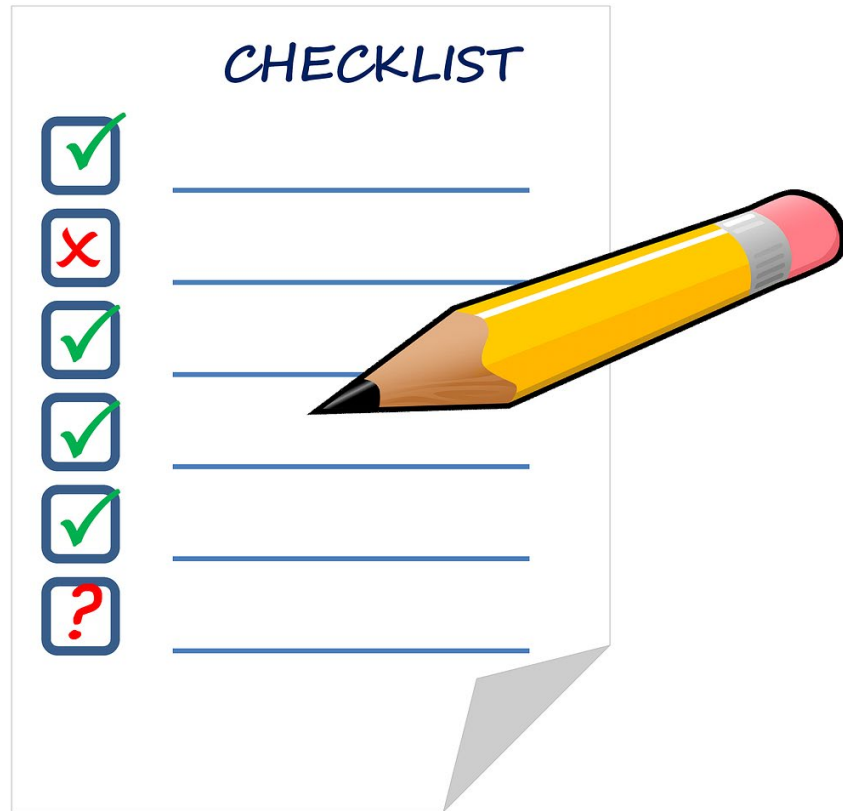


Finding Focus

Jamie VanderLinden, LCSW,
LAC



Road Map

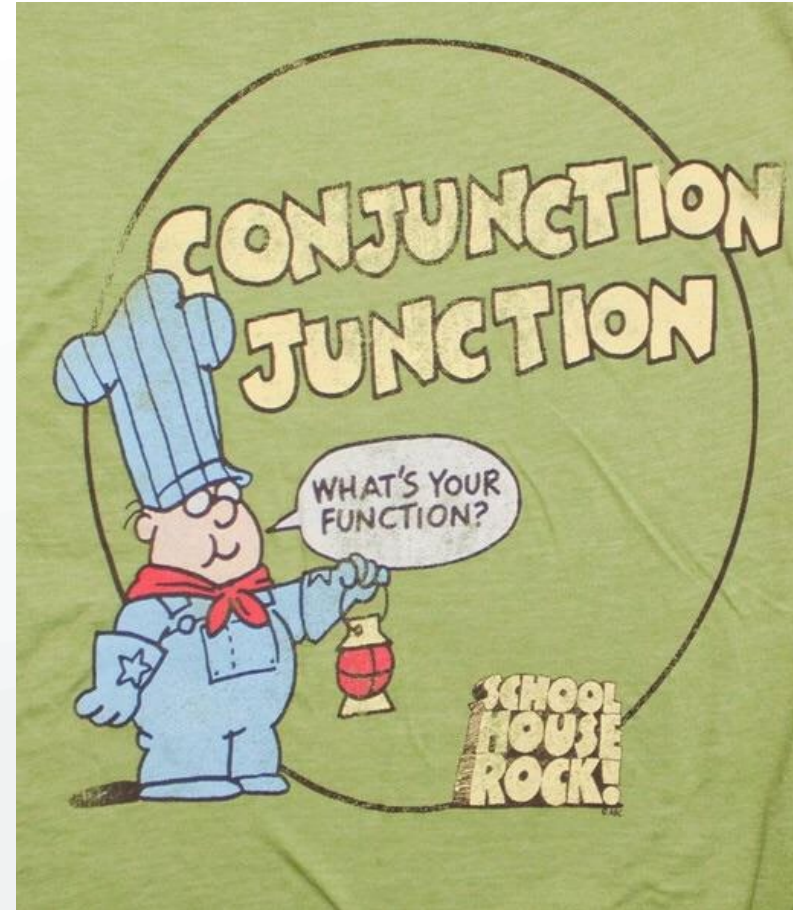


1. Creating the Tone
2. Suggestions During the Appointment
3. Strategies for Difficult Situations
4. Break Out



Function of the Behavior

- What is the function of this behavior?
- Is the patient avoidant?
- Are they lonely?
- Is this how they communicate within their culture?
