

Core: Engagement

Workbook Materials

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Core for Child Welfare Social Workers

Engagement

Competencies and Learning Objectives

Core Competencies

The participant will understand and value the importance of engaging children, youth, families, kin networks, care providers, and community resources in a collaborative, strength-based process.

Learning Objectives

Knowledge

- K1.** The participant will be able to identify key concepts of strength-based practice.
- K2.** The participant will be able to describe effective strategies for engaging families and youth.
- K3.** The participant will be able to identify their mission statement for doing child welfare work to maintain positive focus.

Skills

- S1.** Given a case scenario, the participant will be able to identify the strengths of the child(ren), youth, parents and extended family members.

Values

- V1.** The participant values engaging the family and youth as experts in identifying their strengths, needs, and resources.
- V2.** The participant values collaborative decision-making involving families, kin and community representatives, while acknowledging the potential impacts of authority and power in the engagement process.

ENGAGEMENT

Northern California Training Academy

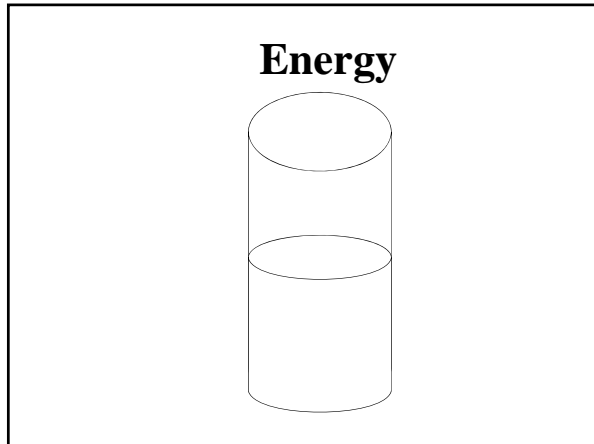
Engagement Tools to Facilitate Change

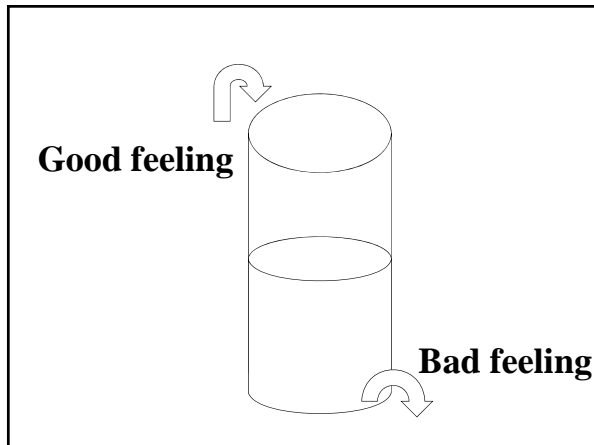
- ▣ Initial Rapport Building – So important
- ▣ Initial Risk Assessment
- ▣ Initial Developmental Assessment
- ▣ Understanding the client based on client info.
- ▣ Decisions about how to work and engage the client – language, etc....

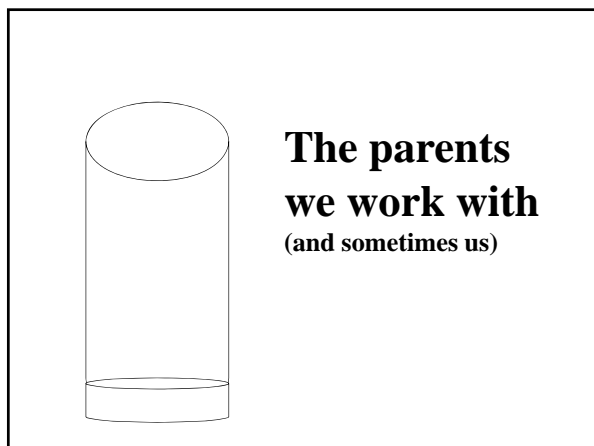
What Brought you To this Field?

At your tables – Discuss. . .

- 1-What is it about this type of work that brought you to it? How did you get here?
- 2-Why is it important in your life right now that you have this job?
- 3-What parts of the job so far do you like the best and why?







