



scaling new heights
in VET

Adapting the Rickter® Scale Process to improve and monitor the journey of marginalized groups towards employability



Rickter Scale® Manual



Evaluation



Funded by



A Guide for Practitioners Using the Rickter Scale® Process

1. Welcome and Outline of the week's training
2. Introduction to The Rickter Company
3. Development of the Rickter Scale® Process
4. Principles of Strength-based work
5. The Rickter Scale® Process
6. Exploring the Board
7. Guidelines for using the Rickter Scale® Process
8. Guidance of preparing Action Plans
9. Using the Groupwork Board
10. Contact Details



Table of Contents

1. Outline of the initial training.....	3
2. Introduction to the Rickter Company.....	6
3. A Conceptual Map.....	8
4. Principles of Strength-based Work.....	9
5. The Rickter Scale® Process.....	10
6. Exploring the board.....	12
7. Guidelines for using the Rickter Scale® Process.....	15
8. Guidance of preparing Action Plans.....	22
9. Using the Groupwork Board.....	31

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1. Outline of the initial training

Initial training for Practitioners of the Rickter Scale® Process

Following the successful format of our previous courses for organisations working with similar groups, we propose to facilitate staff from our partner organizations in Germany, Greece and Italy, working within the Leonardo Transfer of Innovation Project to look at the ways in which the application the Rickter Scale® Process, can best contribute to their professional practice and fulfill the needs of their chosen client groups.

Day One: starting 1.30 p.m.

Introduction to training & principles of the Rickter Approach to working within the context of a TOI

Day Two: starting 9.00 a.m.

Rickter Scale® Practitioner Training

Day Three: starting 9.00 a.m.

Action Planning Training

Day Four: starting 9.00 a.m.

Groupwork Training

Day Five: starting 9.00 a.m.

IMS (Impact Management System) Training

Aim:

To enhance the existing skills of participants by focusing on positive approaches, and combining strategies and techniques drawn from NLP, Solution-Focused Working, Motivational Interviewing and Applied Positive Psychology – that are all part of the design of the Rickter Scale® Process that is the basis of the Partnerships' Transfer of Innovation.

Learning outcomes:

By the end of the five days of training, participants will:

- understand the significance of the basic approach of the Rickter Scale® Process.
- be able to adopt a holistic solution-focused approach to their work
- utilise a range of techniques and strategies to help identify the strengths and needs of their clients
- feel competent, confident and comfortable in using the Rickter Scale® Process with individuals or groups, to engage with their clients, raise their self-awareness, consider their current circumstances, pick up on skills and strategies they already have, explore possibilities for the future, make informed choices and take responsibility for their own goals while contributing to an overall action plan
- use the online IMS (Impact Management System) to record a summary of every Rickter Scale® Interview, and access the system to view charts and reports for either individual clients or all of their case load.

Our way of working:

The course will offer both theory and practice.

Any theory will be demonstrable, immediately relevant and applicable to the Project's client groups and transferable to the workplace. Any theory offered will ensure participants understand the effectiveness of the approach offered.

Practice time will be scheduled throughout the course as the new skills and strategies are introduced in order to ensure the new learning is 'in the muscle' – internalised by each member of staff in his/her own unique way – regardless of their individual project.

The principal mode of learning therefore will be experiential.

In this way participants will begin to recognise parallel processes, whereby the way of working used with them will also reflect the target way of working that they themselves can offer to their clients.

The Rickter Company training will integrate a number of skills and strategies that reflect the principles of a strength-based approach, which have all been incorporated into the Rickter Scale® Process.

This is a strength-based approach that contrasts with more traditional deficit-model working. The emphasis here is on what the individual can do, what works for them, and what they wish to achieve in their lives. Equally, this applies to staff in terms of what works for them, what they would wish to work better and what might not currently be working at all. By exploring their own experience – and sharing the experiences of colleagues, they can learn a whole new set of strategies. In this way they can also better understand what is really happening in their interaction with clients, and valuably engage in the process of practice and reflection.

And so, sharing experience and identifying good practice will also play a prominent part in the delivery of this course.

Clearly it will also be necessary for participants to identify the barriers that are preventing clients from engaging fully in education, training or employment. But the orientation in this regard will be to the future. We believe that the 'problem space' exists for people not so much in the past, as posing barriers between their present state and their desired state.

