

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 Table of Contents

Now Try Asking These Questions.....	4
Working Assumptions about Parents.....	5
Working Assumptions about Children	6
Engaging & Questioning Techniques: The Useful Interview	7
Indications of Client Engagement	8
Useful Language Skills.....	9
Solution Building Procedures	10
List of Question Lead-Ins.....	11
Useful Questions for Working with Involuntary Clients.....	12
Exception-Finding Question.....	13
Coping Question	14
Scaling Question.....	15
Miracle Question.....	16
The Miracle Questions, Steve de Shazer	17
20 Minute Interview	20

Agenda

1. Welcome, Introductions, Competencies and Learning Objectives
2. Personal Strengths, Abilities and Motivators
3. Strengths-Based Family Centered Practice
4. BREAK
5. How to Use Strengths-Based Questioning and Interactive Strategies to Achieve Engagement
6. Solutions Focused Engagement and Questioning
7. Lunch

Now Try Asking These Questions

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

Working Assumptions About Parents

Until proven otherwise, we believe all parents want to . . .

- be proud of their child.
- have a positive influence on their child.
- hear good news about their child and what their child is good at.
- give their child a good education and a good chance of success in life (however they define it).
- see their child's future is better than theirs.
- have a good relationship with their child.
- be hopeful about their child.
- feel they are good parents.

Working Assumption About Children

Until proven otherwise, we believe that all children want to. . .

- have their parents be proud of them.
- please their parents and other adults.
- be accepted as a part of a social group.
- be active and involved in activities with others.
- learn new things.
- be surprised and surprise others.
- voice their opinions and choices.
- make choices when given an opportunity.

(Insoo Kim Berg, 2002)

Engagement & Questioning Techniques: The Useful Interview

Open-Ended Questions

When you ask questions that are an open invitation to say whatever is on the person's mind, it is sometimes amazing what people will share. Solutions often begin to emerge from this type of processing out loud. This applies to any question for which "yes" or "no" or "I don't know" are not likely responses.

Examples: *"What else can you tell me about that?"*
"Tell me about your family when you were young."

"When..." rather than "If..." Questions

"When" implies trust that the person is going to do something. "If" implies that they may or may not. "When" presumes a desire for and the possibility of a positive outcome. (Revisit your strength-based language list.)

Examples: *"When... (you're not drinking), how do you feel in the mornings when it's time to get the children off to school?"*
"When you are in control of your temper..."
"When you go to your drug treatment program..."

Questions that Begin with "How"

These questions tend to be more solution-oriented and less likely to call for blame or defensive responses than "why" questions.

Examples: *"How can you tell? How do you know this?"*
"How did you do it before?"
"How would that be helpful to you / your family?"
"How long have you felt this way?"

Questions That Begin With "Wh..."

These questions are also solution-oriented.

Examples: *"Where is the best place for this to happen?"*
"What would your children/mother/friend say to you about this?"
"Who helped you when...?"
"What difference would this make to you?"
"What would it take...?"
"What are your thoughts about this?"
"What part of this do you agree with, and disagree with?"
"Whom can you call when you are feeling that way?"
"Where can you go when you decide you want to get help for that?"

Indications of Client Engagement

- * **Ask permission to do what we are going to do anyway.**
(HOW we do WHAT we do that counts)
- * **Spell out our goals clearly in every phase of the contact.**
- * **“Yes set” at least three times and throughout the contac.**
- * **Repeat client’s exact words throughout the contact.**
- * **Take what client wants (goals) seriously.**
- * **Announce the change of topic - context marker.**
- * **Engage clients in specific goals.**
- * **Let the client know that you heard him/her.**
- * **Inform client about every step of what is happening.**
- * **Engagement is necessary for a sustained conversation, which in turn leads to change.**
- * **Good engagement results in theclient thinking differently.**
- * **At times, it may take many repetitions to engage.**

(Copyright: Insoo Kim Berg, 2001)

Useful Language Skills

- **“Not-Knowing” skills**
- **“Yes set”** - There are times when people can take in a question or an idea more easily than others. This is often marked by stillness in the body and an evenness of breathing and often sort of an expectant look. Of course, what is described here is what we experience as connection or rapport. One of the ways the interviewers got there was by creating a "yes set"--creating an ambiance where the client could feel a sense of support and feeding back to the client what they were saying and perceiving in an appreciative way. Of the non-hypnotic approaches, solution focused therapy has been one of the ways people can do that.
- **Client’s key words**
- **Suppose . . .**
- **Different, difference**
 - What difference would it make?**
 - Is (was) it different for you?**
- **What would you (he, she, they) do instead?**
 - Solution negotiation**
- **Good reasons**
 - You must have a good reason to . . .**
- **Relationship questions**
- **How helpful is that? How would that be helpful?**
- **Tentative language (collaborative stance)**
- **Responsibility for change vs. blame for mistakes**
- **Self-compliments vs. praise**