- How does knowing the function of this behavior impact how you intervene?



Set the Stage

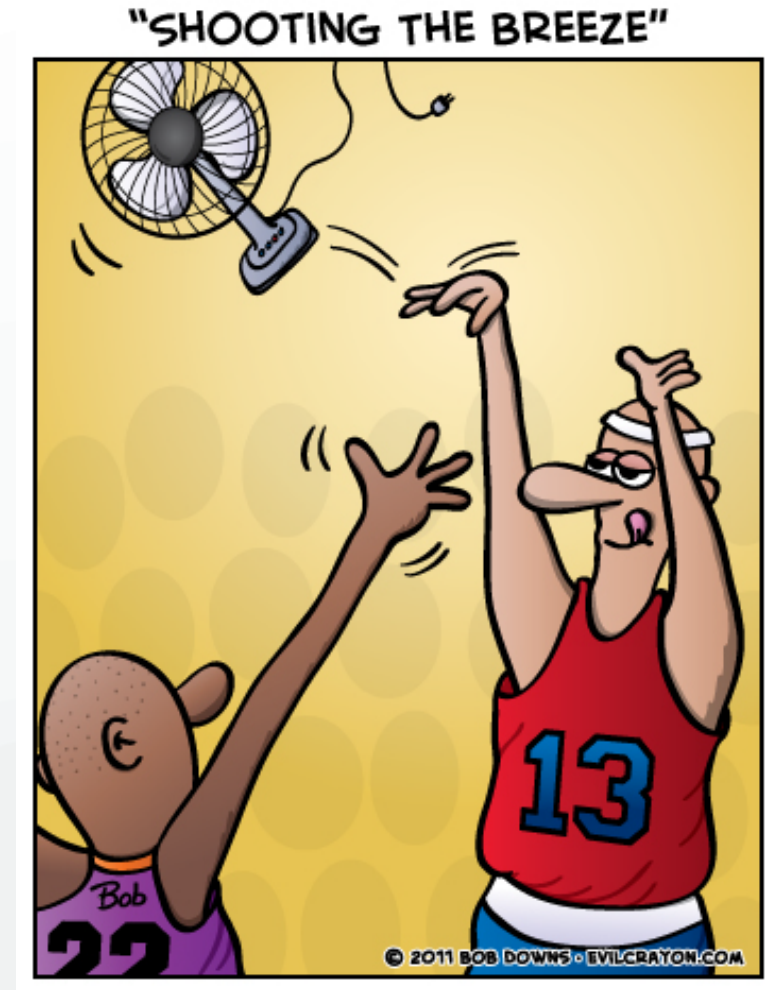


- How do you introduce yourself and your service?
 - *My Elevator Pitch*
- Who you are.
- Your role on the team.
- How you can be supportive.
- What they can expect from you.
- What you expect from them.
- How you will measure success.
- BE DIRECT!
- BE CONSISTENT!




