# Table of Contents

## Motivational Interviewing

### Teaching Tool 1

- Overview of Motivational Interviewing
- The Spirit of Motivational Interviewing
- Four Key Principals of Motivational Interviewing

### Teaching Tool 2

- The Stages of Change

### Teaching Tool 3

- Using Your OARS

### Teaching Tool 4

- Listening for Change Talk
- Change Talk and Stages of Change

### Teaching Tool 5

- Eliciting Change Talk

### Teaching Tool 6

- Common Traps

## Three-Phased Case Management Approach

### Beyond the Basics Case Management Protocol

- Phase One: Engaging and Focusing
- Phase Two: Evoking and Planning
- Phase Three: Planning and Supporting Change

### Identifying Clients

### Forms

- Appendix A: Personal Goals Worksheet
- Appendix B: Pros and Cons Worksheet
- Appendix C: Readiness for Change Worksheet
- Appendix D: Action Plan Worksheet
- Appendix E: Program Referral Form
About Beyond the Basics

Beyond the Basics is an Urban Alliance initiative that supports churches and organizations as they meet basic needs through the provision of food, clothing and shelter. In addition to supporting the provision of basic needs, Urban Alliance equips ministries to implement strategies that relationally and holistically address the needs of those served. Through these efforts, basic needs are met and clients are offered opportunities to engage in programming that addresses underlying challenges and increases their life stability. This manual was developed as a tool for basic needs programs that desire to incorporate case management services into their food, clothing or housing programs.

An Introduction to this Manual

This manual was developed to be used as a tool to help basic needs providers incorporate case management into their programming. Case management is a relational and collaborative process that can be used to help people make changes in their life and connect to community resources.

While it is important to provide for someone’s basic needs, all too often there are underlying challenges that hinder a person’s ability to meet their own needs. By incorporating case management into basic needs programs, clients can be supported and connected to community programs, which help them address the underlying challenges that may hinder their self-sufficiency. Research suggests that case management using Motivational Interviewing is an effective strategy for fostering change and increasing life stability.

This manual is divided into two parts. The first part of this manual provides an overview of Motivational Interviewing concepts and skills which can be used as a framework for offering case management. More specifically, the initial sections of this manual provide information about the following:

- the core concepts of Motivational Interviewing
- the Stages of Change model
- basic Motivational Interviewing skills
- information about various types of change talk
- case manager skills that encourage change talk

The second part of this manual describes a three-phased approach to offering case management to clients over a nine month period. Using this approach case managers facilitate a process where clients set goals, make a plan for achieving their goals and take steps towards attaining each one. This manual also offers worksheets associated with each stage of case management. The worksheets are meant to be used as tools to facilitate change.

Our hope is that by incorporating of case management into basic needs programs clients’ underlying challenges can be addressed holistically and in a manner that is respectful and dignifying.
Overview of Motivational Interviewing

Motivational Interviewing (MI) was developed by William Miller and Stephen Rollnick and is defined as a collaborative, person-centered, directive method for addressing the common problem of ambivalence (uncertainty) about behavior change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change, within an atmosphere of acceptance and compassion.

While this model was originally developed to help individuals struggling with addiction, more recently it has been applied to a number of concerns such as health care improvement, high-risk sexual behaviors, diabetes management, individuals struggling to secure basic needs, and mental health problems.

MI recognizes and accepts the fact that clients who need to make changes in their lives vary in their readiness to change their behavior. While some people are ready to start taking action to change their situation others are more ambivalent or, in some cases, don’t see the need for change. Therefore, MI involves collaboration rather than confrontation, evocation (allowing space for the client to articulate their goals) rather than education, autonomy rather than authority, and exploration rather than explanation. By providing a safe space for the clients to explore the possibility of change, clients are able to identify places where they would like things to be different in their life and set goals that they feel are important.

The Spirit of Motivational Interviewing

While there are many variations in technique, the spirit of this method can be characterized in a few key points:

1. Motivation to change is elicited from the client, and is not imposed from outside forces.
2. It is the client’s task, not the counselor’s, to articulate and resolve his or her ambivalence or uncertainty about change.
3. Direct persuasion or arguing is not an effective method for resolving ambivalence.
4. The case management style is generally quiet and draws information from the client.
5. The case manager is directive, in that they help the client to examine and resolve uncertainty about change.
6. Readiness to change is not a trait of the client, but a result of interactions with the case manager.
7. The relationship between the case manager and client resembles a partnership or companionship.