The Child & Family Services Reviews

- ▣ Common Findings In California
 - **Inconsistent or inadequate engagement of families**
 - Assessments did not address underlying issues or were not ongoing
 - Services plans “boilerplate” and families not included in development a
 - Services did not consistently address individual and family needs

Strength-Based, Family-Centered Practice

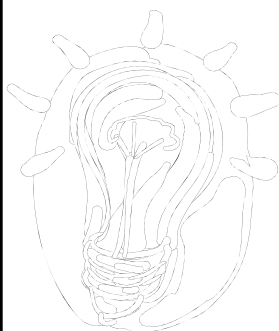
- ▣ Philosophy of looking for strengths as well as identifying stressors within a family
- ▣ Use of language that supports strength-based interventions
- ▣ A variety of models that support strengths of families while addressing concerns about child safety, permanency and well-being

What Business Are We In?

- ▣ Child Welfare Train – Detention, Juris, Dispo..
 - Parenting
 - Counseling
 - Drug Treatment



Thinking About Change



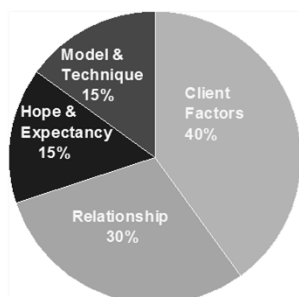
Regarding anyone
making a
behavior change --

What are the three (3)
most important
influences, reasons
or conditions that
would lead someone
to change his/her
behavior?

3 Important Differences to SB

- ▣ **"Where Change Comes From"**--Turns the client into a consultant *regarding themselves*.
- ▣ **Evocative**--Listening more than telling; eliciting rather than installing, "my job is to just give the client enough structure to reconnect to their resources."
- ▣ **Personal Choice and Control**--Acknowledging client's ability to choose

Hubble Duncan & Miller (1999) APA 4 Common Factors in Treatment



Model & Technique draws our attention away from the more heavily-weighted common factors

- ▣ Medical Model v. Systems Model

Problems & Pathology



Strengths & Potential

It's About Balance

Bottom line



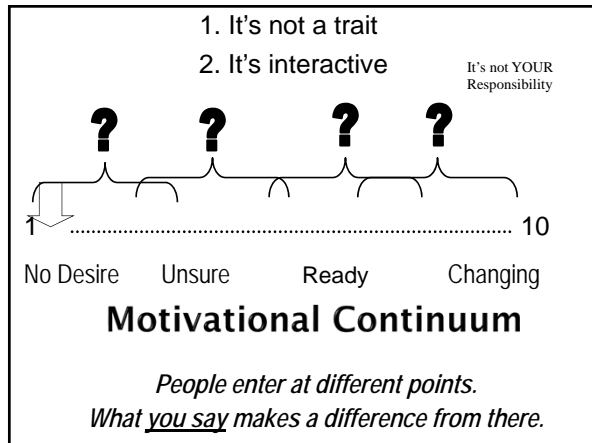
- ▣ It is a belief system.
- ▣ All these models share a strong value system as their foundations.
- ▣ Ying and Yang
- ▣ Building on what you have

Movie

How did he use
The factors to create
Change?

Readiness for Change: 3 Motivational Constructs

- ▣ **Why** should we do it?
(Importance)
- ▣ **How** would/can we do it?
(Confidence)
- ▣ **When** should we do it?
(Readiness)



What The Research Shows

- ▣ The average person who gets help in 80% of the cases is better off than people who do not



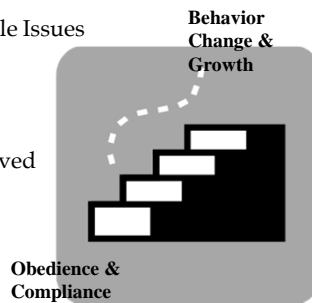
Why Bother?

He that complies against his will is of
the same opinion still – Samuel Butler
(1612 – 1680)

A Second Level of Success with Mandated Clients

- ▣ Non-negotiable Issues
- ▣ Not If
But HOW

Values are Involved



It's All About the Alliance

(Hubble, Duncan, Miller 2000)

**“most significant impact
on outcome is influencing
the client’s perception of
alliance”**

How?

- ▣ What is important to this client?
- ▣ Who is important to this client?
- ▣ What skills and abilities does/he have to build on to create change?
- ▣ The client is the experts/consultant on themselves

Movie

- ▣ What did you see?
- ▣ Who solved the problem in this clip?
- ▣ What types of questions, body language, tone of voice did she use?
- ▣ Pay attention to questions and how she uses them.

