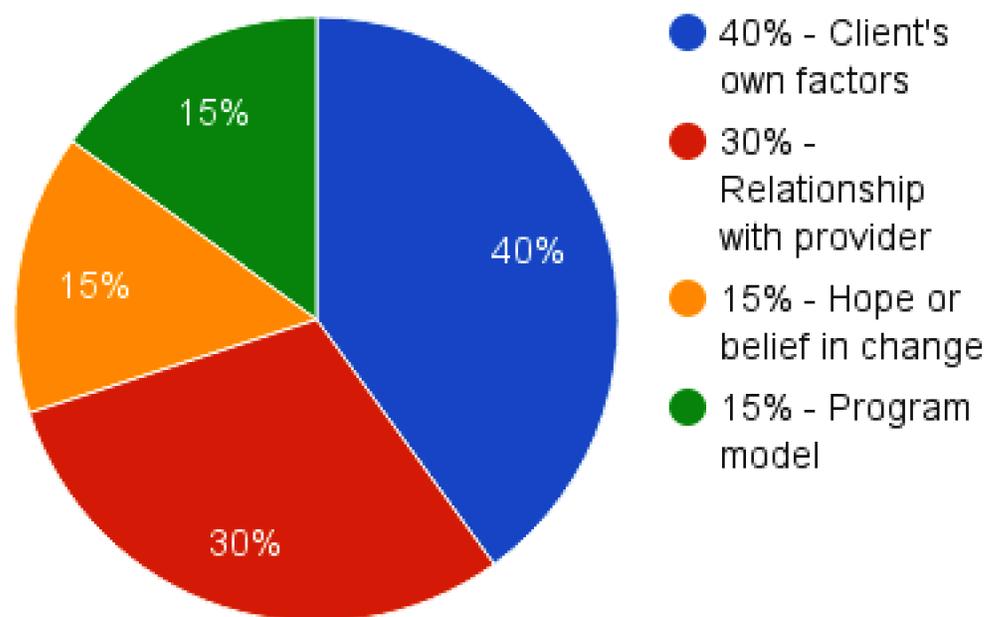


Assertive Engagement

The Assertive Engagement Initiative at Multnomah County is a social service approach to working with people that honors them as the experts in their own lives. Assertive Engagement can apply holistically to clients, service providers, supervisors, agencies, and systems by helping us navigate power dynamics and use empathy in our interactions. The initiative aims to support and complement frameworks centered on equity, anti-oppression, and trauma informed care.

The AE initiative is currently focused on agencies funded through Multnomah County Department of County Human Services Youth and Family Services Division, including anti-poverty, housing, SUN Service System, and the Domestic and Sexual Violence Coordination Office, as well as the Joint Office of Homeless Services. We provide trainings, technical assistance, and policy analysis to our partners and to county staff. We strive to honor the historic work by many agencies to build programs that are participant-centered, strength-based, or culturally specific.

Common Factors Theory



1. Graph source: Duncan, B., Miller, S., Wampold, B., & Hubble, M. 2nd Edition (2009) *The Heart and Soul of Change: What Works in Therapy*. Washington, DC: American Psychological Association

2. Common Factors Theory source: Lambert, Michael J (1992). "Psychotherapy outcome research: implications for integrative and eclectic therapists". In Norcross, John C; Goldfried, Marvin R. *Handbook of psychotherapy integration* (1st ed.). New York: Basic Books. pp. 94-129. ISBN 0465028799. OCLC 25547822.

3. Motivational Interviewing research: <https://www.ncbi.nlm.nih.gov/pubmed/?term='motivational+interviewing'>

Why We Do It

We believe that our clients, co-workers, and communities are inherently capable. Historically, social service systems have neglected to center on the strengths of those we work with. Assertive Engagement seeks to support person-centered models already in existence and to build new practices where they are needed.

Common Factors Theory in psychology suggests that 85% of factors identified for successful treatment come from the client's own experience, their hope for change, and the relationship with their provider.^{1,2}

Research on client-centered models shows that helping clients identify their own strengths and goals is much more powerful than simply telling them what to do.³

Components of AE

Assertive Engagement is a synthesis of evidence-based practices including Motivational Interviewing, Strength-Based Practice, and Assertive Community Treatment.

AE also incorporates concepts around trauma informed care, harm reduction, anti-oppression, and unconditional positive regard.