It is very important that individuals using this technique maintain a nonjudgmental and nonconfrontational stance when working with clients. The goal of this approach is to increase the client’s awareness of the potential
problems caused by a behavior, the consequences experienced, and risks faced as a result of the behavior in question. Case managers help clients imagine a better future, and help clients to increase their confidence and motivation to make that future a reality. It is essential that case managers are careful to meet clients where they are and to refrain from forcing them towards a particular change when they have not expressed a desire for that change.

**Four Key Principals of Motivational Interviewing**

In MI, case managers provide low-key feedback, roll with resistance, and use a supportive, warm, non-judgmental, collaborative approach. There are four principals that paint the ‘big picture’ of MI and underlie all aspects of this approach:

- **Express Empathy**
- **Develop Discrepancy**
- **Roll with Resistance**
- **Support Self-Efficacy**

These can be remembered by using the acronym: EE-DD-RR-SS.

1. **Express Empathy**: Empathy has been called the defining principle of MI. The Webster definition of empathy is: the capacity for participation in another’s feelings or ideas. Another way to think about empathy comes from Carl Rogers who suggested empathy means acceptance and understanding another’s perspective and feelings neutrally, without judging or evaluating in any way. Neutrality is key because acceptance does not necessarily mean approval or agreement.

Generally the word listening is associated with empathy because without effectively listening to another, we cannot have empathy for them. One of the first tasks of the case manager is to understand the client’s dilemma or ambivalence about change. This expression of empathy involves active listening and understanding from another person’s perspective.

2. **Develop Discrepancy**: Developing discrepancy is where MI departs from a client-centered or humanistic approach because it is specifically directive. In MI case managers work to develop discrepancy between the way things currently are and the way a person would like things to be. By developing the discrepancy between the way things are and the way a person want things to be the case manager is helping them get ‘unstuck.’ The intent is that, by building discrepancy the person will be motivated to make changes in their life.

The most effective way to develop discrepancy is for the client to talk about their reason for change. Eliciting these statements increases motivation for change and decreases uncertainty about change. One common strategy
used in MI to develop discrepancy is the Pros and Cons activity in which the pros/cons of current behavior and the pros/cons of changing are listed by the client.

3. **Roll with Resistance/Reflect Discord:** Resistance is defined as refusal to accept something new or different, or effort made to stop or fight against someone or something. When a case manager argues with a client for change the client is likely to argue against what the case manager is suggesting. This is often referred to as resistance.

In MI, “resistance” is thought of as a signal or red light to do something else. When the client sounds uninterested, unmotivated, or oppositional the case manager “rolls with it.” Rolling simply means getting out of the way of resistance and not engaging in it.

“Psychological judo” is a metaphor from Jay Haley and strategic family therapy that is frequently used to illustrate this principle. In the martial art of judo, an attack by another is not met with direct opposition, but rather by using the attacker’s momentum to one’s own advantage. Instead of fighting against the attacker, one “rolls” with the other’s momentum or energy and, in effect, gets out of harm’s way as resistance is reduced.

4. **Support Self-Efficacy:** Self-efficacy is a person’s belief in their ability to carry out a specific behavior. It is similar to confidence, but more specific and tied to a particular activity or behavior. If one feels that making a change is very important, but has no idea of how to go about making the change, one’s low self-efficacy for making the change is likely to jeopardize the change attempt. In MI, the case manager encourages a realistic belief that change is possible.

One way to assess self-efficacy is by using the Readiness for Change Ruler. Instead of asking clients how ready they are to make a change, ask how confident and committed and they are on a scale of 1 to 10 to make the specific change or how important the change is on a scale of 1 to 10.

The “supporting” part of this principle refers to the power of expectation. When a case manager believes in a client, and is able to convey this, the client is likely to have more belief in their ability to makes changes in their life. Another strategy for enhancing self-efficacy is to explore past successes. The case manager can encourage the client to apply what worked in the past to a current situation.
Stages of Change

Researchers have found that people go through similar processes when they make changes in their lives. The Stages of Change Model is a theory that describes the process people go through when they successfully make changes in their lives. The goal of MI is to facilitate dialogue that fosters change and supports clients as they move through the stages of change.

