

Engagement and Retention: Part I

Early Engagement Tips Group or Individual Activity Sheet

1. Describe a client who you are currently having difficulty engaging in treatment (e.g. a client who has missed many appointments, expresses little interest in counseling, or seems otherwise uninvolved in treatment).
2. How might you refocus your efforts from their problems or needed interventions to building an alliance with them?
3. How might you chart your efforts to build alliance and increase motivation for treatment to meet the documentation requirements of your agency?
4. Describe a consumer at each of the different stages of change (pre-contemplation, contemplation, preparation, action, maintenance).

Engagement and Retention: Part I

Early Engagement Tips Group or Individual Activity Sheet Reference Key

1. Describe a client who you are currently having difficulty engaging in treatment (e.g. a client who has missed many appointments, expresses little interest in counseling, or seems otherwise uninvolved in treatment).

Refer to Part I, “Extent of the Problem,” pg. 1 for examples of the prevalence of un-engaged clients in alcoholism programs.

Clients who are not engaged in treatment frequently miss appointments or other agency check-ins, appear uninterested in listening to or interacting with counselors, and drop out of treatment at the earliest opportunity possible.

2. How might you refocus your efforts from their problems or needed interventions to building an alliance with them?

Refer to Part I, “Early Engagement,” pg. 1-2 for examples how to build rapport, and other strategies for engagement.

Building rapport includes providing an environment where consumers feel safe and welcome, telling them about the agency and its goals, and asking them questions about why they’ve come for treatment and what they hope to get out of treatment. This is only the start of building an alliance.

3. How might you chart your efforts to build alliance and increase motivation for treatment to meet the documentation requirements of your agency?

Refer to Part I, “Tools for Measuring Client Readiness and Motivation,” pg. 2 for evaluation tools that can be used to document what stage of readiness your client may be at.

These tools can provide paper documentation for the level of motivation your client may be at. However, depending on how your agency documents client progress or client-counselor interaction, other ways of documenting your work with clients may be more appropriate.

4. Describe a consumer at each of the different stages of change (pre-contemplation, contemplation, preparation, action, maintenance).

Refer to Part I, “Motivation and Early Engagement,” pg. 2-3 for descriptions of clients at different stages of change.

Supervision Tips

Engagement and Retention: Part I

Early Engagement

Have your supervisee bring in a new or challenging case and discuss how engagement strategies can be used to build rapport with the client. Here are some sample questions to begin exploration:

- What is important to the client and how can we look for points of partnership?
- What does the client enjoy/value and how can we use that as a rallying point?
- Identify what stage of change the client is at.
- What are some appropriate interventions for that stage of change and is it realistic to implement those interventions now?
- How can you formulate a reachable goal?
- How might you document that goal? (e.g. Build client engagement by meeting at McDonald's instead of the office and chat over a soda to increase rapport)
- What can you offer that will make you of value to the client?

The best predictor of a successful treatment outcome is a positive therapeutic relationship

- **Focus on establishing rapport**
- **Design the intervention around the client's stage of change**
- **Use the client's reason for coming in for services as a tool to increase motivation**

Supervision Tips

Engagement and Retention: Part I

Early Engagement

Reference Key

- What is important to the client and how can we look for points of partnership?
 - **Refer to Part I, “Early Engagement,” pg. 1-2. The goals that clients have for treatment may not be the goals that you expect them to have. It is important to find out what the client thinks is important and which goals you and the client can work together towards achieving.**
- What does the client enjoy/value and how can we use that as a rallying point?
 - **Refer to Part I, “Early Engagement,” pg. 1-2. A client will be more likely to be involved and excited about treatment if you can find something that the client enjoys or values and incorporate it into treatment. Your attention to client values will not only inform your treatment planning, it will also demonstrate to the client your respect and interest in them as a person, an important aspect of building rapport.**
- Identify what stage of change the client is at.
 - **Refer to Part I, “Tools for Measuring Client Readiness and Motivation,” pg. 2. The stage of change assessment will give you a better idea of what strategies to use to engage your client.**
- What are some appropriate interventions for that stage of change and is it realistic to implement those interventions now?
 - **Refer to Part I, “Motivation and Early Engagement,” pg. 2-3. A client at the pre-engagement stage will not yet be ready to work on skill building. Knowing the appropriate interventions for your client’s stage of change is essential, but you as the counselor must decide whether each individual intervention will work for your specific client.**