Quick Question:

In our Work with Mandated Clients,

- ▣ Is there a difference between being right and being successful?
- ▣ What about Rosie?



Find a Partner

- ▣ Pair up with each other - One of you is someone who needs help with a problem; the other is the person who is going to help.
- ▣ **Have a usual conversation** about the problem--make sure, helper, that you listen attentively to the problem

Find A Partner

- ▣ Same two people stay together, in the same roles as before, and with same problem
- ▣ Helpers Turn to Page - 4
- ▣ The only thing that changes is the helper now asks these questions.

The Questions

- ▣ Tell me about the times when this problem we have been talking about has been just a little bit better, or the problem is gone, even for a short time. What has that (or would that) been like?
- ▣ What is (or would be) different for you during those times?
- ▣ What would your best friend say how s/he could tell that the problem is not as severe or you do not have the problem anymore without you mentioning it?

They don't Care
(unimportant)

They don't see
(denial)

Why Don't People Change?

They don't know how
(Unskilled)

They don't know how
(uninformed)

Staff tells	why	it's important	client nods his/her head
Client thinks about	why change is personally important		
Client talks about	why change is personally important		
Client makes verbal commitment	to change		

Low
Probability of behavior change
High

WHY BOTHER?

The greatest good you can
do for another is not to
share your riches but to
reveal to him his own –
Benjamin Disraeli

Solution Focused Engagement and Questioning

Instead of Problem Solving –Focus on Solution Building!

"Different paradigm. We're not worrying about the problems. We discovered that there's no connection between a problem and its solution. Because when you ask a client about their problem, they will tell you a certain kind of description; but when you ask them about their solutions, they give you entirely different descriptions of what the solution would look like for them. So a horrible, alcoholic family will say, "We will have dinner together and talk to each other. We will go for a walk together." Insoo Kim Berg

Working Assumptions

- ▣ Page - 5 Working Assumptions for Parents
- ▣ Page - 6 Working Assumptions for Children



Basic Tenets

- ▣ Positive, solution building approach
- ▣ Replace the focus from problems to client strengths
- ▣ Client is the expert of the problem
- ▣ Basic attending skills are important
- ▣ Focus on the client

Getting Started

- ▣ Be not-knowing
- ▣ Use client's language – weave into next questions
- ▣ Notice something positive about the client
- ▣ Listen for what the client might want different
- ▣ Accept what the client wants as valid and reasonable

Getting Started – Con't

- ▣ Assume the client wants to cooperate
- ▣ Ask for client's understanding of the situation
- ▣ Listen for who and what are important to the client
- ▣ If expectations for others seem unrealistic, ask: "How do you know he/she can do this?"

Questions that ENGAGE a family



What questions engage?


Start With “Not Knowing” ?



- ▣ Look for the families perspective of the problem and the solution.
- ▣ Seek what is important to THEM!!

THE MOST “USEFUL” QUESTIONS




- Are open-ended
- Use “**WHEN...**” rather than  “**IF...**”
- Begin with “How” or “Wh...” What? Who? When?

Relationship Questions


- ▣ What would the judge say?
- ▣ What would your friend say?
- ▣ What would your significant other say?
- ▣ What would your mom or dad say?
- ▣ What would your social worker say?
- ▣ What would your parole officer say?

Coping Questions Interview Strategy




- ▣ Overwhelmed?
- ▣ Distraught?
- ▣ Upset?
 - Start with how they are coping

Exception-seeking Question Interview Strategy



- ▣ All problems have exceptions
- ▣ Look for when they were successful
- ▣ Look for the possibilities and find the solutions

Movie - Meet Terri



As you watch

- Look for her strengths.
- What can you build on?
- What is her perception of the problem?

Activity



- ▣ Break up into groups of two.
 - One person be Terri.
 - One person be the Social worker.
- ▣ Follow the script like you were actors.
 - How did engagement happen?

Try it out

- ▣ Write two exception or one coping and one exception question that you would like to ask Terri.

Compliments



Solutions Based Practice

You are interviewing Terri after she has entered her drug treatment program. Please use the following to get you started and then improvise, supporting mom in exploring her positive coping skills and developing her own solutions for behavior change. After you have tried it, please switch roles and try it again. Be creative and have fun!