A Solution-focused way of working is often defined somewhat simplistically as:

- finding out what works and doing more of it
- stop doing what doesn't work and doing something different.

The introductory training day will give participants the underpinning skills and strategies to work effectively within this approach, so that through the use of the Rickter Scale® Process, Partner agencies' clients will be enabled to:

- raise their own awareness relating to their current circumstances, and prioritise issues for action
 - pick up on strategies that have worked for them in the past and that therefore may work again in the future
 - explore possibilities regarding the future
 - make informed choices and set well-formed outcomes
 - take responsibility for their own goals, and recognise their own motivational drivers
 - contribute to an action plan that identifies the level of support needed by the individual as well as the resources to be delivered by each partner agency
- provide information that can be uploaded to the Impact Management System, so that the data can be aggregated and analysed and reports created across the TOI partnership.

2. Introduction to the Rickter Company

Our roots

- The Rickter Scale® Process came into being in 1993 as a response to the need for recognition to be given to clients, the majority of whom found themselves socially excluded, and those working with them, for their efforts in overcoming barriers to progress, and re-engaging with education, training and employment. This required the measurement of the genuine movement being made by clients, e.g. from chaotic lifestyle to stability, from stuck state to responsibility, focus and a sense of direction.
- The co-developers of the Rickter Scale® Process, Rick Hutchinson and Keith Stead worked together as necessary over the next few years to create a product that was fully functional, based on what worked, and was robust enough to eventually be produced commercially and be offered with a quality training and support package.
- Even though we began to generate a regular income stream from 1999, first as the partnership Choiceworks and then from January 2001 as The Rickter Company Ltd, our raison d'être has remained the same to this day. We wish the work that we do to significantly counter the culture of labeling, blame and negative expectation. To this end we have adopted the mission of 'awakening individuals to ownership, choice and responsibility'.
- Such a mission implies also that we wish to awaken both individuals and groups:
 - to new perspectives
 - to new perceptions
 - to new beginnings
 - to opportunities to fulfill their potential
 - and to the responsibility that comes when we make choices.

The heart of our business

The Rickter Scale® Process:

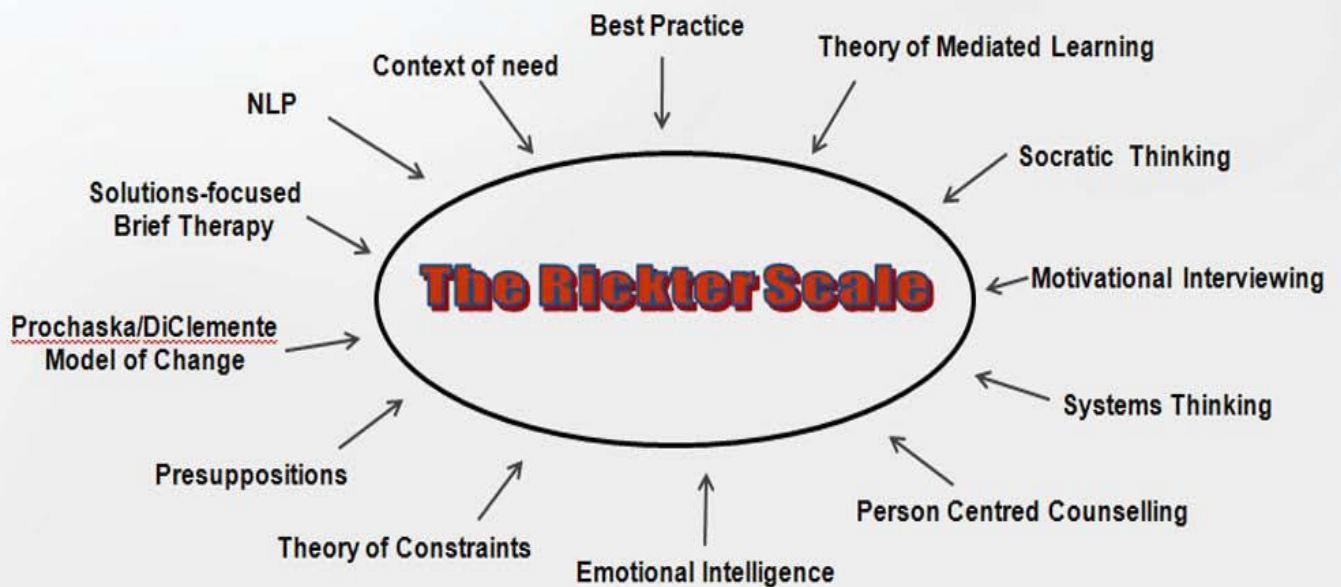
- Offers both quantitative and qualitative evidence needed to demonstrate accountability to key stakeholders, including management, directors and funders by evaluating the effectiveness of service provision
- Moves individuals on quicker, leading to cost benefits e.g. moving them off benefits quicker

