**Practice example of motivational engagement with a client who is causing DFV harm towards accepting a referral to a specialist service: A hypothetical worker-client exchange for practitioners without specialisation in DFV**

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This hypothetical exchange occurs after the practitioner has engaged the client in an approximately 15 minute conversation regarding his use of DFV.

Rick you said earlier you think you could have handled that situation better?

Yeah maybe yeah, I dunno

This entry into enhancing motivation for the client to accept a referral to a specialist service is based on the dissonance the man is beginning to experience between, on the one hand, his values, his hopes and strivings for himself and his family, and his identity (how he perceives himself) as a ‘good father’ or ‘family man’; and on the other hand, his emerging awareness of the impacts of his behaviour. If some emerging dissonance of this kind is not available to use as a motivating strategy, then other transition points into a discussion about a specialist referral could involve a) going back into unpacking the wording of the man such as ‘lost it’, ‘lost control’, etc.; b) a summary of discussed specific behaviour; c) reflective feelings such as regret or “l wish the kids hadn’t seen that”; or d) discussion of the impact of the man’s behaviour “you said earlier the kids were screaming and upset?”

The key is that you are working with what the man has tabled to date and seeking to build on this. If this is not available then the worker can summarise and reflect (or invite reflections) on behaviour and impact: “Rick, l’m concerned about some of the behaviours we’ve just talked about such as you yelling at Fiona and holding her down? How do you think that made Fiona feel. It sounds like Fiona was scared?’

How do you feel about that now?

Ah, we both could do things differently l guess, it’s just a toxic situation, it’s always like that.

If the man is non-committal or tries to move into blaming his partner or something else, take the time to bring him back to his behaviour, to invite him to reflect via a different targeted open question. We also look to remind the man that his behaviour is a choice as we work towards an understanding of responsibility for his own behaviour. Don’t follow his invitation to mutualise responsibility, but also don’t express frustration that the conversation isn’t going immediately where you would like it to. Patience is critical in conversations like this, it can take some time to find an opening.

If it’s ok, I’m focused on my work here with you, you’re my client here in the room and it’s your choices we can work with. Does that sound ok?

Yeah I guess.

So when you say that you could have acted differently do you have any examples of that?

Well l guess l should have just walked out or something.

What do you think would have happened if you had done that?

Well we wouldn’t have had that big fight and stuffed everything up. Everything turned to shit and I ended up drinking again and I’m so over it. I was furious at her bringing up that old shit, it’s so unfair and she should know not push my buttons like that.

We remain focused on Rick’s slight attempt to explore the situation whilst acknowledging the ongoing victim blaming that is taking place. In order to address this we could/can always ask the man to reflect on the impact of his own behaviour upon other person/s; however in this case we have also been presented with a brief opportunity to have the man reflect on the emotions underlying his behaviour. Along with dissonance, and impact, this can be another source for generating responsibility and motivation for change from the man.

Alternatively we could open a thread asking the man to reflect on the impact of his behaviour upon his partner, child and himself.

The point of either pathway is to generate and scaffold reflective insight by the man that he is causing harm and that there may be other better choices that he could make. At a later point this discussion of ‘emotions’ and/or ‘impact’ could lead to a further discuss of ‘values’ as a further option for reflective discussion. It is possible that a comment from the man could lead to a values based discussed at the outset if he either directly or indirectly infers that ‘this is not the kind of Dad l want to be’.

Any of these approaches could lead to the point below where we first ask to summarise to the man “Thanks for exploring this with me a little”. [To demonstrate each pathway, both will combined within the one script].

There is a collusion-opposition balance to maintain here also. We do not want the man’s motivation for change to be guided solely by a sense that ‘it’s not working out for him’. While ‘self-interest’ or self-reflection will often be a major motivating factor to accept a referral, we also attempt to open up a space for him to be motivated by the impact of his behaviour on family members.

Discussion of impact, however, especially in regards to children can be quite confronting at this stage and in this context. We need to read the client and be informed by what has been tabled to date to find the best approach for this conversation. Carefully take into account what the man has and hasn’t said, and using this to help guide choices about language and where to take the conversation.

When you say ‘sick of it’, furious’ and ‘it’s so unfair’ it sounds like you had very strong emotions at that time and perhaps still now?