(Copyright: Insoo Kim Berg, 1999)

Solution-Building Procedures

Insoo Kim Berg

1. What needs to be different with _____ (complaints)?
(Goal negotiation – miracle question)
2. What do you know about your _____ that tells you that this can happen?
(Exception find questions)
3. When was the most recent time when this happened?
(Exceptions)
4. How close to your goals have you moved so far?
(Scaling questions)
5. What is the next small step you need to take toward your goal? (Scaling questions)
6. How confident are you that you can maintain the level of success achieved so far? What significant others would scale your level? (Scaling questions)
7. Termination.

List of Questions Lead-In

The most difficult part of mastering new concepts and skills used in SFBT is learning a new language and learning to think differently. The following are some suggestions to make you feel comfortable using Solution-building conversations.

Wh Questions (What, Who, Where, When, Which, and How)

What does ____ expect to come out of your coming to this meeting?
What needs to come out of this meeting so that you can say this is helpful?
Which part do you agree with and which part do you disagree with?
What tells you that you are at 5?
Tell me about the times when you are more productive? What is different then?
What do you know about him/her that tells you that he/she can do this?
What difference is it going to make in your ____?
How would that be helpful to you?
What has been changed, even a little bit, since you made this appointment?

Tentative Language (Perhaps, it seems, suppose, it appears, it sounds like . . .)

I am not sure about this, what do you suppose . . .
Do you suppose . . . ?
It sounds like what you really want is . . . to be more hopeful about yourself.
I'm not sure it will happen, but suppose, just suppose your son changed . . . How would that be helpful to you? What difference would it make to your relationship?
What will change in your ____ (depression, fighting, drug use, etc)?

Relationship Questions

What would your best friend (boss, mother) say you are like when you are calmer?
What would ____ notice different about you that will tell her that things are better?
What would your daughter say she likes best about you being sober? (Not What your daughter would say she hates about you being drunk?)

Personal Meaning and Language

You are clear about not doing drugs. What about it makes it so important not to do drugs?
You must have a good reason to . . . ?
So, how would that be helpful for you to (not go to work, stay in bed, drink more . . .)?

What Else?

What else would it take for you to stop drinking and stay sober?
What ____ would say it would take for you to stay sober?

Useful Questions for Working with Involuntary Clients

1. Whose idea was it that you should come here?
What is your understanding of why you are here?
2. What makes ____ (pressuring person) think that you need to come here?
What does ____ think you need to do differently?
What does ____ think is the reason you have this problem?
3. What would ____ say that, at a minimum, you have to do differently?
What do you have to do to convince ____ that you don't need to come here?
4. When was the last time that you did this (what the client said ____ said needs to be different)?
What was different in your life then?
How did you manage to do this?
What would ____ say s/he noticed different about you then?
5. Suppose you were to decide to do that again, what would be the first small step you would take to make it happen again?
How confident are you that you could do that again? (Scales)
What would ____ say the chances are that you will do this again?
6. Suppose you were to decide to do this, what would be different between you and your ____ (important person)?
What would your ____ (important person) say about how that will be helpful to him/her?
7. Suppose you were to decide to do this, what other differences would it make in your life?
What would be going on in your life then, that is not going on now?
8. How will know when you have done enough?

(Copyright: Insoo Kim Berg, 1999)

Engagement and Questioning Technique

Exception-Finding Question



The purpose when eliciting the perspectives of the family: Elicit information that addresses how a problematic situation might have been different. These questions allow the receiver to talk about his/her successes (strengths). Exceptions are the building blocks of success. They shrink the problem. Exceptions focus on the possibilities.

In solution-focused interviewing, exceptions are times when problems could have happened but did not. You and the client need to examine who did what, when, where, and how so that the problem did not happen. Essentially, what you are trying to discover is how the patterns around the problems were changed. 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:

"Tell me about the times in recent days when you could have hit Tommy (screamed at him, called him names, etc.) but somehow managed to handle it differently?"

"You just told me that you decided to lock yourself in the bathroom so that you would not hit your child when he gave you an 'evil eye.' What did you know about yourself that told you to do that?"

"When you are... (not drinking...), what is different at home?"

"Let's talk about the days when you do feel safe and hopeful. What is it you are doing differently on those days?"

"Tell me about the most recent time when you could have gotten stoned, but you didn't. How did you manage not to?"