- How can you formulate a reachable goal?
 - **Refer to Part I, “How a Counselor Can Encourage Motivation,” pg. 3. Goals should be specific and achievable. A goal that is set too high, such as “I will stop drinking completely,” when the client is used to drinking 20 beers a day, invites failure and lowers client self-esteem. A more achievable goal, such as “I will decrease my drinking from 20 beers a day to 15 beers a day,” builds client confidence in treatment and sets them up for further incremental goal achievement. Additionally, goals that are too vague, such as “I will improve my relationship with my wife,” are hard to measure and therefore difficult to achieve. Goals should be measurable, such as “I will give my wife a compliment twice every day.” Goals should, of course, be tailored to the individual and focus on their strengths, rather than their weaknesses.**

- How might you document that goal? (e.g. “build client engagement by meeting at McDonald’s instead of the office and chat over a soda to increase rapport”)
 - **Documentation is dependent on the agency, but the articulation of these smaller, incremental goals, are important steps toward the overall goals of treatment, and should be documented as an essential component of the treatment process.**

- What can you offer that will make you of value to the client?
 - **Refer to Part I, “How a Counselor Can Encourage Motivation,” pg. 3. Each counselor has characteristics that make them unique. Just as the client has strengths, so do you as a counselor. It’s important to recognize your own strengths and use them to build rapport with your client.**

Engagement and Retention: Part II

Strengthening the Connection Tips

Group or Individual Activity Sheet

1. Describe a client who you feel you have a strong therapeutic relationship with. Why do you feel your alliance with this client is so strong? Have you ever used motivational techniques with this client?
2. How can you use aspects of your alliance with this client to inform your relationship with other clients?
3. What is your agency's protocol for scheduling new clients? Are there ways to improve your agency's scheduling system?
4. Describe a client who is being "non-compliant." How have you dealt with this? How will you deal with this in the future?

Engagement and Retention: Part II

Strengthening the Connection Tips

Group or Individual Activity Sheet

Reference Key

1. Describe a client who you feel you have a strong therapeutic relationship with. Why do you feel your alliance with this client is so strong? Have you ever used motivational techniques with this client?

Refer to Part II, “Motivational Factors,” pg. 1-2 for techniques that can be used to improve motivation as well as build an alliance.

The therapeutic alliance has been proven to be the most important factor in determining treatment outcome. Motivational techniques such as the FRAMES model are essential to creating a supportive, non-judgmental atmosphere in which a positive therapeutic alliance can flourish.

2. How can you use aspects of your alliance with this client to inform your relationship with other clients?

Refer to Part II, “Enhancing the Counselor-Client Connection,” pg. 2-3 for ways to strengthen the relationship between counselor and client.

The therapeutic alliance involves a two-way sharing of information and expectations. Counselors should tell clients about the agency, treatment process and possible problems they may encounter along the way. Clients should articulate their goals and expectations for treatment, as well as be encouraged to voice concerns and feelings about how treatment is progressing.

3. What is your agency’s protocol for scheduling new clients? Are there ways to improve your agency’s scheduling system?

Refer to Part II, “Reducing Pre-Treatment Drop Out,” pg. 2 for ways that scheduling impacts client follow-through at intake appointments.

Studies have shown that clients are more likely to come to intake appointments when they are scheduled within 24 hours of the initial call. While this may not be possible to do at your agency, it is important to be aware of factors that will increase the likelihood of client retention, and implement them whenever possible.

4. Describe a client who is being “non-compliant.” How have you dealt with this? How will you deal with this in the future?

Refer to Part II, “Examine and Interpret Noncompliant Behavior,” pg. 3 for suggestions on dealing with “noncompliance.”

The word “noncompliance” has a negative connotation, implying that the client is being delinquent in some manner. In reality, clients are “noncompliant” for many reasons. It is more important to find out *why* clients are missing appointments than to label and/or punish them for something that may be out of their control, or may be symptomatic of other issues that are not being addressed by treatment.