Social Worker: Hi Terri, thank you for meeting with me today.

Terri: Sure

Social Worker: You have been in this treatment program for about a week now, is that right?

Terri: Yes

Social Worker: How is it going for you?

Terri: Well, I have my good days and my bad days.

Social Worker: Tell me about one of your good days. How does that go?

Exception Questioning

Please find a partner and practice the following interview.

You are interviewing Terri after she has been in the treatment center for two weeks. She is starting to have a really hard time managing in the program. She told her counselor that she didn't think that she could stay and was thinking of leaving the program. After getting permission from Terri, the counselor called you very concerned about Terri. You decided to move your appointments around for the day so that you can go right out and see Terri this morning. When you arrive, Terri comes into the room looking tired and disheveled.

Social Worker: Hi Terri

Terri: Hi

Social Worker: It looks like you are having a pretty hard time.

Terri: Yea, I don't think that I can make it.

Social Worker: What's going on for you? What is hard for you right now, hard for you to deal with?

Terri: I miss my life, I need..... I need....

Social Worker: To get high?

Terri: Yea.

Social Worker: What is good about the drugs Terri, what do they give you?

Terri: I don't know. They make me feel better, they are fun, fun to do with my friends.

Social Worker: Well I can understand that. What else?

Terri: They make me feel better... when things get hard, they make me feel better.

Social Worker: Hmmm. Yea, I can see that. What's not so great about them? How do they mess up your life?

Terri: They made me lose my kids, I miss my kids, they make me tired, and they make me fight with Anthony.

Social Worker: Anything else?

Terri: Well they make me feel bad, and when I'm tired I can't pay attention to my kids, sometimes I sleep for a couple of days and I don't know what went on when I wake up. It's kind of scary. This has been going on so long. I get tired of it.

Social Worker: Has there ever been a time when you weren't using and things were going well?

Terri: Oh yea, Last year, when I first met Anthony, we were not using and we were all so happy.

Social Worker: What was that like? Like a typical day, how did it go?

Terri: I would get the kids up for school and Anthony would make breakfast while I got them dressed. We would be laughing, and tickling...It was pretty fun. Then Anthony would take them to school on his way to work and I would go to work. I enjoyed it, my kids were happy.

Social Worker: Wow it sounds like your family is really important to you and you know how to make them happy. You sound like you were very strong then, feeling good.

Terri: Yea

Social Worker: Sounds like you have many options for making yourself happy and being able to care for your family. Hmmm, I wonder what is really going to be important to you.

Terri: I think that I can stay a little longer.

SOLUTION-FOCUSED INTERVIEWING SKILLS

- **Practitioners' Non-verbal Behavior:** tone, rate of speech, eye contact, physical proximity, facial expressions, etc...
- **Echoing or Asking for Clarification:** “a mess, huh. Can you tell me more about what you mean by a “mess”?”
- **Open-ended Questions:** “Can you tell me about your relationship with your parents vs. “Do you like your parents?” (forced choice requiring yes or no response). “Tell me about your growing up years. Tell me about your parenting experience. What were the best times? What were the most difficult? How did you cope? Who were your supports and how did they help you?” **Note:** identify and reflect to clients any strengths or positive qualities clients may reveal in their responses to the open-ended questions.
- **Summarizing:** Periodically state back to the client his/her thoughts, actions, and feelings.
- **Tolerating/Using Silence:** allow 10, 15, 20 seconds or so to allow clients to come up with their own responses. Avoid temptation to fill in silence with advice.
- **Noticing Clients Non-Verbal Behavior:** culture and total context important to meaning of non-verbal communication. Practitioner can choose to focus or not depending on whether the non-verbal behavior is relevant.
- **Self-disclosure:** Not recommended. Better to look for solutions within the client's frame of reference.
- **Noticing Process:** Do content and process (way content expressed) match?
- **Complimenting:** acknowledging client strengths and past success
- **Affirming Client's Perceptions:** a perception is some aspect of a person's self-awareness or awareness of his/her life. This awareness is achieved through the senses, the person's capacity to think and feel, and his or her intuition. Perceptions are holistic; they include a person's thoughts, feelings, behaviors, and experiences. Affirmation of client's perceptions is similar to reflective listening in form, but does not isolate and focus on the feeling component per se, but on the client's larger awareness. (Examples; “uh-huh”, “sure”, “of course”, or “I can understand why you want to have a place of your own, away from your family”).