The Stages of Change Overview

Precontemplation

Individuals in the precontemplation stage of change are not yet thinking about changing their behavior. It does not occur to them that there is a behavior to change.

MI Techniques and Questions:

Raise doubt and increase the client’s perception of the risks and problems with their current behavior. Provide harm reduction strategies.

- “What would have to happen for you to know that this is a problem?”
- “What warning signs would let you know that this is a problem?”
- “Have you tried to change this in the past?”

Contemplation

Individuals in this stage of change are willing to consider the possibility that they have a problem, and the possibility offers hope for change. But they are not ready to start planning for change or taking action.

MI Techniques and Questions:

Case managers help the client consider the pros and cons of change. The client will likely become more committed to change and ready to make a specific plan for change as they explore the reasons for change, the risks of not changing and experience increased confidence in their ability to change.

- “Why do you want to change at this time?”
- “What were the reasons for not changing?”
- “What would keep you from changing at this time?”
- “What are the barriers today that keep you from change?”
“What might help you with that aspect?”

**Preparation**

Individuals at this stage decide that they are ready to make a change in their life and are committed to action. During the preparation stage individuals begin planning what they will need to do to make a change.

*MI Techniques and Questions:*

- “What will help you make the changes you desire?”
- “What types of support will you need to make this change?”
- “What challenges might you encounter as you make this change?”

**Action**

Individuals in this stage of change put their plan into action and take concrete steps towards reaching their goals.

*MI Techniques and Questions:*

Encourage and support the client as they take steps toward change. Build self-efficacy by pointing out successes and strengths.

- “How do you feel now that you have made changes in your life?”
- “What will help you continue on the course you are on?”

“How do you think these changes will impact your life?”

**Maintenance**

Change requires building a new pattern of behavior over time. The real test of change is long-term sustained change over many years. This stage of successful change is called “maintenance.” In this stage, new behaviors become firmly established, and the threat of returning to old patterns becomes less intense and less frequent.

*MI Techniques and Questions:*

Help the client to identify and use strategies to prevent relapse.

- “What supports do you need to keep from returning to previous behaviors?”
- “How is your life different now that you have made these changes?”
Use Your “OARS”

The practice of MI involves skillfully using techniques to guide the process and conversation in a way that elicits change talk and increases the client’s confidence in their ability to change and their commitment to change.

OARS

OARS is a simple way to remember the basic approach of MI. Open-ended questions, Affirmations, Reflections, and Summaries are core strategies used to move the process forward by establishing a therapeutic alliance and eliciting discussions about change.

Open-ended questions are those that are not easily answered with “yes” or “no,” or a short answer containing limited information. Open-ended questions invite elaboration and thinking more deeply about a topic. These questions create motivation and momentum that help a client consider more fully the possibility of change.

Examples of Open-Ended Questions:

- “What types of things would you like us to talk about?”
- “How did you first get started drinking?”
- “What would change if you started working?”
- “How do you think your nutrition is related to the health problems you talk about?”

Examples of Closed-ended not appropriate for MI:

- “Don’t you think your family has been hurt enough by your drug use?”
- “Isn’t your friend’s idea that you should get a job really a good one?”
- “Have you ever thought about taking the stairs instead of waiting in frustration for an elevator to take you up three floors?”

Affirmations are statements that recognize the strengths of the client. They help to build relationship between the case manager and the client and help the client see themselves in a more positive way. It is important for affirmations to be genuine and consistent. Affirmations can encourage clients when previous efforts at change have been unsuccessful and can reframe behaviors as signs of a positive quality rather than a negative one.

Examples of Affirmation:

- “I appreciate your honesty (if you know she is being honest).”
- “I can see that caring for your children is important to you.”
- “It shows commitment when you come back to case management meetings.”
- “You have good ideas.”

Reflections, or reflective listening, are one of the most crucial skills in MI. First, reflections are used to express empathy, or understanding...
what another person is experiencing. When the case manager carefully listens and responds in a reflective manner, the client comes to feel that the counselor understands the issues from their perspective. In addition, reflective listening is a key intervention that can be used to guide the client towards change. When used in this way, reflections can guide the client towards resolving uncertainty about change by focusing on the negative aspects of staying the same and the positives of making change. There are several levels of reflection ranging from simple to more complex. Different types of reflections can be used as clients demonstrate different levels of readiness for change.