The Three 'Sets' of AE

Mind Set

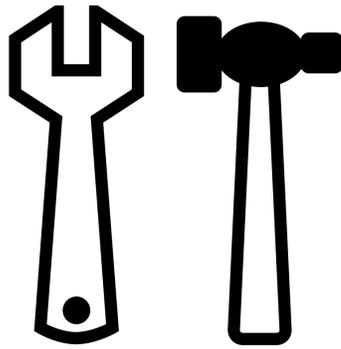
How we think about the people we work with



- Strength-based practices
- Approaching people as inherently capable
- Identifying cultural strengths

Skill Set

How we do our work



- Motivational Interviewing including open ended questions, reflections, and affirmations
- Using culturally responsive and culturally specific tools

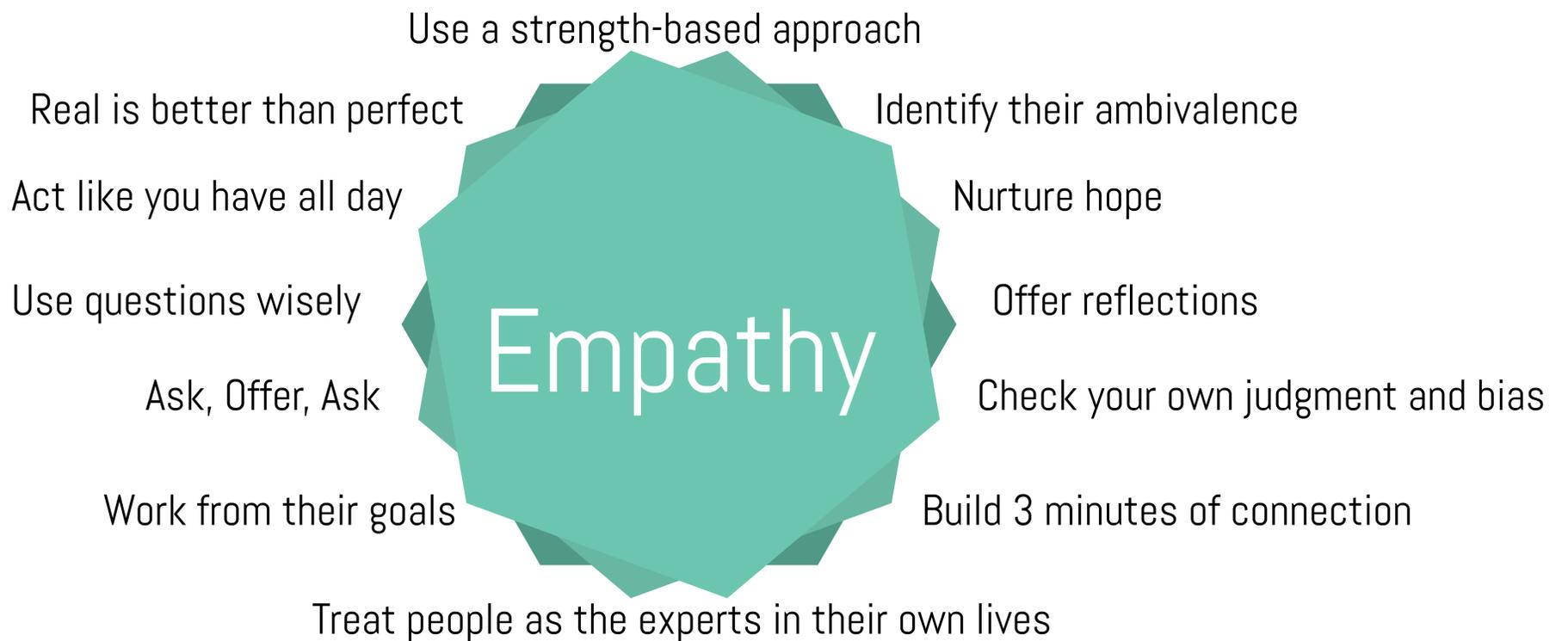
Heart Set

How we feel about and how we treat the people we work with



- Addressing our own biases and judgements
- Unconditional positive regard
- Understanding the impacts of trauma

AE Practices



What providers are saying about AE training

"I think this is the best training offered and in my 10 years of experience I have been to a lot. Most valuable training in my opinion."

"Prior to this training I found myself assuming that my clients wanted advice or resources... gives me the chance to see what my clients already know and/or if they want information."

"It was well organized and helpful - and I felt prepared to implement."