Perceptions, even negative ones like suicide or assaultive behaviors should be explored for the purpose of understanding the full context. “What's happening in your life that tells you that hitting or suicide might be helpful in this situation?” Avoid an immediate educative or dissuading response. Listening and understanding are the practitioner's first obligations.

- **Empathy:** Empathic understanding and responding are helpful when clients are describing events and their personal reactions. However, in the SL-F approach, empathic responses that amplify negative feelings are not recommended. Instead, empathic affirmation which acknowledges the feeling, but moves the client toward exploration of a solution should be used. For example, instead of saying, “You feel depressed and hopeless about your life.” say, “I can see that things are very discouraging right now. What gives you hope that this problem can be solved?”
- **Returning the Focus to the Client:** clients tend to focus on the problem and/or what they would like others to do differently. Examples include the following:
 1. “My kids are lazy. They don’t realize that I need help sometimes.”
 2. “I wish my parents would get with it. A 10:00 pm curfew on weekends is ridiculous.”
 3. “My teachers are too hard. If they would back off all the homework and give more help my grades would improve.”
 4. “If my boss would stop criticizing me and treating me like a child I could be more productive.”
 5. “My dad has a terrible temper. I get scared when he gets mad like that.”

In the Solution-Focused approach, the client is encouraged to return the focus to themselves:

1. “What gives you hope that this problem can be solved?”
 2. “When things are going better, what will your parents notice you doing differently?”
 3. “What is it going to take to make things even a little bit better?”
 4. “If your boss was here and I was to ask him what you could do differently to make it just a little easier for him not to be so critical, what do you think he would say?”
 5. “Suppose a miracle happened and the problem we were talking about was solved by tomorrow morning. What is the first thing you would notice that would tell you that things were better? What would others notice?”
- **Amplifying Solution Talk (Difference Questions):** solution talk addresses what aspects of life the client wants to be different and the possibilities for making those things happen. The task of the practitioner is to encourage the client to provide as much detail as possible to amplify what would be different in his life after his problem was solved.

EXCEPTION QUESTIONS

Exceptions are those occasions in clients lives when their problems could have occurred but did not – or at least were less severe. Exception questions focus on who, what, when and where (the conditions that helped the exception to occur) - NOT WHY; should be related to client goals.

- Are there times when the problem does not happen or is less serious? When? How does this happen?
- Have there been times in the last couple of weeks when the problem did not happen or was less severe?
- How was it that you were able to make this exception happen?
- What was different about that day?
- If your friend (teacher, relative, spouse, partner, etc.) were here and I were to ask him what he noticed you doing different on that day, what would he say? What else?

COPING QUESTIONS

Coping questions attempt to help the client shift his/her focus away from the problem elements and toward what the client is doing to survive the painful or stressful circumstances. They are related in a way to exploring for exceptions.

- What have you found that is helpful in managing this situation?
- Considering how depressed and overwhelmed you feel, how is it that you were able to get out of bed this morning and make it to our appointment (or make it to work)?
- You say that you're not sure that you want to continue working on your goals. What is it that has helped you to work on them up to now?

SCALING QUESTIONS

Scaling questions invite the clients to put their observations, impressions, and predictions on a scale from 0 to 10, with 0 being no chance, and 10 being every chance. Questions need to be specific, citing specific times and circumstances.

- On a scale of 0 to 10, with 0 being not serious at all and 10 being the most serious, how serious do you think the problem is now?
- On a scale of 0 to 10, what number would it take for you to consider the problem to be sufficiently solved?
- On a scale of 0 to 10, with 0 being no confidence and 10 being very confident, how confident are you that this problem can be solved?
- On a scale of 0 to 10, with 0 being no chance and 10 being every chance, how likely is it that you will be able to say "No" to your boyfriend when he offers you drugs?
- What would it take for you to increase, by just one point, your likelihood of saying "No"?
- What's the most important thing you have to do to keep things at a 7 or 8?

THE MIRACLE QUESTION

The “Miracle Question” is the opening piece of the process of developing well-formed goals. It gives clients permission to think about an unlimited range of possibilities for change. It begins to move the focus away from their current and past problems and toward a more satisfying life.

“Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that the problem which brought you to the attention of CYS is solved. However, because you are sleeping, you don’t know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem is solved?”

(adapted from de Shazer, 1988)

FOLLOW-UP QUESTIONS

Through follow-up questions, the interviewer further extends and amplifies the impact of the miracle by a series of questions designed to guide the client in exploring the implications of the miracle in the client’s life.

Examples:

“What will be the first thing you notice that would tell you that a miracle has happened, that things are different?”

“What might others (mother, father, spouse, partner, siblings, friends, work associates, teachers, etc) notice about you that would tell them that the miracle has happened, that things are different or better?”

“Have there been times when you have seen pieces of this miracle happen?”

“What’s the first step that you can take to begin to make this miracle happen?”

“When you wake up next Monday, Wednesday and Friday I would like you to imagine that the miracle has happened. Then try to respond by letting your feelings and behavior reflect that the miracle has happened.”

INDIRECT QUESTIONS

Indirect questions invite the client to consider how others might feel or respond to some aspect of the client’s life, behavior or future changes. Indirect questions can be useful in asking the client to reflect on narrow or faulty perceptions without the worker directly challenging those perceptions or behaviors.

Examples:

“How is it that someone might think that you are neglecting or mistreating your children?”

The Pennsylvania Child Welfare Training Program

301 Engaging Clients from a Strength-Based, Solution-Focused Perspective

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“Has anyone ever told you that they think you have a drinking problem?”

“If your children were here (and could talk if the children are infants or toddlers) what might they say about how they feel when you and your wife have one of those serious arguments?”

“At the coming court hearing, what changes do you think the judge will expect from you in order to consider returning your children?”

“How do you think your children (spouse, relative, caseworker, employer) will react when you make the changes we talked about?”

SOLUTION-FOCUSED QUESTIONS

1. PAST SUCCESSES

Through the interview process, you can focus on the client's past successes, that is, when he/she was functioning well enough not to require child protective services intervention. It is empowering to the client to realize that there was a period in his/her life when he/she was more successful than he/she feels at the moment.

Examples of questions include:

- It's not easy to raise three children on your own. How did you do it?
- After having been through what you've been through, how did you find enough strength to keep pushing on?
- What do you need to do so that you'll feel good about yourself and in control of your life again?
- What would it take for you to bring back the confidence you had when you were in high school?

Dialogue

Caseworker: Mr. Toker, you are having difficulty now tending to your grandchildren's needs and you say you think your dependence on marijuana is the cause of that.

Client: Yeah, but here I am in this druggies' program and, man, I am clean for the first time in years. You know, times are changing - my daughter dumping her kids on me and then me getting busted - I just realized I had to get it together for these kids.

Caseworker: How's that feel?

Client: Too weird. I'm still shaky. They told me that some guys got it worse though. You know, my grandkids have never seen me straight.

Caseworker: So, are you expecting to be different as a caregiver when you aren't using drugs?

Client: Oh yeah, I was different with my own kids, back in the 60s before I started smokin.

Caseworker: Tell me about how you were as a parent then.

SOLUTION-FOCUSED QUESTIONS (CONTINUED)

Client: You know, I was good. Like, I tuned into my kids – what they were thinking about, what they were up to.

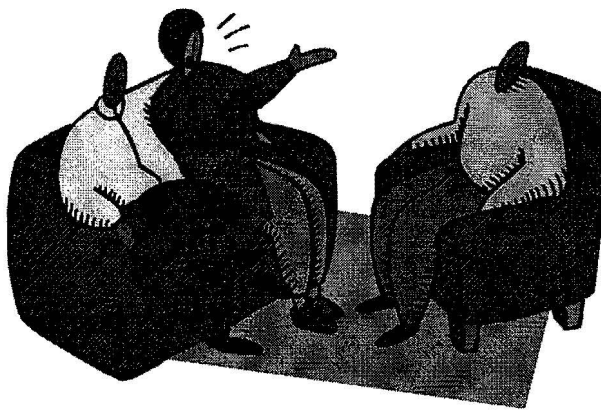
Caseworker: Like what?