Agenda Setting

- Be Direct:
 - “Ok, we only have 30 minutes. Let’s spend the first 10 updating me on your progress over the past week, then we will discuss what we need to work on next and make our action plan.”
- Have Boundaries!
 - Veering off topic is normal, but keep in mind your purpose and role and steer the discussion back to the goals.
- Use your MI.
 - Have a Directional and Purposeful Conversation.
 - Normalize that there is a purpose for your appointment.



Consistency



**Consistent
actions
create
consistent
results**

- Have a consistent flow for your appointments.
- What we give attention will increase – so give your attention to the professional goals you are working with this person on!
- When establishing boundaries, people will push back initially. Don't take that personally!
- Follow your agenda, and unless there is a real crisis, end your appointment on time.
 - Even if the patient doesn't want to!



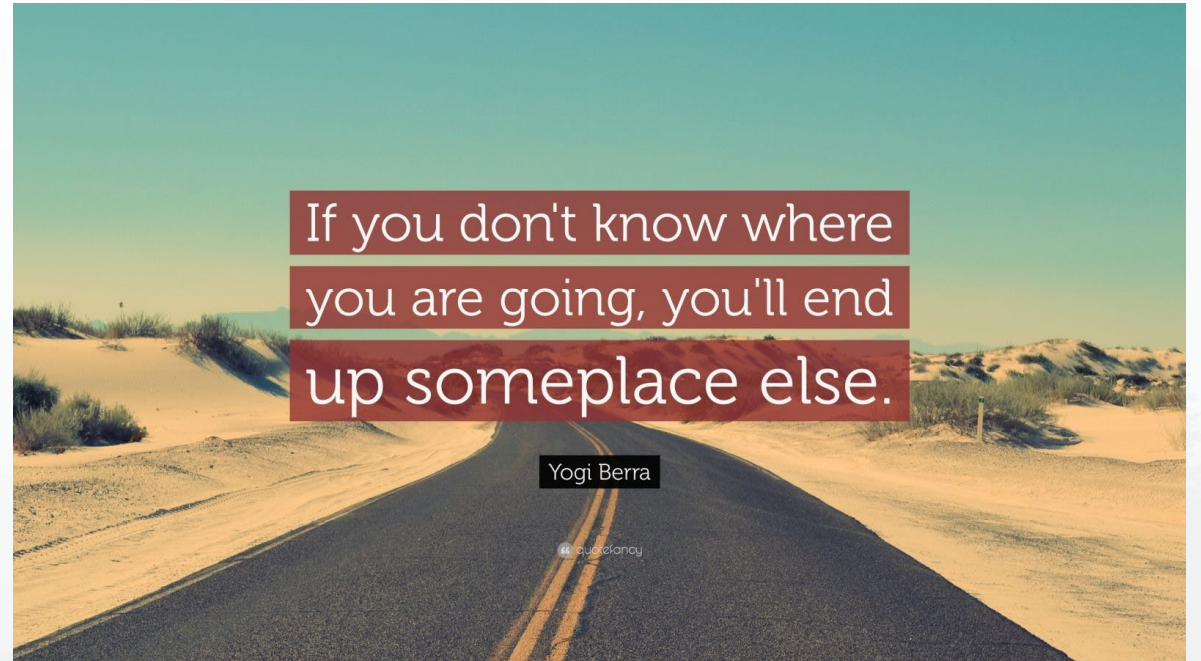
Perspective Shift

- Own your professionalism and expertise!
- CHW's are a new profession to our state. This is a great opportunity to teach patients/clients/professionals how to use your service well!
- Know your context
 - Do you see patients long-term
 - How do you measure success
- Normalize proactive behavioral and physical health care and whole-person care
 - Inform people about healthy options
 - Teach people how to proactively use a service and why this might be important



FOCUSING: Where Are We Going?

- When you are a great listener (and I assume you all are), people like to tell you EVERYTHING.
 - And sometimes that's all they need to make changes, but sometimes it's not.
- The relationship you have with the patient is a great indicator of success
 - And clear goals are important to the relationship and the patient's motivation.
- Focusing is not a one-time event
 - Priorities may change!