Engagement and Questioning Technique

Coping Question



The purpose when eliciting the perspectives of the family: When dealing with difficult behaviors or situations, you can ask questions in a way that demonstrates empathy and compassion. These questions acknowledge your understanding of the pain, fear or frustration that the family member may be experiencing. It also helps point out that they are, in fact, doing the best job they can, given the circumstances

right now.

Examples:

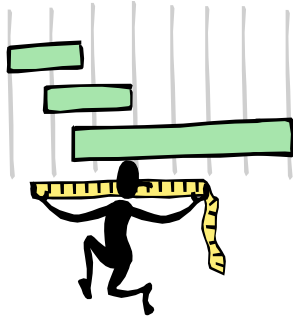
"I imagine these children are a real handful. I'm sure they keep you on your toes all day. **How** do you keep going day after day? **What** seems to help? **How** did you come up with the idea of just taking time off and laughing with them? That's very clever!"

"**How** do you do it? It must have been very tough just to get through the week. **Who** do you turn to when you feel you need help?"

"**How** did you manage to stay sober for a whole week? Considering how long you've been drinking, and how tough this week has been for you, it must have been very hard to do. **What** have you figured out helps when you get the craving?"

Engagement and Questioning Technique

Scaling Question



The purpose when eliciting the perspectives of the family: 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 caseworker. 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.

These questions are used to rate or rank the level of importance, motivation, or confidence in a specific situation. They help you and the person gauge where a situation is and how one might change that situation?

Example:

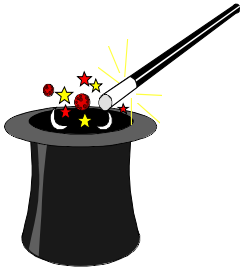
"Let me ask you, on a scale of 1 to 10, with 10 standing for 'as determined as anybody can be in your circumstances to get your daughter back,' how close would you say you are to 10 right now, today?"

"Okay, now this time I'm going to ask you a slightly different question. This time, 10 stands for 'as confident as anyone can be that you will get your child to come back to live with you,' where would you put yourself on the same 1 to 10 scale?"

"Now, on the same scale of 1 to 10, how determined would you say you are that you will get there?" **What would it take to move one point higher? If you could move one point higher, how would it be better for you?"**

Engagement and Questioning Technique

Miracle Question



The purpose when eliciting the perspectives of the family:

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.

These questions are inspirational because they help to remove hopelessness. When asking these questions, attempt to get realistic answers versus a pie in the sky dream such as, “things will be better for my family if one of us wins a lot of money at the casino.” Help them see what they want, how their life can be, and remember the dreams they have forgotten. Encourage them to give details--to really visualize it when it is better.

The Miracle question

“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 is different the next morning that will tell you that the problem is solved.”

Follow up questions include some of these:

- 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/children notice different about you?
- If you were to take these steps, what would you notice different around your house?

Example

A worker speaking with a mother who has a history of depression asked the mother, “So, suppose tomorrow you get up ahead of the children, get them up, and get them ready for school. What would your children do differently that they didn’t do this morning, for example?”

The mother answers, “I suppose they will be happy to see me up and bustling around because it means I am feeling good.”

“If you woke up tomorrow morning and this had all been a bad dream, your children are living back at home again, and you are no longer a “client” in this system, tell me what the perfect day would be like for your family. How would that feel for you?”

THE MIRACLE QUESTION

Steve de Shazer

(BFTC)

The miracle question was developed beginning in the early 80s and I have been using it in almost every first session ever since.

I think my (our) initial mistake was to call it “the miracle question” when it has never been just a simple question. Rather, its purpose was to shift the conversation quickly and easily into the future when the problems (that brought the client to therapy) were gone. That is to say, the “question” itself was never as important as the client’s response. Over the years of dealing with the wide variety of client responses I have somehow sort of learned how best to respond to their responses. In part, I learned this from watching how Insoo Kim Berg responds to her clients’ responses. Further, I learned this from watching how other therapists’ responsive behavior did not lead to the kind of miracle picture Insoo’s clients were able to develop. So here is a sketch of the pattern that I have worked out.

PART ONE

“I have a strange, perhaps unusual question, a question that takes some imagination ...

[Pause. Wait for some sort of signal to go ahead with the question.]

Suppose . . .

[Pause. The pause allows clients to wonder what strange and difficult thing I might ask them to suppose.]

After we finish here, you go home tonight, watch TV, do your usual chores, etc., and then go to bed and to sleep . . .

[Pause. Pretty normal, everyday stuff. Not so strange after all.]

And, while you are sleeping, a miracle happens . . .

[Pause. The context for this miracle is the client’s normal, everyday life. This construction allows for any kind of fantastic wishing.]

And, the problems that brought you here are solved, just like that! . . .