Well yeah I do, it’s really frustrating

How do you try and deal with those kinds of strong emotions?

I dunno, maybe just walk out for a while and come back later.

You’ve mentioned ‘walking out’ a few times, is that something that works well for you?

Maybe, sometimes it can calm me down, but not always.

What do you mean by ‘not always’?

Sometimes l just lose it, or it’s too late anyway, it’s hard to think in the moment….It’s my home anyway so why should l have to leave, if she’s not happy she can leave.

The practitioner reminds themselves to be patient at this point. While Rick has reverted back to partner blaming, the conversation is still moving in a useful direction. This kind of half exploration and then retreat back to partner blame can be common and we need to keep moving the man forwards further into reflecting on his choices and impacts. Conversations like this with clients who use DFV can often seem two steps forward, one step back; it’s common for men to frequently return to minimising responsibility for their behaviour. Men go forwards and back as part of the journey of starting to take a look at themselves; it is an uncomfortable process for men that they are unaccustomed to.

We are willing to briefly explore what the man might try and do, or at least aspire to do at the moment. Examples such as ‘walking out’ are common. We want to note a possible attempt at a safer choice, albeit one that can also be abusive in other ways. However our key point here is to reinforce or plant a seed that there may be multiple other choices that could assist him to make safer and more helpful choices for himself, his partner and his child. We are simply highlighting that other choices exist.

It is important to note this would not be the place to get into deep exploration of what his patterns of behaviour, or the beliefs that underlie them, might actually look like. This is not your role as a practitioner without specialisation in engaging DFV perpetrators; this more detailed exploration is the work of specialists. This means as workers we need to be careful to not move into something we might want to discuss, argue or try and change - such as seeking to try to change his entitlement thinking or ‘getting a confession for the violence he has committed’.

Rather, we focus on the current goal, to work with his own motivation towards a possible referral. To do so, we attempt to scaffold the conversation around the themes of:

1. His abusive behaviour is a choice;
2. He is responsible for that choice;
3. His other behaviour underlines the idea of choice but is not proving effective; and
4. Perhaps he could seek assistance to learn about how to make safer choices.

Ideally, we build the foundations for the man to accept a referral to a MBCP or other specialist perpetrator intervention through scaffolding these conversations in a way that enables him to articulate that a referral would be desirable as a means to stop his abusive behaviour and/or as part of meeting aspirational goals that articulates of being the kind of man, partner or father he wants to be. Thus by the end we hope that an MBCP referral becomes a natural later step in the conversation of where he could find support to learn about, reflect, explore and discuss what non-abusive choices could be.

So I hear you saying that ‘walking away doesn’t always work’ and that you find it ‘hard to think in the moment’. Other times you’ve chosen to stay such as the other night?

[Rick nods]

Thinking back on that night, can I ask how you think it felt for Fiona that night when you used the behaviour that you did?

If necessary due to the man not responding to an invitation to discuss his violent behaviour, you can narrow this down to specific behaviour such as ‘when you grabbed her … when you yelled at her’ etc.

Oh, uhm, not good probably.

Could you tell me a bit more?

Well it was a bit full on l guess, I didn’t mean it, maybe she was a bit intimidated. She was upset. We were all upset.

What makes you think that Fiona was upset?

She was crying and yelling and stuff and she ran to the bedroom and slammed the door.

Can l ask what was Simone was doing when this happened?

Yeah she was in the other room watching tv. I don’t know if she heard anything, the tv was pretty loud.

It sounds that you aren’t sure, that there’s a chance Simone might have known at least a bit of what was going on?

[slight pause, drops voice tone a little, speaks a little more quietly and slowly] Well, maybe, yes I guess so.

How do you feel about that possibility?

A bit shit, l don’t want Simone seeing or hearing anything like that.

I just want to check in with you Rick, it seems you might be feeling a bit uncomfortable about this?

Yeah…it’s hard to talk about.

The practitioner is aware that beginning to discuss impact, especially about children, can be uncomfortable for the client, and that they will need to observe closely how the client is responding to these questions, and whether the exploration is serving the purpose well in this context of building support for a referral. If it is serving the purpose of dissonance between the man’s actual and preferred behaviour, and generating insight that he is causing harm to his partner and family, then it will be useful in that context.