The Wandering Trap

When you find yourself just listening to random stories that bounce from topic to topic, it's time to clarify what the patient/client is hoping to gain from your service.

People love to talk and be listened to, it feels really good!

But is that your role or a friend's role?

Be clear with your boundaries as a helping professional, not a friend.



First Appointment

1. Elevator Speech – Strong Introduction
2. Agenda –
 1. Our appointment today is ___ minutes long. Today we are going to spend about ___ minutes getting to know each other. Then we will discuss the reason you were referred to the CHW service (or enter your service) for about _____ minutes. Finally, we will discuss how you will know that working with me was worth your time. (or however you want to word this)
 2. How does that sound?



Side Note: Assessment



- Your agency likely has intake information of some sort
- Follow that workflow first!
- I always defer to your agency/clinic/organization procedures!



In General...

- Where do you live? Who lives with you? What is your relationship like with the people you live with? Or where are you staying tonight? Do you have any pets?
- Where do you work? Or are you looking for work? Or how do you spend your days typically? Or how do you support yourself?
- What do you do for fun? What do you do with your friends?
- Do you have a primary care provider? How is your health in terms of eating, sleeping, and drinking water? Do you stay active? Do you use any substances? Tobacco? Alcohol?



Scenarios with a Clear Goal:

- “I need to get a better job.”
 - “I need help paying for my electric bill.”
 - “I’m behind on my rent.”
- ❖ It’s tempting to jump right to problem solving, but what else could we start with?



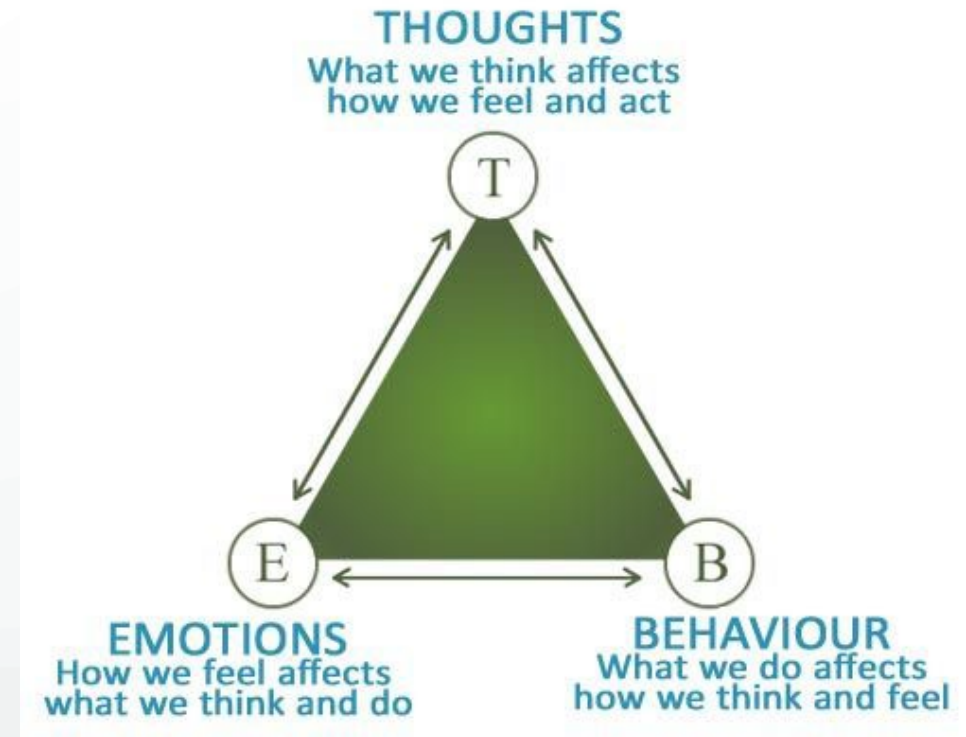
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Workability

- “What have you tried so far?”
- “How has that worked?”
 - Sometimes what the patient is trying may help in the short-term but have long-term consequences.
 - Ex) Using a substance to manage anxiety
 - Is their current plan for solving the problem in line with the long-term goal or what is important to them?
 - Trust your patient/client’s expertise on themselves!