There are four levels of reflective statement:

- **Repeating**: The first, most basic level is simply repeating what someone has said.
- **Rephrasing**: The next level of reflection is to rephrase what a person has said with a few word substitutions that may slightly change the emphasis.
- **Paraphrasing**: Here you restructure the statement in a significant way. This involves the listener inferring the meaning of what was stated and stating that back to the listener.
- **Reflecting feeling**: This achieves the deepest level of reflection because you are not reflecting on content as much as the emotion underneath what the person is saying.

**Summaries** are special types of reflection where the case manager recaps all or part of a session. Summaries communicate interest in and understanding of the client’s situation and perspective. Summaries can also be used to call attention to important points made during the session. Summaries can highlight both sides of a client’s uncertainty about change. Additionally, they can be used to develop discrepancy by intentionally selecting information to recap that highlights the difference between how things are the in present and how the client wants things to be in the future.

It is important for case managers to remember to stay in the position of eliciting change talk from the client. This may involve asking questions about how they want to go about changing, where they want to start, what that will look like for them, what barriers exist, and how they might address those barriers.

**Example of Summaries:**

“So Sally, let me make sure I have got this right. You care about your children very much, and you don’t want to chance having social services intervene. You believe you need to change your living situation so it is more stable, and aren’t quite sure how to do that. Is that it?”
Listening for Change Talk

Change talk is defined as statements by the client that demonstrate consideration of, motivation for or commitment to change. In MI the case manager listens for expressions of importance, confidence, and readiness/commitment to change. When these expressions are heard, the case manager guides the client to elaborate on the expression of change talk as a pathway to change. This process is called “eliciting change talk.”

This technique differs from OARS because it is more directive. Using OARS will keep you afloat and may help you steer towards the client’s goals. Eliciting change talk is a strategy that helps to establish and resolve ambivalence and move forward. Research shows that the more someone talks about change, the more likely they are to change.

Different types of change talk can be described using the mnemonic DARN-CAT:

D = Desire Statements (I want to change). Statements indicating a desire to make a change.

“I’d like to quit drinking if I could.”
“I would like to find a job.”
“I wish I could make ends meet each month.”

A = Ability Statements (I can change). Statements that speak to the client’s self-efficacy or belief in the ability to make a change.

R = Reason Statements (It’s important to change). Statements that reflect the client’s reason for considering a change.

“If I had a job I would have more money.”
“I don’t like my kids to see me like this.”
“My family would be healthier if I learned how to cooking healthy foods.”

N = Need Statements (I should change). Statements that indicate need for change. These can be similar to “R” statements, but the reason may be more emotional than cognitive.

“I will end up homeless if I don’t find work soon.”
“Life would be a lot less overwhelming, if I addressed my depression.”
“I will die if I keep using like this.”

The DARN statements are important to recognize and then emphasize through reflecting or directing the client to further elaboration. These statements play a significant role in helping the client express the “C” or “Commitment to Change.” Once the client begins expressing Commitment to Change statements they are demonstrating what is called “implementing change talk”. This suggests a stronger level of commitment to
change and possibly a readiness to take steps towards behavior change.

The “CAT” Statements are:

**C = Commitment to Change** (I will make a change). Statements that express commitment or intention to engage in behaviors that will result in change.

“**I will attend job training classes.**”
“**I am planning to apply for a job next week.**”

**A = Activation** (I am ready, prepared, willing to change). A stronger commitment to change in which the person is ready and willing to take action.

“**Let’s make a plan for how I can further my education.**”
“**When I get home I am going to get rid of all of the unhealthy food in my house.**”

**T = Taking Steps** (I am taking specific actions to change). The client has actually taken a step towards change. The client has switched from considering change, to taking steps to make their situation different.

“**Yesterday I applied for a job at the grocery store.**”
“**I registered for a GED program so I can further my education.**”
“**I met with a counselor for the first time last week.**”

### Change Talk and Stages of Change

Different types of change talk are associated with each stage of change. The figure below shows the types of change talk the case manager will hear as the client moves through each stage. The case manager will know the client is moving towards the next stage of change when they begin to hear the change talk associated with that stage.
Eliciting Change Talk

Eliciting change talk is a key component of MI. The case manager must ask questions and interact with the client in such a way as to elicit or draw out change talk. A number of strategies can be used to foster this type of dialogue.

