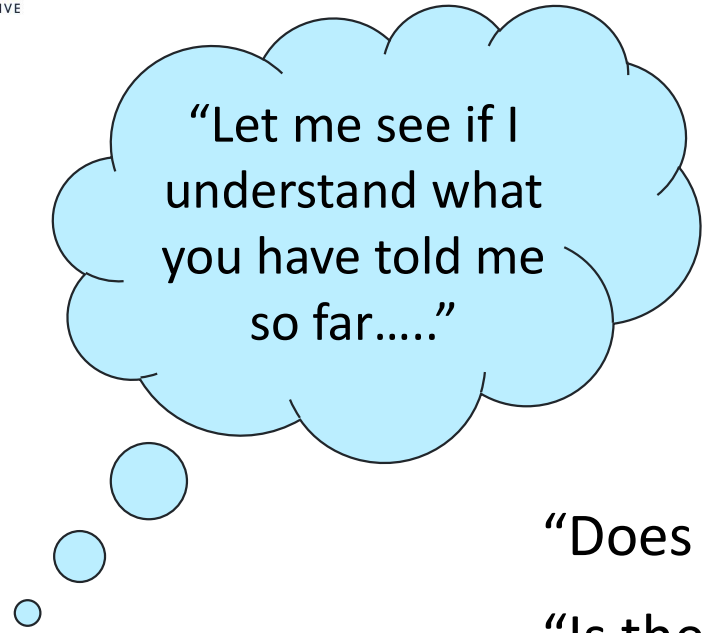
Use "and" not "but"

Helps focus the interaction

Allows you to emphasize crucial points/is directive

Good for transitions

Summaries: Examples



"Does that sound right?"

"Is there anything you want to add, or correct?"

Motivational Interviewing in Practice

You have recently been assigned to meet with Danielle, a 36-year-old Hispanic female. She wants to be housed with John, her partner. They have been homeless for the past three years and sleeping outside. John works odd jobs when he can find them. She has been hesitant to talk about employment but reports “sporadic” income from an unknown source. Though she says that she is ready for her own place, she often does not follow through on the plans she makes with you. Last meeting, she became frustrated and said defeatedly, “I want to get off the streets, but we can’t afford these places; maybe I should just wait to see if I can get a voucher.” During your last session, she discloses that she has been engaging in sex work for income, and she would like to stop but does not know where to start.

Motivational Interviewing: Let's Practice

- 10–minute activity
- 4-5 in each group
- Choose who will be
  - Person listening
  - Person sharing something they want to change
  - Person(s) observing
- The listener will use MI techniques ~ 5 minutes
- Observer will note on document provided which techniques are used
- Switch roles and repeat - 5 minutes
- Come back together to debrief

Role Play: Debrief

- What stage of change was Danielle in?
- What were some factors contributing to her ambivalence?
- What techniques did you find most helpful in engaging Danielle?
- Are there additional factors you considered when engaging Danielle?

Eliciting Conversation

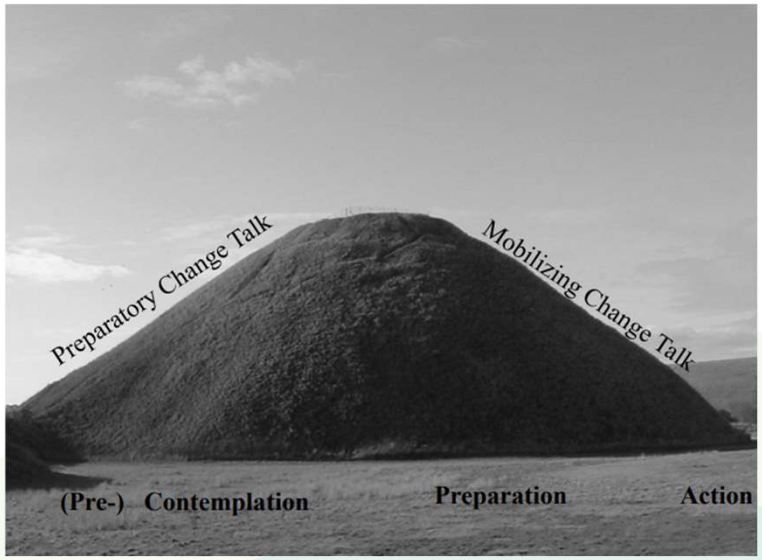
Eliciting Conversation

Four Processes

1. Engage: ongoing process of establishing trusting and respectful relationship/aligning with the individual
2. Focus: ongoing process of seeking and maintaining direction
3. Evoking: Eliciting individual's desire to change/change talk
4. Planning: Explore what steps the individual is willing to take and develop a plan