We can encourage the idea that having this discussion and exploring the associated uncomfortable emotions is important and, ultimately, helpful to him and his family. If the man is separated or negative towards his partner then children maybe a more useful reflection point. If he has no children and is engaged in ongoing partner blame, we can also reflect on the potential negative impact on the man himself and then expand this out to others. However this is a delicate approach as we use this to identify that his behaviour is not working well rather than seeking to collude with the idea that the man is a victim. We can also, if necessary, fall back on the approach “It seems that your choices about how to respond to situations like these are not working out well for anyone?”.

It is important to recognise that a child is a victim in their own right, and in this case, we can see another future thread for motivation in terms of his reflection as a father. The remark about Simone, or indeed any dissonance, could be explored further by turning it into a discussion about values and ideals as per below.

It is important to note here that many men who use DFV, despite their behaviour and it’s impacts on the whole family, (firmly) think of themselves as being ‘good Dads’. In men’s behaviour change program work and specialist DFV-informed fathering programs such as Caring Dads, we help men to realise that it is not possible to be a ‘good Dad’ if they are treating the children’s mother / other parent with violence and abuse, and if they are sabotaging rather than supporting the relationships the children have with their mother.

In your role to attempt to motivate your client to participate in a specialist intervention, however, this type or degree of dissonance might be too confronting for him at this stage, coming from you in your role. He might experience this as highly oppositional and judgemental. Rather, it can be more helpful to explore dissonance between the man’s behaviour and its impacts with *striving to be the best Dad you can be*.

When you say you don’t want Simone seeing anything like that can l ask you what you mean?

Just parents fighting, me yelling l guess and her Mum crying, stuff like that

Would it be fair to say that when you are acting like that you are not being the father you want to be?

Yep, yep that’s not me, I’m not really like that.

We need to be clear to not let the man take this discussion as a way to say just because he doesn’t want to be like that, that it is not the ‘real’ him. We need to come back and re-state this to avoid his invitation to collude here. If we let it slide we enable him to minimise his own behaviour as a ‘one-off’; this is part of the ‘see-saw’ that we need to manage between being collusive and persecutory/oppositional. In this case we will go back and re-centre the behaviour and impact on his daughter.

Thinking about striving to be the best father you can be, can l ask how you feel about having acted like that towards Fiona, and for Simone to have possibly seen and heard this?

Yeah well it feels pretty shit. I feel a bit ashamed of that.

That sounds like it feels uncomfortable. Is that something that might be a motivation for changing that kind of behaviour?

Yeah, l reckon, yeah l don’t want that.

Can I ask what type of father you would like to be?

This provides some relief from a tougher moment – he has mentioned his shame – but also serves to insert a dissonance between his violent behaviour and his striving to be the best father he can be (and by association, his striving to want the best for his children). We are subtly reinforcing that he has work to do to strive to be that best father. We are also linking change with working through shame he might be feeling about his own behaviour.

Oh well, fun and, uhm, like a bit of a hero and protector, one who provides and looks after his family.

Do you think that acting in the harmful way we have been talking about gets in the way of you being the best father you can be?

Yeah maybe, yeah l guess it does a bit.

There are many other questions that can be asked here such as “It sounds like being a Dad is really important to you. How do you feel about what Simone might be learning from your behaviour?” “What would you like Simone to think about you in 10 years’ time?” “When we think about all we have been talking about today, l wonder if it might be useful for you to have some assistance to become the father/partner/man you would like to be?” “How do you think relating to their mother with respect rather than like you have might benefit your kids?”

Once again we also note comments we could take issue with, or explore, such as traditional masculine concepts of fatherhood such as the ‘provider and protector’. We remain focused, however, on moving towards our goal of an MBCP referral.

Thanks for exploring this with me a little, l think it’s an important discussion about you and your family. Would it be useful if summarised a little about my understanding to this point? Would that be ok?

Yeah sure

From what l hear you saying, you aren’t happy with the way you behaved that night, you’ve expressed that sometimes you can have some really strong emotions that you find it difficult to manage well and you think Fiona, maybe Simone, and yourself by the sounds if it, are negatively affected when you behave in that way. You’ve also said you’ve tried out some other ways of dealing with this that work sometimes, but not all the time. Does that sound about right?

l guess…yeah, yeah it sounds about right.