Ten Strategies for Eliciting Change Talk:

Ask Open-Ended Questions: Ask open questions to help the client articulate the changes they want in their life.

“It sounds like you’re really considering a change. Tell me more about what you are thinking?”

Explore Decisional Balance: First ask for the good things about not changing, then ask for the not-so-good things. Then ask for the good and not-so-good things about changing. The Pros and Cons Worksheet can be used as a tool for this. This worksheet can be found in Appendix B.

“What are the good things about _______?”
“What are the benefits of stopping _________?”

Ask for Elaboration: When a change talk theme emerges, ask for more details.

“In what ways”?  
“Tell me more”.  
“What does that look like”?  

Ask for Examples: When a change talk theme emerges, ask for specific examples.

“When was the last time that happened?”
“Give me a specific example.”
“What else?”

Look Back: Ask about a time before the current concern emerged.

“How were things better or different before?”

Look Forward: Ask what may happen if things continue as they are. Try the miracle question.

“If you were 100% successful in making the changes you want, what would be different?”
“How would you like your life to be five years from now?”

Query Extremes: Consider the extreme consequences of changing and not changing.

“What are the worst things that might happen if you don’t make this change?”
“What are the best things that might happen if you do make this change?”

Use Change Rulers: Use a Change Ruler to assess importance and confidence. See Appendix C.

“On a scale from one to ten, how important is it to you to [target change] - where one is ‘not at all’ important, and ten is ‘extremely important’?”
“What might happen that could move you from ___ to [higher number]?”

**Explore Goals and Values:** Ask about the person’s guiding values and goals to heighten internal conflict or increase awareness of discrepancy.

“What do you want in life?”
“Does (specific behavior) help you accomplish your goals or values or interfere with accomplishing them?”

**Come Alongside:** Explicitly side with the negative side of ambivalence (not changing).

“Perhaps (specific behavior) is so important to you that you won’t give it up, no matter what the cost.”
Common Traps

MI interviewers have discovered a number of traps which weaken the full effectiveness of this technique. The most common traps are listed below:

1. **The Question Trap**: Setting the expectation that the case manager will ask questions and the client will answer. This fosters passivity. Asking open-ended questions, making space for the client to talk, and using reflective listening are strategies that can be used to avoid this trap.

2. **Labeling Trap**: Diagnostic or other labels represent an obstacle to change. It is best to avoid problem labels and refocus attention when they arrive. For example, “Labels are not important, you are important, and I’d like to hear more about...”

3. **Premature Focus Trap**: When a case manager persists in talking about his/her own conception of the problem and the client has different concerns, the case manager gets trapped and loses touch with the client. To avoid this, start with the client’s concerns, rather than your own assessment of the problem. Later on, the client’s concerns may lead to your original belief about the situation.

4. **Taking Sides Trap**: When you detect some information indicating the presence of a problem and begin to tell the client about how serious it is and what to do about it, you have taken sides. This may elicit resistance from the client. As you argue your view the client may argue their side.

5. **Blaming Trap**: Some clients show defensiveness by blaming others for their situation. It is important to diffuse blaming by explaining to the client that blaming is not the purpose of case management. For example, “Who is to blame is not as important as your concerns about the situation.”

6. **Expert Trap**: When you offer advice or give the impression that you are the expert, the client often responds by becoming passive. In MI the client is always the expert about his/her situation, values, goals, concerns, and skills. In MI, case managers collaborate with the client and offer them an opportunity to explore and resolve ambivalence about change.
Beyond the Basics MI Protocol

The Beyond the Basic case management protocol offers clients a total of 12 sessions of case management over the course of a nine month period. Case managers meet with clients every two weeks for the first 6 sessions and then once each month for the remaining six sessions. That is, case managers meet with clients every other week for the first three months and then monthly for the final six months.

The following paragraphs describe the phases of case management, goals associated with each phase, and how the phases related to each stage of change:

- **Phase One**: Engaging and Focusing
  - Sessions 1-3
  - Precontemplation and Contemplation
- **Phase Two**: Evoking and Planning
  - Sessions 4-6
  - Preparation
- **Phase Three**: Planning and Supporting Change
  - Sessions 7-12
  - Action and Maintenance

**PHASE ONE: ENGAGING AND FOCUSING**

People usually enter case management in the contemplation stage of change. They are considering making various changes in their life, but have not yet made a specific plan to do so or taken action. The purpose of sessions 1-3 is to move the client from contemplation stage to preparation.