- Engages individuals in setting realistic goals relevant to their own unique circumstances and contributing to a comprehensive action plan
- Provides a measure of soft indicators, outcomes and 'distance travelled'
- Provides a comprehensive profile of individual needs and prioritises issues for intervention and support
- Builds on what works for each individual
- Provides a learning experience
- Is non-threatening and non-judgemental
- Gives positive feedback about progress made
- Allows the individual to see the 'big picture' and make connections between issues
- Helps enhance awareness, motivation, self-esteem, self-confidence, sense of direction, focus and personal responsibility
- Provides a structured way of working for staff of varying experience or qualification while offering the opportunity for them to use their creativity and professional integrity
- Creates the opportunity for staff to engage in reflective practice, case review and analysis
- Identifies perception gaps between client and practitioner, between sections of the workforce or elements in the service delivery chain
- Flexibility enables application to any client group, for an extensive range of purposes and contexts, across all sectors and at the levels of individual respondent, group-work, peer or line report application with staff, whole project or programme evaluation, through to aggregating and analysing volume data from multiple worksites nationwide
- Contributes to more cost-effective strategic planning and resource allocation
- Provides an ideal resource for multi-agency working and partnership approaches
- Adds significant value to existing assessment and evaluation procedures, especially in complementing hard outcome metrics.

3. A Conceptual Map

DEVELOPMENT AND APPLICATION OF THE RICKTER SCALE

A conceptual map of Inspiration, Influence and Incorporation



4. Principles of Strength-based Work

- If it works, do more of it: if it doesn't work, do something different
- A small change in any aspect of a problem can initiate a solution
- People have the necessary resources to change problems
- A focus on future possibilities and solutions enhances change
- No commitment - no change
- Co-operation enhances change
- The problem is the problem, not the person
- Possibilities are infinite
- People have unique ways of solving problems
- Acknowledge pain as well as possibility

5. The Rickter Scale® Process

The Rickter Scale® was specifically designed to help individuals overcome their barriers: barriers to their engagement with education, training or employment, barriers to social inclusion, from chaotic lifestyle to direction and purpose, from apathy and denial to aspiration and ambition.

Essentially it is a motivational assessment, evaluation and goal-setting process, that enables professionals and their organisations to capture the journey of those with whom they work towards positive outcomes.

Since then over 20,000 Practitioners, working in such diverse fields as Health and Wellbeing, Criminal Justice, Education and Training, Social Work, Careers Guidance and Human Resources, have been trained and licensed by The Rickter Company to use the Rickter Scale® Process with their students/clients/customers.

We conservatively estimate that over 1.5 million Rickter Scale® Interviews have been conducted on a one-to-one basis. The geographic and demographic spread of the Process is already well advanced, and we now want to ensure that our adaptations for use with the client groups of our partner organisations genuinely reflect the specific needs of those individuals, fulfil the aims and objectives of the organisations, whilst being culture-specific and linguistically accurate.

Anyone using the Rickter Scale® Process is offered the opportunity to engage with a seemingly very simple series of questions – a structured dialogue, in which they are enabled to identify key elements of their current circumstances, and pick up on skills and strategies that have worked for them in the past.

Then by continuing to use different perceptual positions and very precise linguistic devices, they are encouraged to explore possibility in terms of their preferred future, make informed choices and take responsibility for their own goals and contribute to an action plan.

By attaching their own emotions to the experience of their chosen desired state – their goals, they create powerful motivational drivers. By using a multi-sensory approach, the Process appeals to any combination of preferred learning, retention and expression styles. By building their own profile against a set of highly relevant referents reflecting their current circumstances, they are naturally applying systems thinking, and in doing so are able to see the big picture, and acknowledge

connections between any of those referents, e.g. their stress levels and work, money situation, poor relationships or use of drugs or alcohol.