The summary provides the worker with a clear chance to show Rick the dissonance he has between the man, father and perhaps partner he wants to be. It allows us to reflect back to him his own feelings that his behaviour is negatively affecting others and that alternative approaches he has taken have often not been successful.

In this sense we are laying out the case for change, and motivation for change, based on his own reflections to us. This exploration allows us to affirm his own thoughts and feelings for change rather than us telling him or imposing a directive for change. If not at first successful it can be something we come back to in subsequent discussions to keep reflecting upon the case, motivation and opportunity for change.

It sounds to me like this is something you could do with some specialist advice and support on? Is that something you might be interested in?

Yeah maybe… [hesitantly] I dunno.

I want to be clear with you that we’ve done some good work together in relation to your drinking and I would like us to keep working on that together. I also think that what we’ve been talking about today is really important as well and l hear you saying that you would like to act differently in the future. l think it would be great if we could get you some support for you to make better and safer choices for Fiona, for Simone and for yourself. Would you be interested in me finding something like that for you?

This is a chance for affirmation for work done to date, to reinforce change is possible, and to underline the fact that this worker is not a specialist in men’s behaviour change work – this will be a discussion that is opened up now. We are also reinforcing two key messages of prioritising safety and behaviour as a choice.

Why can’t I just do that with you? Aren’t we doing it now? Do you mean like another counsellor or something?

I have experience with alcohol and other drugs, and that’s the work we are doing together. The discussion we’ve started today seems really valuable to me but it’s not what l am trained to help people with. l want to respect that and it seems to me this kind of conversation is really well suited to what is known as a men’s behaviour change program. Have you heard about that kind of program?

No…[hesitantly] what is it?

Well l would say it is like what we have started talking about today but going into that more. Men that have identified they would like to choose to behave differently and who look for support in ways to do that. These are specialised programs, and staff, trained to assist that kind of goal.

Why can’t l just see another counsellor or a psych or something?

These programs are really experienced at specifically focusing on men seeking to change their behaviour in relation to their family. The behaviours you’ve shared with me today, is that something you have chosen to use with other people such as friends or workmates?

Uhm, no not really, no.

There is information I can give you to read and phone numbers you could call to talk more to, but right now would it help to hear more what l know about these programs?

Yeah ok.

This discussion might prove a little more circuitous or have other push backs from the client. Ultimately we will seek to provide the man with more specific information from our perspective on what a men’s behaviour change program might look like and then respond to specific fears, resistance or anxiety the client might have at such a suggestion. The existing relationship can be a powerful tool for supporting this referral.

It is important to take this discussion slowly. Informed and specific information related to the man’s concerns can help to put him at ease (at least a little). It can be especially powerful if the worker is able to reflect on direct experience such as outcomes of past referrals to a MBCP, or past observations of a MBCP. Otherwise we can at least provide specific information to address standard concerns.

Ok great. Well I’ve had quite a few clients that have been referred to a men’s behaviour change program. A lot of them were quite nervous at first but found it really useful to try and make things better for themselves and their families.

I’ve also been able to observe a program a few times and seen how it works. It does operate as a group program and men attend weekly to reflect and share their own behaviour or what is and isn’t working for them and their families. They can get help and strategies for better, safer, more positive ways to choose to act.

It might sound a bit confronting but my observation was that it was a calm environment. The group facilitators were respectful and the focus was on learning about different ways of thinking and acting so that men had a lot of different choices that they could make – I think you mentioned that before that having more choices could be a useful thing for you?

I dunno, it sounds pretty full on, this is a lot to take in.

We do not need to have an instant referral and are always conscious that seeding an idea can be valuable progress. The current discussion has already achieved a lot and whilst we are conscious of ongoing risk, it is important not to force this issue such that he disengages. Due to concerns about his behaviour and the risk he poses to family members, we want to keep Rick in view. If we push too hard at this point or make Rick feel overly shamed or judged we can end up raising rather than decreasing risk.

We should always remember that any response can be multi-faceted and integrated across available supports, resources and organisations. There are other steps we can take in relation to managing risk that does not involve our direct work with Rick – such as information sharing with other relevant agencies who might be able to work with the victim survivor(s).