Supervision Tips

Engagement and Retention: Part II

Strengthening the Connection

Have supervisee select a client they feel they do not have a strong therapeutic alliance with and discuss how strategies for strengthening the connection can be used to build rapport between them. Here are some sample questions to begin exploration:

- Why is the client uninterested in their current treatment?
- What are some of the client's ideas for their own treatment?
- What are the pros and cons of changing behavior for the client?
- What are some of the discrepancies between what the client wants and how the client is behaving?
- How can you overcome the barriers your client might be running up against in treatment?

Explore client expectations

Roll with resistance

Examine the positive and negative aspects of treatment

Supervision Tips

Engagement and Retention: Part II

Strengthening the Connection

Reference Key

- Why is the client uninterested in their current treatment?
 - Refer to **Part II “Investigate & Resolve Barriers,” pg. 3.** There is no single reason why clients do not become invested in their own treatment. Disinterest may come from not being motivated, not liking the pictures on the counselor’s wall or not knowing the language. The only way to get the client interested in services is to find out what is currently turning the client off about his or her treatment.
- What are some of the client’s ideas for their own treatment?
 - Refer to **Part II, “The FRAMES Model,” pg. 1.** The client should have a menu of options to choose their treatment from, ideally options that the client has come up with themselves. The client is the best judge of what kind of treatment will work best. Additionally, having the client help create their own treatment plan will lead to greater client investment in accomplishing treatment goals.
- What are the pros and cons of changing behavior for the client?
 - Refer to **Part II, “Decisional Balance Exercises,” pg. 1.** The decision to stop using substances is a huge one, and it can come at the cost of friendships, romantic relationships and even family support, among other things. It is important to help the client clarify what the benefits and drawbacks to this decision might be, as well as to think of ways to minimize the drawbacks and maximize the benefits.

- What are some of the discrepancies between what the client wants and how the client is behaving?
 - **Refer to Part II, “Explore Client Expectancies and Determine Discrepancies,” pg. 2. This is a good way of increasing client motivation for treatment. It is hard for anyone to critically examine themselves and their actions. Often, clients will articulate a goal, such as “I want to have a good job and support my family,” yet will not connect their inability to hold down a job to their excessive alcohol use. Pointing out the discrepancies between goals that clients have articulated and their actual behaviors can demonstrate to clients the utility of undergoing treatment to achieve their goals.**

- How can you overcome the barriers your client might be running up against in treatment?
 - **Refer to Part II, “Enhancing the Counselor-Client Connection,” pg. 2. After some of the barriers to client engagement have been identified, you can start looking at how they can be overcome. Barriers are very diverse and must obviously be dealt with on a case-by-case basis. However, the stronger the connection between counselor and client, the more effectively you will work together towards resolving whatever barriers crop up during the course of treatment.**

Engagement and Retention: Part III

Improving Client Retention Tips

Group or Individual Activity Sheet

Reference Key

1. What do you feel are your strengths as a counselor?

Refer to Part III, “Counselor Characteristics,” pg. 2 for counselor characteristics that tend to improve client retention.

These characteristics may or may not be components of your strengths as a counselor. However, they’re helpful to keep in mind as characteristics that may even further strengthen your abilities as a counselor.

2. What do you feel are your weaknesses as a counselor? How can you turn your weaknesses into strengths?

Refer to Part III, “Variables that Improve Retention,” pg. 1-2 for program, counselor, client and environmental characteristics that have been shown to improve client retention.

You will probably not have control over all the variables that might improve client retention, but being aware of these variables will help you to be more sensitive to ways that you might improve upon what you have identified as your weaknesses.

3. Does your agency use retention incentives such as vouchers, transportation assistance, or low cost contingency management? If yes, how do you feel about their use? If no, do you think that retention incentives would be a beneficial addition to your agency? Why or why not?

Refer to Part III, “Retention Incentives,” pg. 2-3 for examples of retention incentives and how they are utilized.

Programs that use retention incentives often provide monetary rewards for lowered drug use or increased participation in services, for example. The idea is to engage the clients in treatment through the use of rewards, which will be gradually eliminated as treatment progresses. Many find retention incentives to be a central component in engaging clients in treatment, although specific agencies may not have the funding or support to offer retention incentives.