**Session 1**

During session one the case manager conducts an intake assessment to learn more about the client and their current situation. The MI assessment protocol can be described as an “MI sandwich” in which a more structured assessment process (completion of intake questionnaires) is sandwiched between two client centered MI interventions. At the onset of the session the case manager starts a discussion using OARS, then gently shifts to a more formal assessment, and then moves back to an MI discussion of change.

**MI “Sandwich” Concept:**

<table>
<thead>
<tr>
<th>MI strategies during opening 15 minutes</th>
<th>Intake assessment and surveys 45 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI strategies during closing 15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

**Step 1: Top of the MI Sandwich** involves building rapport with the client and using OARS skills to begin a discussion of the client’s perception of his/her problems or current situation. This allows the case manager to get an idea of the client’s readiness to change and any resistance they might encounter.

**Step 2: Middle of the MI Sandwich** involves completing all of the questionnaires contained in the Beyond the Basics case management program evaluation provided to you by Urban Alliance and University of Saint Joseph staff. During this step the case manager will acquire a variety of different types of information through asking the questions contained in standardized questionnaires. Once the
questionnaires are completed the case manager may summarize the information collected. A gift card will be given to the client upon completion of the evaluation.

**Step 3: Bottom of the MI Sandwich** focuses on strategies for eliciting change or managing resistance. This is the first step towards helping the client identify areas where they would like to make changes in their life.

**Sessions 2-3**

The focus of sessions 2 and 3 is helping the client describe the goals they have for their life and move into the contemplation or preparation phase. In some cases the client may enter into case management unsure if they would like to make changes in their life or take action to achieve their goals. In these cases, it is very important to use MI skills to develop discrepancy, increase importance, and increase self-efficacy. Because the focus of this intervention is around increasing self-sufficiency it is important to help the client connect current challenges to a lack of ability to provide for their basic needs (when appropriate). By the end of session three the client should be moving into the preparation stage of change.

**During this phase the case manager should use the following handouts to encourage change talk and develop discrepancy:**

**Personal Goals Worksheet:** This form should be completed during sessions 2 or 3 during the “Setting Goals” phase of case management. This handout provides a list of possible areas where the client may desire change. This handout is meant to foster discussion and develop discrepancy between the client’s current situation and desired future. After discussing each area, ask the client to consider some areas where they wish things were different. The purpose of this form is to facilitate dialogue to help the client to identify their goals and ultimately develop SMART goals. SMART goals are specific, measureable, achievable, realistic, and timely. After completing the handout, ask the client if they are willing to consider the pros and cons of making changes in this area next time you meet. See Appendix A.

**Pros and Cons Worksheet:** The Pros and Cons worksheet is a tool that helps develop discrepancy by facilitating a discussion during which the client considers the pros and cons of changing and not changing. This also serves to increase motivation and decrease ambivalence to change. The pros and cons to changing and not changing should be explored with each goal before creating an action plan for change. See Appendix B.

**PHASE TWO: EVOKING AND PLANNING**

**Sessions 4-6**

The focus of the next three sessions is to help the client increase their confidence in their ability to change and commitment to change. During this phase the client should move into the preparation stage of change. The case manager will continue to use OARS techniques, but will also more intentionally evoke change talk and provide space for the client to
elaborate on change statements. It is also important allow the client to continue to explore ambivalence.

During session 4 or 5 the case manager should complete the Readiness Ruler and by the end of session 6 the case manager and client should discuss and complete the Action Plan form. By the end of this phase the client should have clearly defined SMART goals as well as an action plan detailing each step the client needs to take to accomplish each goal. By the end of session 6 the client is ready for action.

Readiness Ruler: This is a classic MI technique that explores the client’s readiness to change. For each, ask the client how confident, committed and ready they are to make the change. Follow-up questions that can be used when administering this worksheet include, “Why are you at ___ and not _____ [lower number than they stated]?” or “What might happen that could move you from ___ to [higher number]?” See Appendix C.