In this case the worker has experience with MBCP. This is especially useful when able to reflect on the experience of other man either based on referral or past observation. Many MBCPs are available for observation and it can be quite a powerful direct reflection for staff to be able to share. At the very least many MBCPs will have a short brochure or website that clients can be directed to for more specific information in your area, or otherwise they can be directed towards MRS for a more generalised conversation or referral pathway.

I definitely understand that, do you have any questions at this point that l could help with?

Do you think Simone would agree to stay with me if l did this? Maybe she should do a program like this too then. Why does it have to be me?

I think that what Simone chooses to do is up to Simone. As we talked about earlier we are trying to focus on your choices and your behaviour that you’ve said isn’t really how you want to act.

The practitioner does not collude with Rick’s invitation to mutualise responsibility for his behaviour, nor with the potential external motivation he states to save his relationship. Knowing that the practitioner’s response is not what Rick would have liked to hear, the practitioner decides to use their current work together on his drinking as a reference point for the referral to the MBCP.

I think a program like this, can come from a similar place to why you are sitting here. Previously you identified that your drinking was causing you and your family problems and you wanted to change that. In this case we are talking about your behaviour to Fiona that you feel is causing harm and would like to try and change. What else would you like to know or are wondering about in relation to this?

I dunno, l just don’t know if l need that or if l have the time and I don’t want to get turned into some hippy or robot or something. It’s not all my fault.

I can hear that it’s a lot to take in today and I think we have started a really important discussion. For what it’s worth I think that the program l know of is really just about working towards helping men think about and be the man, the partner, the father that you want to be.

Can l give you a brochure and perhaps a phone number or two to call if you would like?

It is ok to provide validation and positive feedback regarding specific efforts to discuss safety and reflection on his own behaviour. We want to encourage Rick to continue to think, talk and act with this in mind. We are also conscious to state that it is a start of a discussion so that Rick knows we intend to continue with it. Follow up, consistency and clarity is a critical element in this work so that we can keep messaging that we are focused on his behaviour, on prioritising safety and providing opportunities for change.

Yeah ok, yeah ok. I will take them but no promises, we will see.

This is a brochure for a local men’s behaviour change program. It tells you a bit more about the program and there are contact numbers there if you want to just call and find out more. I know that they are open to just having a conversation to start with. I also want to mention that l’d be happy to help you to make a call to these services if that is something you would be interested in.

Yeah that might be good, that might help, but l would like to think about it a bit more. Maybe we can talk about it more next time?

We are conscious that there has been a lot of talking by the worker in this part of the conversation; however this is important information to get across and at least ‘seed’ into the man’s thinking as he leaves the session. Before he does that we should try and check in again, prioritise safety as well as reinforcing the options available moving forwards.

We have covered a fair bit today, let me give you that information to take home. I would definitely encourage you to have a read of it or make a call to find out more about how they can help you achieve what you’ve been talking about today. I do also want to check in on how you’re feeling now?

Uh l guess a bit wiped out. It wasn’t what l was expecting to talk about today, I just need to get going l think. I don’t know what l will do.

I’m conscious that this has been a difficult discussion. l’m keen to make sure that you have something that will not have you going home overwhelmed like you talked about earlier? What might be a good way to deal with this today?

Well l might just go for a drive or get a coffee or something. I need to get the kids at 5 so l guess l could just go for a walk down the street for a while, maybe do some shopping.

Remember that steps such as these might not immediately lead to a referral (or might not lead to a referral at all). You do not need to push too hard. Always remember you can take the approach of saying ‘ok for now, thanks for talking about this today, maybe we can talk about it more next time, let’s talk now about how to prioritise safety over the coming week’. Think about where you got to, what resistance was, what dissonance or values were expressed, and use these as starting points to continue the discussion in the following session.

Modelling calm and patient responses – that is, not leaving the man with the feeling that you are taking an approach of “What do you mean you’ve changed your mind and are not interested in the referral, you agreed!” (even if these exact words aren’t used) is really important. If you get annoyed with your client say in the next session for not following through with the referral (even with a small remark or disapproving noise or face) it can really distance the man from you and undo what you might be actually saying.