Client: Oh, like I remember Sally, (that's my girl who's a teacher in Gettysburg, not the kids' mother) – she used to get her feelings hurt so easy and when that happened, man, she wanted her dad. I was the only one who she would talk to. And I could help too – her and me, we always had a special bond.

Caseworker: Do you see yourself using that special skill with your grandchildren?

Client: Yeah, I do. I think I'm pretty good at tuning into kids' feelings.

Caseworker: That will help a lot because Jackie and Joe are both feeling pretty lost right now. Let's talk some about how you can tune into your grandchildren now.



SOLUTION-FOCUSED QUESTIONS (CONTINUED)

2. EXCEPTION FINDING QUESTIONS

In solution-focused interviewing, exceptions are times when problems could have happened but did not. For instance, in the past there may have been similar circumstances to the present, but maltreatment did not occur. You and the client need to examine who did what, when, where, and how - so that the problem won't happen again. Essentially, what you are trying to discover is how the patterns around the problems were changed and can be changed in the future. In addition, problematic behaviors happen only within certain physical, relational or social contexts. It is important to find out in detail what happens when the person does not have the problem. That information can be used to identify the abilities the client uses successfully in one setting. Those strengths/abilities could be transferred to another setting.

Examples of exception finding questions include:

- I can see you have every reason to be depressed. When do you suppose you get a little bit less depressed? How would you say you are different when you are a little bit less depressed?
- When you force yourself to get out of bed and walk the kids to school, what do you suppose your children will notice different about you?
- What would it take to force yourself to get up in the morning more often?
- You are saying that you didn't drink for 5 days last week. How did you do it?
- Tell me what is different for you at those times when you don't lose control?
- How do you explain to yourself that the problem doesn't happen at those times?
- What would have to happen for you to do it more often?
- When the problem is solved, how do you think your relationship with your son would be different? What will you be doing then that you are not doing now?

Dialogue

Caseworker: Mrs. Johnson, one of the concerns I have about Randy's safety is that he is pretty provocative –he pushes your buttons - and I don't think that's going to go away quickly. He's pretty angry at his dad for leaving the family.

Client: Yeah, well, like I say, I've learned my lesson. I lay a hand on him again, and you guys are going to take him away from me, that's what I figure.

Caseworker: So, I want to help you find some other ways to deal with his behavior that pushes your buttons. Like when he lies.

SOLUTION-FOCUSED QUESTIONS (CONTINUED)

Client: Yeah, that really gets to me, alright.

Caseworker: Has there ever been a time when Randy did lie and you handled it in a different way?

Client: Well, let's see. Once he told my ex that our dog Tator knocked over the turpentine in the garage. My ex got so mad at that dog, even kicked him. But, knowing Randy like I do, I figured he lied; I figured he did it himself. And, when my ex wasn't around, I let Randy know that. But I didn't blow up or hit him or nuthin - because I knew Randy had every right to be afraid of that man, he was **violent**. So, instead, I just tried to talk to him about being more careful.

Caseworker: Do you think when he lies now he is afraid of something?

Client: Mostly I think he just wants to avoid punishment.

Caseworker: With the turpentine incident was he trying to avoid punishment?

Client: Yeah, from my ex.

Caseworker: And you didn't punish him – you talked to him. How did he react?

Client: Well, good I guess. Afterward he came and thanked me and told me he wouldn't play with the basket ball inside the garage anymore.

Caseworker: Sounds like he figured out something useful himself just from you handling things differently. I think you did the right thing on that occasion. Do you think you might use that approach again?

Client: Well, maybe. Sometimes I can talk to him so it makes sense to him.

Caseworker: Let's talk some more about how you might do that in the future when he lies.

SOLUTION-FOCUSED QUESTIONS (CONTINUED)

3. MIRACLE QUESTIONS

The miracle question literally asks clients to disregard their current troubles and for a moment imagine what their lives would be like in a successful future. It creates a vivid image or vision of what life will be like when the problem is solved and the client can see some hope that life can be different.

The question is

- "Suppose one night there is a miracle while you were sleeping and the problem that brought you to child protective services is solved. Since you are sleeping you don't know the miracle has happened or that the problem is solved, what do you suppose you will notice different the next morning that will tell you that the problem is solved?"

Follow up questions include:

- If the miracle happened, what would be the first thing you would do?
- If the miracle happened what will be the first change you will notice about yourself?
- What would your husband/wife notice different about you?
- If you were to take these steps, what would you notice different around your house?