Action Plan Form: The purpose of this form is to facilitate the development of a detailed plan that will help the client achieve the goals developed during the previous phase of case management. The Action Plan process facilitates dialogue about the action steps the client needs to take to accomplish their goals, potential barriers to achieving their goals, and additional support and services needed to achieve their goals. See Appendix D.

Referral Form: This form can be used to provide information to clients about community programs that can help them meet their goals. The case manager and client, may make calls to these programs together during sessions to support the client as they make initial contact with the program to ask questions or enroll. See Appendix E.

**PHASE THREE: PLANNING AND SUPPORTING CHANGE**

During sessions 7-12 the client is in the action stage of change and is taking action steps towards their goals. The action steps should be documented on the *Action Plan Worksheet*. During this phase the case manager encourages the client to continue taking steps towards their goals and celebrates successes as a way of building the client’s confidence and self-efficacy.

**Session 7**

During session 7 a second set of evaluation questionnaires should be administered. These questionnaires will take about 30 minutes to complete, so sufficient time should be saved either at the beginning or end of the session. A gift card will be given to the client upon completion of the evaluation.

**Sessions 8-11**

The goal of sessions 8 through 11 is to encourage the client and support their self-efficacy as they take steps towards change. During this phase of case management the client should move into the action stage of change. It is very important that the case manager affirms the client and points out successes, as well as conveys to the client through words and actions that they have
confidence in their ability to make changes and succeed.

Session 12

During session 12 a final set of program evaluation questionnaires are administered. These questionnaires will take about 45 minutes. A gift card will be provided to the client upon completion of the evaluation.

It is important to end the case management process well. This means celebrating the successes of the client, affirming your appreciation of your time together, and marking the last session as a special accomplishment. The case manager should point out to the client that their completion of the case management program marks a significant accomplishment. It demonstrates their commitment to making positive changes in their life.

A certificate of completion should be framed and provided to each client that completes all 12 sessions regardless of actual action steps taken towards accomplishing goals. Case managers should point out strengths they have noted in their client and the steps they have taken to towards accomplishing their goals. In some cases the case manager may want to write a closure letter stating these things. This provides the client with a tangible reminder of their strengths and the achievements that occurred while meeting with the case manager. Additional time should be allotted to the last session to ensure the evaluation questionnaires are completed and the case manager and client have enough time to celebrate the courage and successes of the client.

Case Management Protocol Checklist

Phase One: Engaging and Focusing
Sessions: 1-3
- Intake Forms Completed
- Complete Personal Goals Worksheet
- Complete Pros and Cons Worksheet

Phase Two: Evoking and Planning
Sessions 4-6
- Readiness for Change Worksheet
- Discuss Action Plan Worksheet
- Complete Action Plan Worksheet
- Provide Referral Forms as Necessary

Phase Three: Planning and Supporting Change
Sessions 7-12
- Session 7 Program Evaluation
- Affirm Each Action Taken
- Provide Referral Forms as Necessary
- Session 12 Program Evaluation
- Session 12 Closure Certificate
Identifying Clients

While anyone may receive case management services, some clients are more likely to benefit than others. Therefore, it is important to identify and engage individuals who have the greatest likelihood of making and achieving goals to increase their self-sufficiency and make lasting changes in their life.

Because this case management intervention is only nine months in duration it is important to engage clients that are in the contemplation or preparation stage of change. It may take a longer period of time or more intensive intervention to facilitate change for a person who does not want to make any changes in their life or who does not want to receive case management services. This is a voluntary program and should not be forced upon a client.

Further, certain groups of individuals with serious unaddressed problems may not be ready to develop goals and start taking action to achieve their goals. Groups that fit this description include individuals:

- With serious mental illness (SMI) who are not receiving treatment
- Who are actively addicted to substances
- Who are chronically homeless

In addition, seniors and individuals receiving disability income may not fully-benefit from this intervention. One of the primary reasons for offering case management through basic needs programs is to help increase client’s self-sufficiency. The long-term goal is that a client is able to make enough changes in their life that they no longer need basic needs assistance. In many cases, this is not possible for seniors who are no longer able to work and often are on a fixed income. Many people with serious disabilities are not able to work and already receiving a fixed-disability income.

Overtime all case managers will encounter individuals in each of these groups. In situations where a program has specific eligibility requirements, the case manager can simply let the person know that they do not meet the eligibility requirements for the program and offer a referral to a different program where that person can receive support. In cases where there are not specific eligibility requirements, but the case manager feels the client will not benefit from the program they may offer a referral to a program that will better meet their specific service needs.