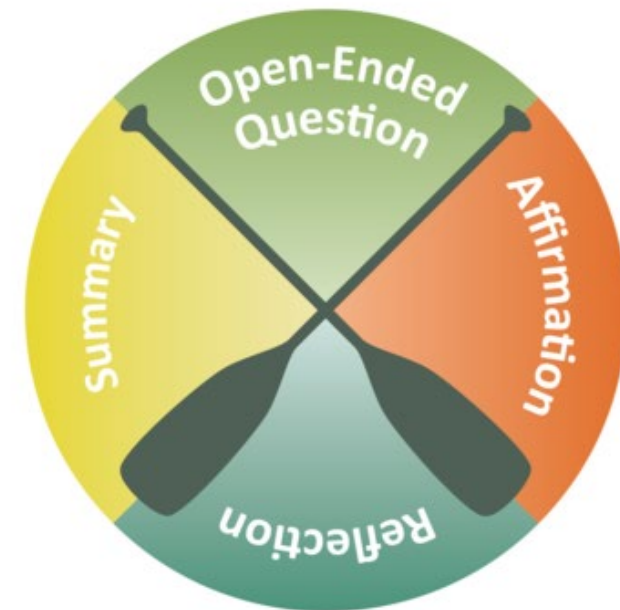
3 T's

- **Time** – How long has this been going on? When did this start?
- **Trigger** – Is there anything that makes this worse? What started the problem?
- **Trajectory** – Have there been times that this was better? What was different then? Have there been times that were worse?
 - Have there been times that were not AS horrible?



Information Gathering

- “Great, let’s see what we can do. What have you tried so far?”
 - Use your OARS to move the conversation.
 - Listen for strengths to affirm
 - Be open to creative problem solving



Evoking

- Adopt a curious, compassionate attitude
- Spend your information gathering time just engaging and learning the scope of their problem
- It doesn't take as long as you would think when you are patient and don't interrupt
- Plan to spend about 20% of your time in this stage
- Listen for change talk and hope!

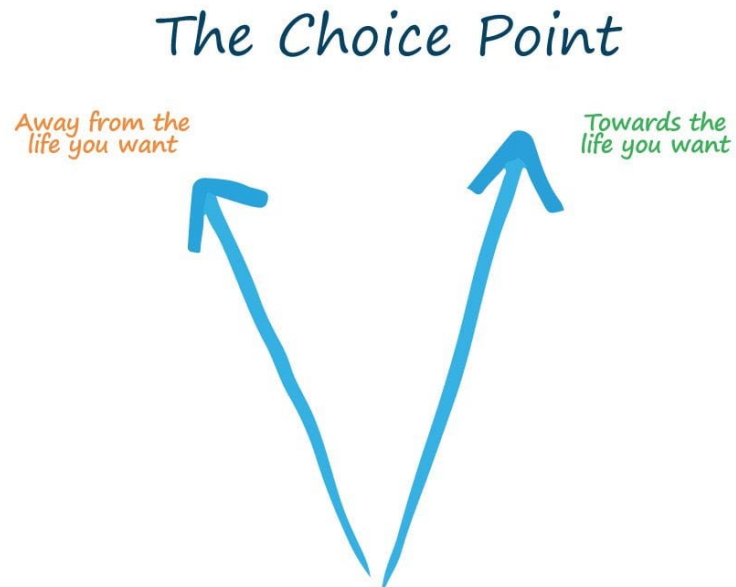


More Scenarios:

- Sometimes patients are straightforward:
 - “ I need to get my driver’s license.”
 - We may just need to clarify the goal and steps and evoke their reasons for this.
- Other times it is less straightforward:
 - “I want to stay out of prison this time.”
 - They know what they want but may not know the steps it takes to get there.