Supervision Tips

Engagement and Retention: Part III

Improving Client Retention

Have supervisee reflect on a client who they feel is in danger of dropping out of treatment and discuss strategies for retaining the client. Here are some sample questions to begin exploration:

- What are some of the characteristics of the client that you think will affect them dropping out or staying in treatment?
- What can you as a counselor do to further engage the client?
- What are some things about the environment that could be changed to encourage the client to return?
- What aspects of the program could be revised to make the client feel better about engaging in treatment there?
- What retention incentives might work with this client?
- How can you talk with your client about improving services for him?

Look for strengths rather than weaknesses.

Support a social network.

Communicate therapeutic optimism to the client.

Supervision Tips

Engagement and Retention: Part III

Improving Client Retention

Reference Key

- What are some of the characteristics of the client that you think will affect them dropping out or staying in treatment?
 - **Refer to Part III, “Client Traits,” pg. 2. Clients who have a strong social support network, sense of self-identity and employment are likelier to stay in treatment than those who don’t. You may also have identified traits in your client that may be a source of strength as they engage in treatment.**
- What can you as a counselor do to further engage the client?
 - **Refer to Part III, “Counselor Characteristics,” pg. 2. Counselors are more successful at engaging with clients when they have high self-esteem, a good sense of humor, and can engage with their clients in a positive and encouraging manner.**
- What are some things about the environment that could be changed to encourage the client to return?
 - **Refer to Part III, “Environmental Conditions,” pg. 2. Clients are likelier to engage in treatment when they feel “safe,” are not in areas that they have negative associations with, and where they feel welcomed. Some of these environmental changes are easier to make than others, but regardless, environment is an important component of client comfort with the treatment.**
- What aspects of the program could be revised to make the client feel better about engaging in treatment there?
 - **Refer to Part III, “Variables that Improve Retention,” pg. 1-2. Client retention improves when appointments are made promptly, a variety of services are available at one location, and where they have been oriented and understand the process of treatment and their role in it. Programmatic changes may affect the entire agency, but they also may be as simple as taking the time to fully explain the mission of the program and answer client questions.**

- What retention incentives might work with this client?
 - **Refer to Part III, “Retention Incentives,” pg. 2-3. Different kinds of retention incentives, such as transportation assistance or money vouchers, may be more attractive to your client than others. Retention incentives are especially effective with adolescents and people with a co-occurring mental illness and substance abuse problem.**

- How can you talk with your client about improving services for him?
 - **Refer to Part III, “Program Variables,” pg. 1-2. Consulting with the client about what his program will entail and what kinds of treatment would be best for the client is essential not only to building client trust and confidence, but also in constructing a working and realistic treatment plan. Finding ways to communicate with the client about what would improve his experience at your agency is a critical component of treatment.**

Agency: _____

Program: _____

Evaluation Date: _____

Rating Conductor: _____

Engagement and Retention Competencies for MISA Populations

Please rate staff on engagement and retention competencies using the following scale:

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

1. Staff is able to determine client stage of change.

1	2	3	4	5
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Supervisor Comments:

2. Staff is able to apply appropriate intervention techniques for clients whose stage of change has been identified.

1	2	3	4	5
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Supervisor Comments:

3. Staff explains agency and program goals, operations, and expectations clearly to clients.

1	2	3	4	5
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Supervisor Comments:

4. Staff consults with client when designing treatment plans, setting client goals, and implementing treatment programs.

1	2	3	4	5
---	---	---	---	---

Supervisor Comments:

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

5. Staff uses an empathetic rather than authoritarian approach to interacting with clients.

1	2	3	4	5
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Supervisor Comments:

6. Staff focuses on and seeks to maximize client strengths and talents rather than emphasizing client problems and weaknesses.

1	2	3	4	5
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Supervisor Comments:

7. Staff uses motivation encouragement techniques such as FRAMES to improve client engagement and response to early treatment interventions.

1	2	3	4	5
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Supervisor Comments:

8. Staff explores client expectations for treatment, addresses client hopes and fears, and is honest with clients about the problems and strengths of program treatments.

1	2	3	4	5
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Supervisor Comments:

9. Staff uses “noncompliant” behavior as opportunities for gaining insight into client motivation for treatment, and works to address underlying reasons for “noncompliant” behavior.

1	2	3	4	5
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Supervisor Comments:

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

10. Staff works to reduce pre-treatment drop-out by scheduling intake appointments within 24 hours of a client's initial phone call, and/or phoning to remind clients of upcoming appointments.

