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In Goal Focused Interviewing, Frank F. Maple presents his straightforward model for categorizing information elicited from clients. Building on his previous book, Dynamic Interviewing, the author takes readers beyond the therapeutic models presented in the past.

Overview[edit] MI recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. Alternatively, other clients may be actively trying to change their behavior and may have been doing so unsuccessfully for years. For a therapist to succeed at motivational interviewing, they should first establish four basic interaction skills. Motivational interviewing is non-judgmental, non-confrontational and non-adversarial. Alternatively, or in addition, therapists may help clients envision a better future, and become increasingly motivated to achieve it. Another central concept is that ambivalence about decisions is resolved by conscious and unconscious weighing of pros and cons of change vs. The main goals of motivational interviewing are to engage clients, elicit change talk, and evoke client motivation to make positive changes. For example, change talk can be elicited by asking the client questions, such as "How might you like things to be different? Knowledge alone is usually not sufficient to motivate change within a client, and challenges in maintaining change should be thought of as the rule, not the exception. Ultimately, practitioners must recognize that motivational interviewing involves collaboration not confrontation, evocation not education, autonomy rather than authority, and exploration instead of explanation. Direct persuasion is not an effective method for resolving ambivalence. The counseling style is generally quiet and elicits information from the client. The counselor is directive, in that they help the client to examine and resolve ambivalence. Readiness to change is not a trait of the client, but a fluctuating result of interpersonal interaction. The therapeutic relationship resembles a partnership or companionship. Four Processes of Motivational Interviewing[edit] There are four overlapping processes that comprise Motivational Interviewing: They are both sequential and recursive, and often depicted in diagrams as stair steps, with engaging at the bottom as the first step. The client should be doing most of the talking, as the counselor utilizes the skill of reflective listening throughout the process. Both the client and counselor make an agreement on treatment goals and on collaborate the tasks that will help the client reach those goals. MI groups[edit] MI groups are highly interactive, focused on positive change, and harness group processes for evoking and supporting positive change. They are delivered in four phases: A randomized trial in drug abuse services Miller and Rollnick conducted in provided motivational interviewing sessions to clients in order to elicit behavior change by exploring and resolving ambivalence. They enrolled outpatient and 56 inpatient clients who were entering a public agency for drug problems. The researchers excluded clients who reported insufficient residential stability.

*Goal Focused Interviewing (SAGE Human Services Guides) [Dr. Frank Maple] on www.enganchecubano.com *FREE* shipping on qualifying offers. This book presents Frank F Maple's straightforward model for categorizing information elicited from clients.*

The model continues to evolve and be applied to a variety of presenting problems and across a number of treatment settings. Research now continues at Problems to Solutions, Inc. Primarily, the model is designed to help clients engage their own unique resources and strengths in solving the problems that bring them into treatment. The model uses a specialized interviewing procedure to negotiate treatment goals whose qualities facilitate efficient and effective treatment. The goals must be: Salient to the client rather than the therapist or treatment program. Small rather than large. Described in specific, concrete, and behavioral terms. Described in situational and contextual rather than global and psychological terms. Stated in interactional and interpersonal rather than individual and intrapsychic terms. Described as the start of something rather than the end of something. Described as the presence of something rather than the absence of something. Two such resources and strengths are known as exceptions and instances. Exceptions are periods of time when the client does not experience the problem or complaint for which he or she is seeking treatment. Instances, however, are periods of time when the client experiences his or her problems either in whole or in part. Interviewing methods are used to elicit information about the occurrence of exception and instance periods so that they may be repeated in the future. While the number of potential solutions is limitless, one example is a problem drinker who stops using problematically when he or she: Ends or begins a relationship. Treatment therefore need not make alcohol the primary focus to resolve the drinking problem. Rather, the focus returns to helping the client achieve the personal goals he or she sets. Indeed, in the solution-focused approach, the question as to the agent of change may be viewed as one that obscures rather than clarifies the nature of most successful treatment contacts. The solution-focused counselor assumes that change is constant and inevitable and would suggest that the successful counselor need only tap into and utilize that existing change rather than create or cause change. There is no one alcoholism but many different alcoholisms. The sheer diversity of causative factors and problems resulting from alcohol and other drugs suggests that: No one treatment methodology can help all people. A diverse package of treatment strategies is needed. Treatment strategies should be developed and matched to meet the needs of the individual client. Miller , as are some interviewing procedures of the cognitive and cognitive-behavioral treatment programs. In each of these formats, the approach remains largely the same. The only major difference is that specialized interviewing techniques have been developed to encourage and incorporate the participation of multiple participants when the model is applied in couple, family, and group formats. It has since evolved into use in inpatient and residential settings. There seems to be no ideal setting for the model. However, it is unclear why the model would be applied in these latter settings as the expense is so much higher and the results, compared with outpatient settings, are largely similar. Typically, these treatment contacts occur in a 3- to 4-month period. The treatment is open ended, however, with clients being made aware that they may return in the future for any reason. The idea is to help each client maximize his or her success by utilizing his or her unique resources and strengths within whatever treatment model is applied. One example of adapting the model to fit within traditional treatment settings can be found in the work of Campbell and Brashera However, the model does not require a special educational background in the social sciences. Indeed, in one project with homeless clients, formerly homeless males who had alcohol and other drug problems have been taught the model and work as peer counselors. A number of these men now sit on the board of Problems to Solutions, Inc. These week-long or month-long programs are divided into beginning, intermediate, and advanced levels. A certificate indicating completion of the program is offered at the end of the training. However, given that no certification process exists at this time, certificates from existing training programs do not guarantee proficiency in the model but only completion of the training program. Supervision is offered and encouraged. However, personal characteristics of the counselor are not viewed as central to the treatment process. If one characteristic does stand out, it would probably be flexibility.