For example, if a senior approaches the case manager and requests services, the case manager may first ask more about the type of support they are looking for and then offer a referral to a different program more tailored to their specific needs. Or if a person seeks case management but is actively addicted to substances, the case manager may suggest that they first address their struggle with addiction and offer a referral to substance abuse treatment program. This will help the person address their struggle with addiction so they are in a place where they are ready to make changes in other areas of their life.
Forms:

Appendix A: Personal Goals Worksheet
Appendix B: Pros and Cons Worksheet
Appendix C: Readiness for Change Worksheet
Appendix D: Action Plan Worksheet
Appendix E: Program Referral Form
Consider the following areas of your life and talk through each set of questions with your case manager:

**Food and Basic Needs:** Do you have enough food each month for your household? Are you able to obtain enough toiletries for your household?

**Education:** Do you have a high school diploma or GED? Do you want to further your education?

**Employment:** Are you currently employed? Do you earn enough money to provide for your household?

**Health Care:** Do you have health insurance?

**Health and Nutrition:** Do you eat well-balanced nutritious meals each day? Do you exercise regularly? Do you visit a doctor for preventive care? Are you currently taking care of any physical health conditions you might have?

**Emotional Health/Substance Abuse:** Do you feel emotionally-well on a daily basis? Are you receiving appropriate support for struggles with addiction or mental illness? Do you have people that can support you when you need it?

**Housing:** Do you have adequate, safe, and affordable housing?

**Childcare:** Do you have high-quality and affordable childcare for your children?

**Parenting:** Do you feel confident and supported as a parent?

**Transportation:** Do you have reliable and accessible transportation when you need it?

**Daily Living Skills:** Do you know how to take care of yourself and your household on a daily basis (i.e. make appointments with service providers, keep up with housework, budget money each month)?

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**Identify 3 areas where you would like to make some changes in your life:**

1. 
2. 
3.

**Identify a SMART goal for each area listed:**

- **Specific, Measurable, Achievable, Realistic, and Timely**

1. 
2. 
3.
Pros and Cons Worksheet

It is important to consider all “sides” before making a change. For each of the goals you have discussed with your case manager, consider the benefits/pros and the costs/cons of making each change in your life. Also consider the benefits/pros and the costs/cons of not making the change.

Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to “hang on” to our plan in times of stress or temptation.

Potential Change/Goal: __________________________________________

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<tr>
<th></th>
<th>Benefits/Pros</th>
<th>Costs/Cons</th>
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<tbody>
<tr>
<td><strong>Making a Change</strong></td>
<td>1.</td>
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<td>4.</td>
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<tr>
<td><strong>Not Changing</strong></td>
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<td>1.</td>
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Readiness for Change Worksheet

Write each of the goals you discussed last session on the lines below and consider the following questions.

Goal #1: ____________________________________________________________________________

- How confident are you about making this change? _____
- How committed are you to making this change? _____
- How ready are you to change? _____

Goal #2: ____________________________________________________________________________

- How confident are you about making this change? _____
- How committed are you to making this change? _____
- How ready are you to change? _____

Goal 3: ____________________________________________________________________________

- How confident are you about making this change? _____
- How committed are you to making this change? _____
- How ready are you to change? _____

Readiness Ruler

......1........2.............3.................4.................5............6...........7..........8.........9........10
Not at all  Somewhat  Very Much
Please complete this form for each goal you have decided you would like to work on with your case manager. Make sure your goal is SMART (specific, measurable, achievable, realistic, and timely.)

Goal: 

1. List the steps you need to take to achieve this goal. Consider everything you will need to do to move from where you are now, to where you will be when the goal is achieved.
   a. 
   b. 
   c. 
   d. 
   e. 
   f. 
   g. 
   h. 

2. What barriers might you encounter as you work towards this goal?

3. What will help you to overcome those barriers?

4. Are there other programs or supports you will need to help you accomplish this goal?
Program Referral Form

Program Name: ______________________________________________________________

Type of Program: _____________________________________________________________

How the program helps people: ________________________________________________

Contact Name: ________________________________________

Phone Number: ________________________________________

Describe the next steps that need to be taken to access the service:

1. ________________________________________________

2. ________________________________________________

3. ________________________________________________