Choice Point



Created by Clayton J Kuzma 2022

- “Ok, you really want to stay out of prison. What have you been doing so far to achieve that?”
- “What have you been considering?”
- “What might be a barrier to reaching that goal?”
 - OPEN ENDED QUESTIONS!



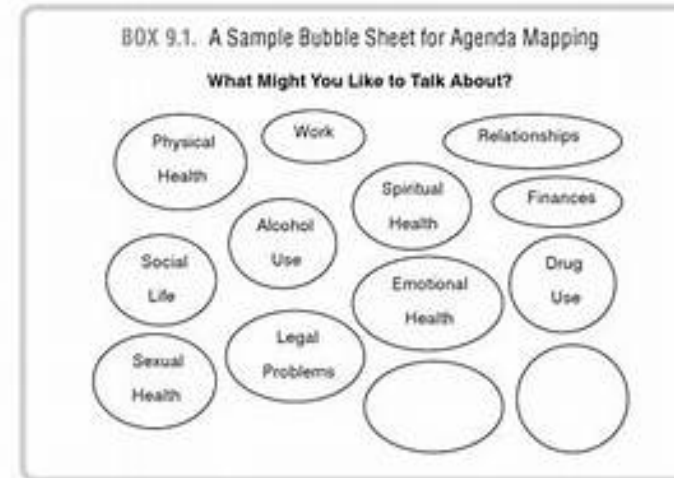
Intake Matters!

- Knowing what is important to the individual from your intake/or introduction will help you with this tool!
- You hopefully have an idea of who this person is and what matters to them that will help guide you in your focusing on action steps and goals.
- Be open.
- Be curious.
- Set aside your bias and judgment.



Bubble Chart

“These are some of the goals you mentioned being interested in working on. What would you like to talk about today from our list, or is there something you would want to add?”



down topics as they emerge in the discussion. These topics could be written in hand-drawn bubbles, with a few bubbles left empty, thus creating an individualized mapping sheet.

Agenda mapping can also be used across visits, not only within them. You can keep a visual record with the bubble sheet as a reminder of progress and of current and future possible directions. When you next meet, the map may have changed, but it will have some of the old routes on it.

Agenda Mapping in Practice

The heart of agenda mapping and of skillful focusing more generally is to engage an autonomous client in a collaborative direction. Here are some circumstances in which agenda mapping might be helpful.

CHOOSING A CHANGE TOPIC AMONG MANY

Mapping might not be necessary if your focus is really on a single and agreed-upon topic. People working in the addictions field often point this out: “It’s obvious. Over the door of the building it says ‘Substance Abuse Treatment Program,’ so there’s no question what we’re going to talk about when someone walks through the door.” Yet even in a focused service there may be multiple possible conversation streams. If the client drinks alcohol,




“Everything”



“So if this X is you, and this (drawing the first line) is _____, and this (drawing the 2nd line) is _____, etc. ... All these things weigh something. My job is to help you choose where you want to start and to be specific with how we will work on one of these problems to start getting the weight off you so that you can start feeling good again.”



One Situation at a Time



Row Upstream With O.A.R.S.

O *Open-ended* questions that allow patients to give more information including their feelings, attitudes and understanding.

A *Affirmations* to help overcome self-sabotaging or negative thoughts.

R *Reflections* as a way to express ambivalence.

S *Summarize* to let your patient know that they are being heard.

- Take one step at a time
- Save the other problems that may have been identified for a later date
- Use OARS to move the patients in a directional, purposeful manner
- Evoke Hope and Confidence



Get Specific

- What change will we work on?
- Why does it matter?
- What is the first step?
- Who can help me?
- What barrier might I face?
- WHEN will I do this?

Importance & Confidence Ruler

IMPORTANCE SCALE:

How important is it for you right now to...? On a scale from 0- 10... what number would you give yourself?