Rather, there are certain behaviors that are used very infrequently by solution-focused counselors. At present, the majority of supervision is done on a one-to-one basis over the telephone with a recognized leader in the field. People being trained in the model are encouraged to seek supervision, however, since the approach appears easier to practice than is actually the case. Goals for supervision are determined in much the same way that goals are determined for therapy; that is, they are determined by the interests and concerns of the professional receiving the supervision. This differs from the more traditional approach in two primary ways. First, in traditional treatment the counselor is viewed as the expert. Second, the goals and objectives of traditional treatment are frequently determined by the counselor or treatment model to which he or she adheres. In the majority of cases, the client does the most talking. Furthermore, because of the collaborative nature of the relationship, what the client says is considered essential to the resolution of his or her complaints. In the majority of client-counselor contacts, the model is indirectly influencing the client through the use of specialized questions. The majority of clients served by Problems to Solutions, Inc. As the model has evolved, however, it has been applied across a variety of settings and treatment populations. The approach has also been used with clients who use a variety of drugs. Because the model stresses that the problem and solution are not necessarily related, the type of drug is not seen as a critical factor in determining differential treatment. Counseling Approach Available research suggests that the approach may be helpful across a broad range of drug-abusing clients. Counseling Approach Provisions are made in the model for dealing with difficult cases; in other words, those cases for which the model does not seem to work. These forms contain a list of complaints, client history in treatment, client history of alcohol and other drug problems, and so forth. In solution-focused therapy, no formal assessment is completed aside from the specialized interviewing questions that are the hallmark of the model. After completion of the State certifications and insurance forms, the treatment process begins. This is because all questions are considered interventions. It is, therefore, not possible to do an assessment without impacting the client. Outcome is assessed via scaling questions during the treatment process and after treatment in followup interviews conducted at 6, 12, and 18? These generally begin with questions that are designed to negotiate treatment goals and orient the client toward the strengths and resources that will be used to accomplish those goals. This is followed by a team break, when the counselor meets with fellow professionals who have observed the session from behind a one-way mirror. Team members are usually made up of trainees and staff at the treatment center. Together, the team and the counselor construct a summary message and homework task that match the goals and motivational level of the client. There are three general types of homework tasks. Those that help the client change actions. Those that help the client change personal views or thinking. Those that encourage the client to return for subsequent sessions. Second and subsequent interviews use interview questions to elicit, amplify, and reinforce the changes the client is making or to renegotiate goals if progress is not forthcoming. These sessions also utilize the team break and message components of the first session. Cases may or may not be seen with a team during subsequent sessions depending on the availability of other team members and the status of the case. The outcome that the client desires from the treatment process. Strengths and resources of the client that can be used to achieve the desired outcome. Discussion of previous successes of the client. Discussion of exception and instance periods. Exploration of what the client does to achieve those changes. Session themes are believed to result from the interaction between the client and the counselor. However, as noted in section 8. Therefore, the counselor must decide how to best incorporate and utilize whatever behavior is exhibited by the client. This attitude fosters a cooperation between the counselor and client that is not likely to occur when client behaviors are viewed as problems that must be dealt with to ensure the integrity of the treatment process. A common-sense attitude prevails. For example, if a client is chronically late to a session, this would be interpreted as a message to the counselor that too many appointments are being scheduled. After communicating this to the client, a suggestion might be made that the client call on the day that he or she would like an appointment. If an appointment is available, then the client would be seen. If, however, no appointment were available, the client would be instructed to call on another day. The same attitude prevails with regard to other common clinical problems. One example of these interviewing techniques is known as the coping sequence. When a client calls in a crisis, questions are used that focus attention on how the client is or

