What are some Interpersonal Factors in Engaging?

The art of assessment is to gather the needed information while building rapport and engagement with persons. It is also good science—the best practice recommendations from the research for concurrent disorder assessment emphasize the process of assessment—the interpersonal and procedural factors.

**Person centered**

Person’s perceptions of their problems and the goals they wish to accomplish are central to assessment and the resulting recommendations. It is important to be person-centered in order to fully motivate and engage persons.

**Elicit-Provide-Elicit**

Many individuals don’t identify with having a mental illness or addiction and may reject labels. Clinicians should seek to understand how persons perceive their own difficulties in a language that persons may understand. Introduce yourself and the assessment process.

“Elicit-Provide-Elicit” - Tell persons why you are asking the questions, and what will be done with them, that you will share the results as feedback and won’t pressure them to do something they don’t want to do.

Emphasize that when the assessment is complete, the person will decide what to do from there, and that you are there to support and help with the process.

**Empathy**

Empathy is “the therapist’s sensitive ability and willingness to understand the person’s thoughts, feelings and struggles from the person’s point of view. It is this ability to see completely thought the person’s eyes, to adopt his frame of reference…it means entering the private perceptual world of the other”. Empathy is an evidence based practice and foundational to a good relationship.

Use reflective listening - It’s easy to forget to be empathic when feeling pressured to get paperwork done. It helps when you know your assessment questions well, so that you can have a conversational approach.

**Motivation and treatment readiness**

Many individuals with complex challenges or concurrent disorders have barriers to participation in treatment and vocational or educational achievement. They may be demoralized by financial, service-related or other barriers, or by their own limitations that affect employment, interpersonal relationships and/or emotional well-being. Assessment and treatment planning should address an individual’s motivation and readiness. Motivation has been found to be an important predictor of treatment compliance, dropout and outcome.

**Treatment Readiness**

Persons may not be ready to take action on mental health or addiction issues, or they may be willing to address one and not the other. Identifying the stage of change for each issue may help you and the person keep track of each issue, monitor shifts and choose appropriate strategies.

Treatment readiness is sometimes overlooked by assuming that because persons are attending appointments, they are ready to start and actively participate in treatment. You may need to assess change and build motivation for seeking help and/or treatment before beginning the assessment process.

**Cultural Sensitivity**

Assessment should consider influences of ethnicity, social class, gender, sexual orientation, race, disability status, socioeconomic level, and religious and spiritual affiliation.
Trauma and PTSD

Assessment must include trauma-informed approaches and the recognition that trauma may interfere with one’s ability to engage and follow through with treatment recommendations and involves understanding, anticipating and responding to issues, expectations and special needs that may arise.

Identification of Strengths and Supports

Comprehensive assessment must include attention to individual’s current strengths, skills and supports, both in relation to general life functioning, and in relation to his/her ability to manage either mental health or substance use disorders. Using a positive approach is more effective than focusing on deficits that need to be corrected.

Challenges to Engagement:

Persons may see their mental disorders or addictions differently than their helpers. Individuals may not feel safe enough to disclose. Many persons with substance use disorders may deny or minimize the negative effects of substance use on their lives. Likewise, individuals with severe mental health challenges may not believe they have an illness or may minimize the extent of their disability. Persons may not remember symptoms or substance use due to memory or impairment. Persons may be reluctant to disclose for fear of legal difficulties. Persons may be reluctant to disclose problems with money management in fear that they will lose control of money. Persons may fear losing their children over disclosures. The opposite is also true—persons may choose to make their use/symptoms sound worse (treatment, housing, support). Motivation and treatment readiness is important to engagement and assessment. Persons with concurrent disorders may not be motivated to address one or both disorders.

Tips and Suggestions:

- Establish a good rapport before asking a lot of details
- Rather than directly confronting persons, clinicians should expect these reactions and strive toward developing a trusting relationship with open, honest dialogue and empathy
- Compile self-report information in a non-judgmental manner and in a relaxing setting. Provide a supportive interview setting to promote disclosure of sensitive clinical information, and preface with a clear articulation of the limits of confidentiality
- Examine non-intrusive information first. After rapport has been established, proceed to address substance abuse issues. Gather mental health information last, as this information tends to be the most stigmatizing and difficult to disclose

Suggested Learning Activities:

By yourself, or with your team:
Think of the strengths, resources, resiliencies, talents and knowledge your persons have.
- Make a list and add to it when you notice or observe a new strength.
- When you begin to feel discouraged about persons, look at your list (better yet, keep it posted where you can see it).