[Pause. Now the focus is on one particular miracle that is in line with his or her coming to therapy.]

But, this happens while you are sleeping, so you cannot know that it has happened."

[Pause. This is designed to allow the client to construct his or her miracle without any consideration of the problem and without any consideration of the steps that be or might have been involved.]

"Once you wake up in the morning, a) how will you go about discovering that this miracle has happened to you?" OR, b) "how will your best friend know that this miracle happened to you?"

[Wait. The therapist should not interrupt this silence; it is the client's turn to talk, to answer the question. In fact, when the client's response is "un-reasonable" (in the therapist's view) the therapist's most useful response is to continue his/her silence which gives the client a change to "fix" the response, to make it more reasonable.]

[Many clients, particularly adolescents, find it easier to describe the day-after-the-miracle from the perspective of other people. The individual's perspective is then dealt with in Part Two.]

PART TWO

"A) How will your best friend discover that this miracle happened to you?" OR, b) "how will you discover that this miracle has happened to you?"

PART THREE

"When was the most recent time (perhaps days, hours, weeks) that you can remember when things were sort of like this day after the miracle?"

PART FOUR

"On a scale from 0 to 10, with 10 standing for how things are the day after the miracle and 0 standing for how things were at the point you called to arrange this appointment, where — between 0 and 10 — are you at this point?"

[This "progress scale" is designed to help both therapist and client figure out where the client is in relation to his/her goal(s) for therapy.]

"On the same scale, where do you think your best friend would say you are?"

"On the same scale, where would you say things were when things were sort of like this

miracle day?"

PART FIVE

(The opening question in second and later sessions.)

"So, what is better?"

["Better" is a construction and this is designed to remind both therapist and client that one of the goals in these subsequent sessions is to help the client describe things as "better." Failure to begin the subsequent sessions with this question undermines the value of the other four parts.]

PART SIX

(The "progress scale.")

"Remember that scale where 10 stands for the day after the miracle? Where would you say you are today on that scale?"

[It seems more useful to ask about this without reminding the client of his/her previous rating. If the question is asked this way: "Last time you were at 3, where are you now?" Clients tend to respond with "3" and they tend to respond to the open version with a rating "higher" than that they gave in the previous session.]

20 Minute Interview

1. Referred client

Whose idea was it that you come to see me?

What will convince ____ that you don't need to see me?

On a scale of 1 to 10 (1 being the worse, 10 the best) where would you rate yourself at this time? Where would ____ rate you on the same scale?

Where would ____ like you to be?

How important is it for you to make these changes (scale of 1 to 10)?

How willing are you to work at it?

2. Self-Referred Client

What has to be different as a result of your coming and talking to me today? (Turning complaint into a goal). "All my friends are turning against me" INTO "So you would like to have more friends who are on your side?" When was the last time you did this, even a little bit (or a short time)? How did you do this? (What would your best friend say you did this?) What would it take you to do this again? What needs to happen to move up a single point on the scale? What would other say you need to do to move up on the scale?

3. Miracle Question

Suppose a miracle happened while you were sleeping and the problem that brought you here is solved. What would you be doing differently?

Who would be the first to notice you are doing things differently?

What would he/she notice different about you then?

When was the last time it happened, even a little bit?

How did you do that?

What would it take for you to do it again?

If you were to pretend, even a little while, that a small portion of the miracle had occurred, what one or two things would you be doing differently?

4. Questions for the Referring Person

Support and agree with the referring person, acknowledge his/her hard work with the child, frustrations and the effort that already has gone into making progress (if true).

What special qualities do you see in this child that tells you that he can do it?

How would you rate the potential for this child for change for the better?

What is the minimum change this child has to make?

Tell me about the last time when the child was even a little more like he should be.

How do you suppose that happened?

On a scale of 1 to 10:

Where would you rate the present behavior of the child?

Where is the highest rating the child has achieved?

Where would you rate this child's potential for change?

What is the first small thing I can do to be of help to you?

5. Steps to Homework and Closure of the Session

- a. Agree with and use client's words and world view
- b. Compliment whenever possible
- c. Suggestions toward solutions that can begin with
 - Since you believe (think, feel) that . . .
 - Because (it is not your fault . . .)
 - I agree (I can see it seems like others are picking on you . . .)
- d. To the referring person:

"I appreciate your (concern, frustration, worries . . .) regarding Jimmy; therefore, it would be helpful in my work with Jimmy if you can (think about changes, watch for signs of, keep track of) and tell me what difference it makes for Jimmy. I will (talk with Jimmy, his parents, assess his motivation, check into resources, depending on their idea/view of what I can do to be of assistance to them).

(Copyright: Insoo Kim Berg, 2000)