1	2	3	4	5
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Supervisor Comments:

11. Staff works to enhance the counselor-client connection by creating strong rapport and a safe environment in which clients feel comfortable sharing.

1	2	3	4	5
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Supervisor Comments:

12. Staff has a strong investment in their own personal and professional growth, and works to maintain positive mental health for themselves.

1	2	3	4	5
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Supervisor Comments:

13. Staff makes use of retention incentives such as vouchers, contingency management or transportation assistance to maintain client relationships and levels of engagement.

1	2	3	4	5
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Supervisor Comments:

14. Staff is able to be empathic and convey hope to a wide range of individuals with co-occurring disorders

1	2	3	4	5
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Supervisor Comments:

Engagement and Retention Competencies for MISA Populations Reference Key

Please rate staff on engagement and retention competencies using the following scale:

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

1. Staff is able to determine client stage of change.

1	2	3	4	5
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Refer to Part I, "Tools for Measuring Client Readiness and Motivation," pg. 2.

2. Staff is able to apply appropriate intervention techniques for clients whose stage of change has been identified.

1	2	3	4	5
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Refer to Part I, "Motivation and Early Engagement," pg. 2-3.

3. Staff explains agency and program goals, operations, and expectations clearly to clients.

1	2	3	4	5
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Refer to Part I, "Early Engagement," pg. 1.

4. Staff consults with client when designing treatment plans, setting client goals, and implementing treatment programs.

1	2	3	4	5
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Refer to Part III, "Program Variables," pg. 1-2.

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

5. Staff uses an empathetic rather than authoritarian approach to interacting with clients.

1	2	3	4	5
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Refer to **Part I, “How A Counselor Can Encourage Motivation,” pg. 3.**

6. Staff focuses on and seeks to maximize client strengths and talents rather than emphasizing client problems and weaknesses.

1	2	3	4	5
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Refer to **Part I, “How A Counselor Can Encourage Motivation,” pg. 3.**

7. Staff uses motivation encouragement techniques such as FRAMES to improve client engagement and response to early treatment interventions.

1	2	3	4	5
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Refer to **Part II, “The FRAMES Model,” pg. 1.**

8. Staff explores client expectations for treatment, addresses client hopes and fears, and is honest with clients about the problems and strengths of program treatments.

1	2	3	4	5
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Refer to **Part II, “Enhancing the Counselor-Client Connection,” pg. 2-3.**

9. Staff uses “noncompliant” behavior as opportunities for gaining insight into client motivation for treatment, and works to address underlying reasons for “noncompliant” behavior.

1	2	3	4	5
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Refer to **Part II, “Examine and Interpret Noncompliant Behavior,” pg. 3.**

1	2	3	4	5
Rarely	Occasionally	Sometimes	Often	Consistently

10. Staff works to reduce pre-treatment drop-out by scheduling intake appointments within 24 hours of a client’s initial phone call, and/or phoning to remind clients of upcoming appointments.

1	2	3	4	5
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Refer to Part II, “Reducing Pre-Treatment Drop Out,” pg. 2.

11. Staff works to enhance the counselor-client connection by creating strong rapport and a safe environment in which clients feel comfortable sharing.

1	2	3	4	5
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Refer to Part III, “Variables That Improve Retention,” pg. 1-2.

12. Staff has a strong investment in their own personal and professional growth, and works to maintain positive mental health for themselves.

1	2	3	4	5
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Refer to Part III, “Counselor Characteristics,” pg. 2.

13. Staff makes use of retention incentives such as vouchers, contingency management or transportation assistance to maintain client relationships and levels of engagement.

1	2	3	4	5
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Refer to Part III, “Retention Incentives,” pg. 2-3.

14. Staff is able to be empathic and convey hope to a wide range of individuals with co-occurring disorders.

1	2	3	4	5
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Refer to Part I, “Early Engagement,” pg 1-2

Test Key: Engagement and Retention

Question		Reference
#1	D	Part 1 page 1
#2	True	Part 1 page 1
#3	E	Part 1 page 1&2
#4	E	Part 1 page 2
#5	E	Part 1 page 2
#6	True	Part 3 page 1
#7	D	Part 3 page 2
#8	A	Part 3 page 3
#9	D	
#10	True	Part 2 page 2