how to cope with the situation rather than on what is causing the crisis or how bad the client feels. Therefore, in the Solution-Focused Model, such occurrences are considered new experiences and challenges and even signs of success. After all, a client cannot have a slip or relapse without first having been successful. In these instances, the choice of the solution-focused counselor is to focus on exactly what the client was doing when he or she was feeling more successful and to encourage the client to begin doing more of that again.

3: Tough Interview Question: Are you a goal-oriented person?

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They include attention to both verbal and nonverbal expression listening, responding, body positioning, facial expressions, and gestures. Skills utilized are also influenced by setting and purpose. For example, the skills used in interviewing a child who might have experienced abuse are different from those used with a person experiencing substance abuse. Level of voluntarism, and hence relative control over the agenda for the session, is a key factor. Treatment approaches also have accompanying interview techniques that are influenced by the goals and philosophies of those approaches. However, it has been suggested that there are common underlying factors in the interaction of clients and practitioners that may supersede theoretical differences, including building rapport and engaging the client in the interview process. Social work, counseling, psychotherapy, and other helping professions are closely related in regard to the interviewing skills and techniques they all draw on. Introductory Works These introductory works provide the reader with general information about interviewing in social work. Cameron and Keenan elaborates on social work interviewing as a method that utilizes interviewing practices similar to those of other pursuits but may be distinguished by the relationship aspect of the interview that trickles into a collaborative helper-and-client relationship. Corey discusses several helping theoretical models, such as the solution- focused approach and the narrative approach. Each model suggests different methods of interviewing. Cameron, Mark, and Elizabeth Keenan. The common factors model: Implications for transtheoretical clinical social work practice. This transtheoretical model suggests that there are common factors, or conditions and processes, underlying theoretical approaches. Those factors include network, helper, client, relationship, and practice strategies. Available online Corey, Gerald. Theory and practice of counseling and psychotherapy. Practitioners whose practice is driven by a specific model will tailor their interview to the theoretical framework and strategies suggested in each model. Gerdes, Karen, and Elizabeth A. A social work model of empathy. Advances in Social Work Empathy builds rapport and collaboration with the client. For these reasons, the use of empathy in the interview is crucial. This article discusses the use of affects that refer to nonverbals and expressions by the interviewer. These include affective responses, cognitive responses resultant from affect, and deciding on which affective action to take on the part of the interviewer. Kadushin, Alfred, and Goldie Kadushin. The social work interview: A guide for human service professionals. Communication skills and listening skills are basic skills in interviewing. Included in the text are different types of interviewing questions, nonverbal communication skills, cross-cultural interviewing, and working with involuntary clients. An introduction to counseling. Sage Human Services Guides This older text provides techniques for interviewing for those in the helping professions. The text also includes materials for working with couples and groups. This text includes transcripts of client interviews in exercises asking the reader to choose appropriate interventions for each case. Testing the effects of active listening. Research on Social Work Practice 5. Active listening and empathetic listening are discussed. Active listening is a primary skill in effective interviewing that has an important influence on the outcomes of interviews. Available online to subscribers. Interviewing in social work practice: Council on Social Work Education.

4: Goal Focused Interviewing : Frank F. Maple :

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5: Motivational Interviewing - TherapyDen

GOAL-FOCUSED INTERVIEWING pdf

Key concepts in social work practice / edited by Aidan Worsley, Tim Mann, Angela Olsen and Elizabeth Mason-Whitehead.

6: Interviewing - Social Work - Oxford Bibliographies

This book presents Frank F Maple's straightforward model for categorizing information elicited from clients, which he has adapted for social work practice with individuals, families and groups, reflecting the movement in social work toward the current need for solution-based and brief therapy.

7: Memoir | Faculty History Project

interviewing through data, uncategorized impostor syndrome strikes men just as hard as women and other findings from thousands of technical interviews posted by catherine hicks on october 30th, the modern technical interview is a rite of.

8: [PDF] Goal Focused Interviewing By Frank Maple - www.enganchecubano.com

Remember to answer each interview question behaviorally, whether it is a behavioral question or not. The easiest way to do this is to use an example from your background and experience.

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