

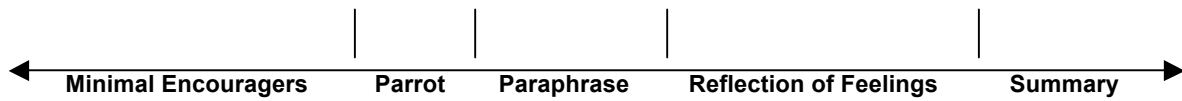
Strategies for Engaging Families

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LISTENING SKILLS



1. Observe physical cues as well as listening to words.
2. Take a guess at what other person is feeling and thinking.
3. Maintain eye contact (if culturally appropriate).
4. Use door openers: “Uh huh,” “tell me more,” head nodding.
5. Reflect content by parroting or paraphrasing what other has said.
6. Listen for client’s feeling and reflect those feelings back to the client.
7. Include responses that reflect back both feeling and content together.
8. Summarize at the end of a topic and/or at the end of a session.
9. Avoid the common mistakes.
 - a. Overshooting and undershooting.
 - b. Pacing (lagging or rushing).
 - c. Being awkward or obvious.

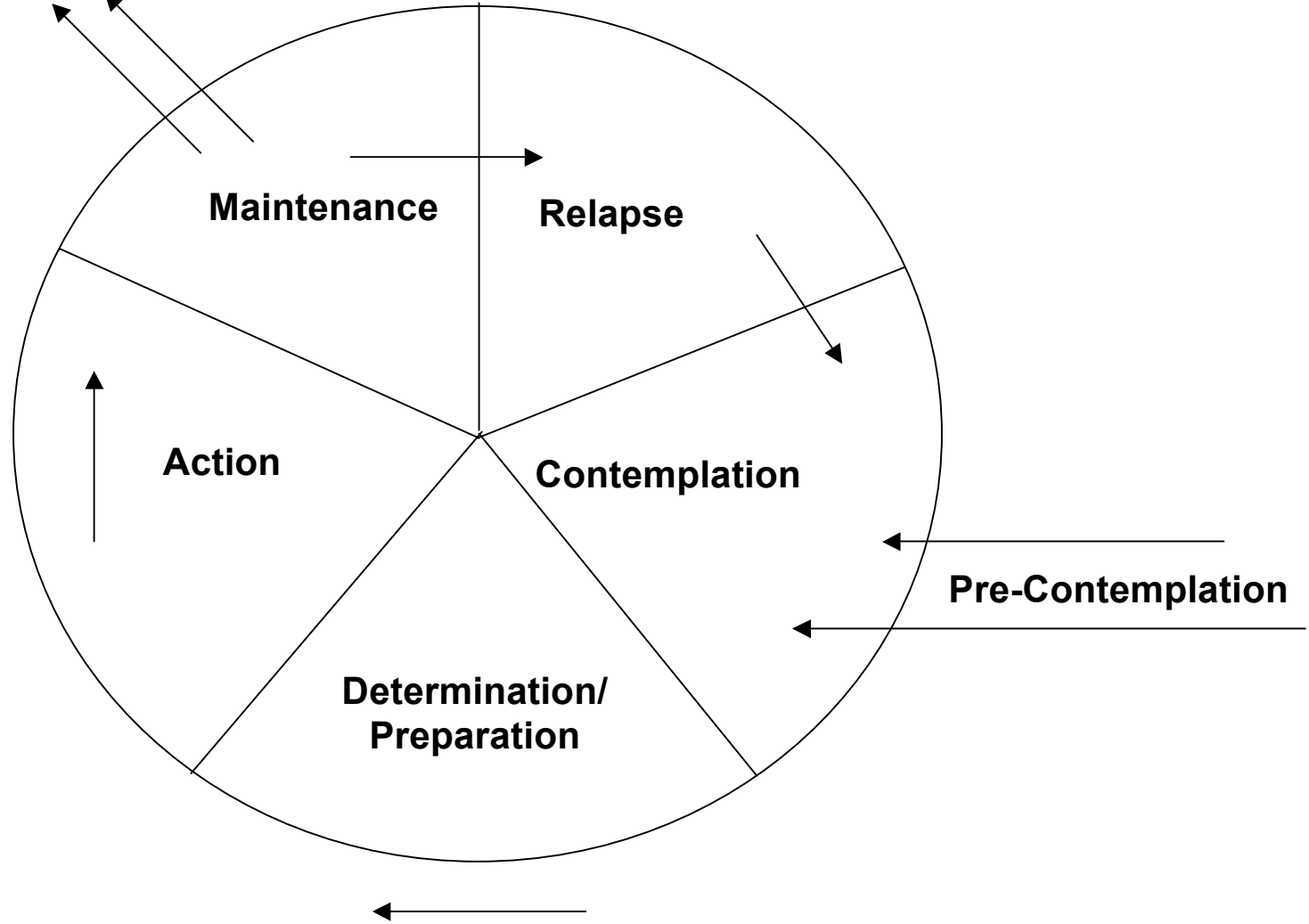
I. Phrases to use when you trust your perceptions are pretty accurate and sender is receptive.