0 _____ 10

CONFIDENCE SCALE:

If you did decide to change, how confident are you that you would succeed? On a scale from 0 -10... what number would you give yourself?

0 _____ 10



Talking in Circles

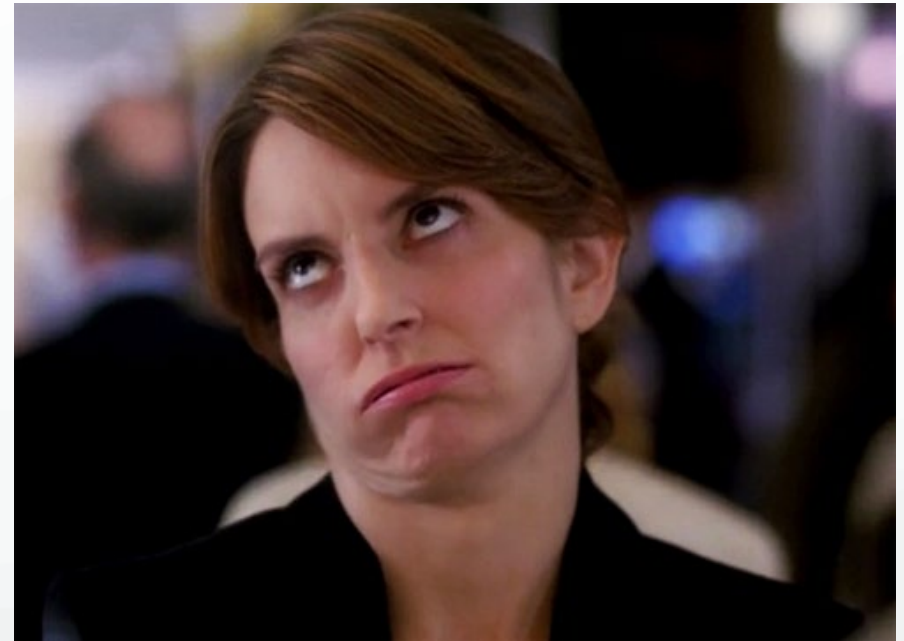


- What is the function of this behavior?
 - Avoidance?
 - Loneliness?
 - Use a reflection...
 - Weigh ambivalence..."On one hand ____ and on the other hand ____."
- Be direct
 - "It seems like it's hard for us to stay on topic. What do you think that is?"
 - Is this medication or mental health related?
 - Are they just overwhelmed? How can we make the steps smaller for them.
- Stick to your agenda and have good boundaries!



Frustration

- “I don’t know...”
- “That’s why I’m talking to you.”
- “Right, I’m so glad you are here and want to make sure I really understand this struggle well so I can support you to the best of my ability.”
- Summarize:
 - “You’ve tried xyz without success at all. I’ve had some patients that have had success with other options. Can I tell you what I know about xyz?”
 - Ask-Offer-Ask
 - Give at least 3 options – even if they are far-fetched
 - “What do you think?”



Experiment



- “If nothing changes, nothing changes. Would you be willing to try something different and see what happens?”
- “Let’s test this out. If it doesn’t work, we will try something else.”
- “I’d like to give you a call on _____ and then I’ll be back to see you on _____. We will report how we did on this.”



Distress Tolerance

RADICAL ACCEPTANCE

"Pain is inevitable, but suffering is optional."

www.sobertostay.com

Power in Being Seen and Heard



- Be genuine and honest.
- If there is no great option, say it.
- Generally, individuals already know that and appreciate being validated.



Break Out



- Spend about 7 minutes discussing a difficult situation you have with helping a patient either stay focused or get focused.
- What have you tried? Did it work? What suggestions do colleagues have?
- OR what tools do you use for getting individuals focused?



Session 6: Mandatory Reporting Resourcing

Wednesday, November 20th 9:00-10:00

Helping professionals are in a constant state of finding balance between compassion and safety. Is there a way to keep rapport and express concerns for safety when working with families? How do we know when it is time to make a report to CPS or Law Enforcement?

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