Dialog

Caseworker: I know you feel pretty hopeless about ever getting to a place where you aren't fearful of getting abused. Both your husband and your boyfriend in high school have mistreated you.

Client: I feel like that. Even my dad used to hit me.

Caseworker: And you have thought about what to do but can't think of anything.

Client: Right. I go over and over in my head about what I should do but I can't come up with something.

SOLUTION-FOCUSED QUESTIONS (CONTINUED)

Caseworker: Well, I can help you hook up with a counselor who can help you with that. But for right now, I wonder what it would be like for you if there were just no more abuse, it was all in your past, never to happen again. You and your kids were safe forever.

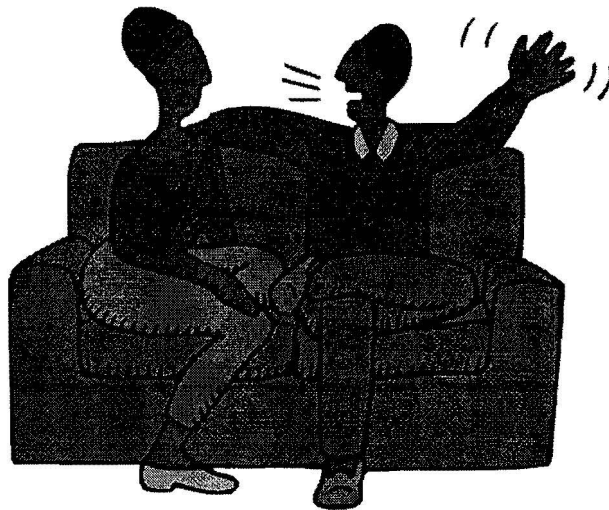
Client: Oh god, that would be something.

Caseworker: Like, say there was a miracle and you woke up one day and you knew that there would be no more abuse. What do you suppose would be different for you?

Client: It would be like night and day. I mean, really. I always feel that it is night time, you know, when its dark and you are scared.

Caseworker: What would it feel to live in the day time all the time?

Client: I guess like a bird, you know they say "free as a bird" like I could fly and be free.



SOLUTION-FOCUSED QUESTIONS (CONTINUED)

4. SCALING QUESTIONS

Scaling questions are a clever way to make complex features of a client's life more concrete and accessible for both the client and the Child Protection Worker. Scaling questions can be used to assess self-esteem, self confidence, investment in change, prioritization of problems, perception of hopefulness, etc. They usually take the form of asking the client to give a number from 0-10 that best represents where the client is at some specified point. Ten is the positive end of the scale, so higher numbers are equated with more positive outcomes or experiences.

Examples of scaling questions include:

- On a scale of 1-10 with 10 meaning you have every confidence that this problem can be solved and 1 means no confidence at all, where would you put yourself today?
- On the same scale, how hopeful are you that this problem can be solved?
- What would be different in your life when you move up just one step?

You can use scaling questions to assess client motivation to change.

- On a scale of 1-10 how much would you say you are willing to work to solve the problems?
- If the client gives a low answer you could ask, "What do you suppose your husband would say you need to do to move up 1 point on the scale?"

Dialog

Caseworker: Mr. Drake, you say that it is important to you to learn to control your anger, that you don't want to ever shake your baby again. On a scale of 1 –10, how much confidence do you have in yourself that, with some help you can change?

Client: Right now, pretty low.

Caseworker: How low, like what number from 1-10?

Client: Like a 2, maybe a 3.

SOLUTION-FOCUSED QUESTIONS (CONTINUED)

Caseworker: You know, it's going to take some hard work. On a one to ten scale, how much hard work are you willing to put in?

Client: I don't know. Sometimes I think low, like 2 or 3. That's when I am feeling really down on myself. Then other times I think I can do this, I mean, control myself. So maybe a 7 or an 8 even. But I don't know, it's like this anger just comes over me.

Caseworker: What would it take to get you up to a 10, where you were willing to work as hard as humanly possible to get control of your anger?

Client: I think I need to feel like it could work. I guess I feel like it won't.

Caseworker: Well, Jim who runs the anger management group can have you talk to some of the members – I think that would help you to be more hopeful. You have it inside to learn to control your anger – and there are people who are ready to help you do this.