- You feel...
- From your point of view...
- It seems to you...
- From where you stand...
- Sounds like...
- As you see it...
- You think...
- You believe...
- You're... (identify feeling, example: angry, sad, overjoyed)
- I'm picking up that you...
- You mean...
- You want...
- You like/don't like...

II. Phrases that are useful if you are having difficulty perceiving clearly, or the sender seems not to be receptive.

- Could it be that...
- I wonder if...
- I'm not sure if I'm wrong, but...
- Correct me if I'm wrong, but...
- Is it possible that...
- It sounds reasonable that you...
- Could this be what's going on, you...
- From where I stand, you...
- You appear to be feeling...
- It appears you...
- Perhaps you're feeling...
- I somehow sense that maybe you feel...
- Is there any chance that you...
- Maybe you feel...
- Let me see if I understand; you...
- Let me see if I'm with you; you...
- I think you're saying that...
- You seem to be saying that...

Permanent Exit



PROCHASKA AND DICLEMENTE'S SIX STAGES OF CHANGE

Prochaska and DiClemente (1983)
Relapse Prevention, Marlatt, G. Alan and Gordon, Judith R

THE SIX STAGES OF CHANGE

1. **Pre-contemplation** (the client does not recognize that there is any problem)

Therapist's role: Active Listen to the client. Be empathetic. Increase awareness when appropriate. Active listen when encountering resistance

2. **Contemplation** (the client is ambivalent about change)

Therapist's role: All of the above strategies. Explore values and goals to create cognitive dissonance. Explore client strengths to support self efficacy. Explore the good things about the behavior that keep it in place and those things that are not so good about the behavior. Use reflective listening throughout the process, as the client starts to voice arguments for change. This is a precursor to the client making a commitment to change.

3. **Preparation** (the client gives the therapist a "window of opportunity" to begin working on change by saying such things as, "This is serious." or "OK, that's it. This can't go on.")

Therapist's role: Follow the client's lead and sense of pacing. Continue with Active Listening. Review with client the arguments for change made previously to strengthen commitment. When asked for suggestions by the client, give a range of options, allowing the client to make an informed decision and choose what fits best.

4. **Action** (the client takes steps toward change, direction not perfection.)

Therapist's role: Teach skills as needed. Support the client's steps toward change. Elicit examples of client's strengths to enhance self-efficacy.

5. **Maintenance** (the client has reached her goal, but maintaining is not easy)

Therapist's role: Help client understand that slips or lapses are not uncommon. Help the client to identify triggers and be prepared with strategies to prevent relapse. Teach skills as needed. Improve social support.

6. **Relapse** (the client returns to former problematic behavior)

Therapist's role: Help the client learn from any slips and try again, this time a little smarter, a little better prepared. Revise relapse prevention plan. Take the shame out of relapse by revising the plan and reviewing the change process.