Evoking

Attentiveness to the Language of Change



Recognizing Change Talk

D: Desire to Change ("I want to...")
A: Ability to Change ("I could....") Optimism
R: Reason for Change ("I would... if") Benefit of change
N: Need for Change ("I have to....") Problem with Status Quo

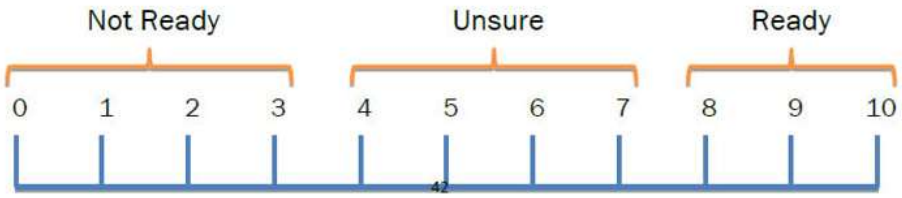
C: Commitment (I will make changes) A: Activation (I am ready, prepared, willing to change) A
T: Taking steps (I am taking specific actions to change)

Questions that help elicit change talk

- Decisional Balancing (Explore the benefits and stressors for change, explore the benefits and stressors for remaining as is)
  - What would be your reasons for stopping heroin use?
  - What would be a negative consequence of stopping heroin?
  - What benefits are you getting from using?
  - How do you see your use negatively impacting your life?

	Benefits/Pros	Costs/Cons
Making a Change		
Not Making a Change		

Questions that help elicit change talk



Readiness Rulers

- On a scale from 1 to 5, one being not at all and 5 being extremely
- How important is it to you, that you stop using cocaine right now?
- How (confident, ready) are you?
- You're a 7 now, what would it take to get you to an 8?
  - Tell me why you're at a 7 and not a 6?

Evaluate Extremes

- What's the worst thing that could happen if you continue?
- What's the best thing that could happen if you change?

Responding to Change Talk

- EARS (Elaboration, Affirmation, Reflection, Summary)
  - When a theme of change emerges, delve deeper for more details:
    - Why is this change meaningful to you?
    - You say 'you get too angry' sometimes- Describe what that looks like for you?
- Request specific instances to better understand their perspective and values
- Looking Back: Explore times before the issue was present to uncover strengths and past successes
  - Tell me about a time when things were different, what did that look like?
  - How were things better in the past?
- Look Forward: Encourage them to envision their future with or without making the change
  - What do you see happening in the future if nothing changes?
  - If you woke up tomorrow and everything was fixed, what would be different for you?

Ambivalence vs "Resistance"

- Ambivalence is often the driver in lack of change, but **resistance** is a term used often

- Resistance" often refers to our own frustration when someone isn't following the plan or making progress (often *our* plan)
- When you feel resistance:
  - Turn and look at yourself and What is triggered within you? What does it mean?
  - Recognize these patterns have helped the person to survive to date– many people have been in survival mode for years and it takes time to feel safe
  - Trauma further complicates this because people with a lot of trauma are on high alert trying to protect themselves from the next potential threat

Rolling with "Resistance"

- **There are two types of resistance that can be occurring**
  - Issue Resistance
  - Relational Resistance
- Don't confront but lead with empathy
- Reframe/reflect in a way that decreases resistance
- Explore positives and negatives of change and continued behaviors (see handout)
- Externalize/focus on the problem
- **Develop Discrepancy:**
  - Help them see where there may be misalignment in their values and behaviors
  - Ask how behaviors fit into goals to help them see discords between behaviors and goals you've been setting together

Modeling MI

- Role Play, while observing,
  - What did you notice?
  - What goes well?
  - What else would you ask?

TAC TECHNICAL ASSISTANCE COLLABORATIVE

Questions?

OEO Discussion

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