The Rickter Scale® Process fulfils our mission of 'awakening individuals to choice, ownership and responsibility'. The Process can be adapted to operate at all neurological levels (Dilts 1985), especially the higher levels of beliefs, values, identity and spirituality where change is likely to be generative, or indeed at the highest level – evolutionary.

We are also convinced by evidence from those individuals and groups who have used the Rickter Scale® Process, that not only have they been able to overcome specific barriers and challenges in their lives, but have moved on significantly. The use of Rickter for many has been a watershed, a catalyst, a means of sense-making in terms of their own lives and who they are.

6. Exploring the board

Establish a Baseline Profile i.e. a scaling for all headings in response to the ten initial Profile Questions, *before* exploring the board in detail with individuals. Using these initial questions produces subjective responses, representing how the individual feels about each issue. Exactly how they represent each issue will depend on internal representations based on their personal experience – their own unique model of the world.

Encourage the individual to stay in contact with the sliders as much as possible throughout the exploration of the board.

Present:

'What is on your mind here?'

- Explore the individual's current circumstances.
- Make sure you use the present tense here – ensuring the individual remains associated.
- Acknowledge the individual's beliefs and values - what is important to him/her.
- Use your own professionalism to determine which issues to gather more information about, based on the purpose of the interview.
- Enable the individual to see the 'big picture', take a different perspective on his/her life and recognise how some issues may be interrelated as you move through the different headings.

Past:

'Has it been higher / lower?' (depending on whether a '10' is positive or negative)

This question is designed to identify a time when things were worse/not as good for the individual.

- DO NOT explore where the individual has come from, his/her past circumstances. Unless you are a qualified counsellor, this question on its own can lead to opening up the proverbial 'can of worms'!
- DO ask them to move the slider to this 'past' position ONLY LONG ENOUGH FOR THEM TO GET A SENSE OF WHAT WAS HAPPENING. Then ask them to move it back to where it is today.
- Now ask the question:

'How did you achieve that?'

This question raises the individual's awareness of how far they have moved and begins to identify strategies that have worked for them in the past, and might be applied again.

- By comparing past and present scalings, acknowledge and reinforce the individual's achievement in moving forward to where he/she is now.
- Maintain this solutions-focused approach throughout the Rickter Scale® interview. And remember that 'process' is at least as important as 'content'.

Future:

'Where would you like it to be?'

Encourage the individual to move the slider to their Desired State.

'So, if it can be on a now, what is happening in your life that is different?'

'What does it feel like to be on a ?' or: 'How does it feel now that you can?'

'What can *you* do to achieve this?'

'What else can you do to achieve this, and what else?'

'And what can *we (I or the agency)* do to help you?'

- Explore possibility: to create options for the individual, enabling him/her to make informed choices, to take responsibility for setting his/her own goals and to contribute positively to his/her action plan.

- Interviewer ensures goals are specific, measurable, achievable, realistic and time-bound - SMART.
- Identify resources required to support the individual. This implies there is a network of referral agencies available to provide the specific quality service that is need if the resources are not accessible in-house.
- Always make an effort to attach an emotion to an individual's goals to produce motivational drivers!
- Elicit *Visual, Auditory and Kinesthetic* elements so that the individual has a complete and compelling representation of his/her goals.
- Keep the individual associated by consistently using the present tense during this section of exploration, e.g. 'What is happening now that wasn't happening before?'

'So what is your first step going to be now?'
'When are you going to do this?'

- Engage the individual in small-step action planning.
- Introduce targets within an agreed time frame.

By the time you have completed the sequence of solution-focused questions with all the Frame of Reference headings, the individual will have prioritised a number of issues for further work and will in fact have taken ownership of his/her own goals and produced a workable action plan.

Do remember that you do not have to use the full sequence of exploration questions for every heading. Only explore in full those issues that warrant such in-depth work and which the individual chooses to explore.

Ensure throughout the process that the individual is happy to continue. The Rickter Scale® Guidance Model is an empowering process that can only be effective if the individual feels he/she retains choice and control.

7. Guidelines for using the Rickter Scale® Process

The Interview

1. The Practitioner will introduce themselves to the Individual and will explain the reason for the interview.
2. The Rickter Scale® is introduced using the standard method developed and agreed.
3. The Baseline Profile is started by reading all the information at the top of the Baseline Profile Question Sheet i.e. saying all the numbers, putting the sliders at 5 and keeping connected to the board by putting their finger on each slider.
4. The complete questions are then read out for each heading and when the Individual's slider stops moving the Practitioner says, "Thank you" and moves down to the next question.
5. When all the questions are complete and the Individual has scaled, the Practitioner will ask if they can take a note of the scaling on the Evidence Sheet. The Practitioner will call out the heading and the Individual will call out their chosen scaling. The Practitioner records it in the first box on the Evaluation Sheet under each heading.
6. The pen and Evidence Sheet get put down and it is explained to the Individual that together they are now going to explore the board. The Individual is asked to put their finger back on the top slider and the original question for that heading is then repeated.
7. The first question of exploration asked is, "What is on your mind here?" hearing about the current circumstances.
8. "Has it ever been lower?" is the next question and you ask the Individual to move the slider to the number it would have been at. They touch that number and move it back to what they are at today and then you ask, "How did you achieve

that?" You are helping the person recognise achievement and you are looking for strategies and support mechanisms which they could apply again to succeed.

9. The next question is, "Where would you like it to be?" and the Individual is asked to move the slider to that number – all the time keeping their finger on the slider.

10. "What is different in your life at?" is then asked. You are encouraging them to describe a bright picture of the future.

11. "How does it feel?" is then asked to inlay the motivational drivers.

12. "What is your first step going to be?" Remember it should be small achievable steps.

13. "When do you think you could do that?" You need to set a timescale that is realistic.

14. "How can I help you to achieve that?" is the last question, looking at what support is required and it may not always be the practitioner, there are times when it could be someone else.

15. The Practitioner will now recap back to the Individual what they think they have heard. In some cases using the same words, mirroring the language. Remember this offers the opportunity for the person to add more detail and reaffirm that you have understood what they have said. It helps them to feel valued.

16. The desired state numbers are now recorded on the Evaluation Sheet by again the practitioner calling out the headings and the Individual calling out the chosen numbers.

17. Still holding the board and reconnecting with the area the Individual is then asked to remind the Practitioner again which section they would like to work on first. They are encouraged to put their finger back on this slider to help them feel what it is like to be there.

18. This is then recorded on the Evaluation Sheet by writing what the issue is, what the goal is, the first step being undertaken, the timescale and who is going to support it.
19. The Practitioner then asks, "What they would like to work on next?" The same process is repeated as for section 18.
20. A long-term goal should be agreed by the Individual and again a timescale attached to it.
21. A review date will be agreed for 12 weeks time and the Practitioner and Individual will sign the Evaluation Sheet.
22. The Evaluation Sheet will be photocopied and given to the Individual to allow them a point of reference and to act as a physical prompt with regard to achieving their goals.
23. The Practitioner will sign onto the Rickter IMS by using their email address and dedicated password. They sign on as a Practitioner from the dropdown box.
24. The Practitioner will register a New Individual by completing all the required fields. On "Any Other Information" at the bottom of the page the Practitioner will record the name of the Employer and their contact details and also the date they will be interviewed.
25. The Interview baseline and desired state numbers will be entered.
26. The evidence boxes will be completed.
27. The Action Plan will be completed and a date for Review will be entered.
28. The Practitioner will press "Save" to complete this.

The Review

1. Again the board is introduced to help look at what is working for the Individual and the Action Steps still to be taken. The board is set up at 5's by the Individual and again they are asked to put their finger on the top slider.
2. The full questions are again read out and the Individual is asked to choose the number they are at today.
3. The scaling is recorded on a new Evaluation Sheet by the Individual again calling out the scaling and the Practitioner writing them in the first box.
4. You both return to the board and repeat the question and ask again, "What is on your mind here?" The Individual will tell you what has changed or they will give a reason around staying the same or regression.
5. The Practitioner will ask, "What is your next step towards your goal?"
6. The Practitioner will ask the Individual to move the slider to their desired state and just remind themselves what it looked like and how it felt. Again you are anchoring them into the motivational drivers to encourage them to achieve the goal. You repeat steps 2 to 5 working down each section of the board.
7. The Practitioner will recap again what you have heard.
8. The Practitioner will again ask the Individual to remind them of what part they are going to do next and record the goal on the Evaluation Sheet.
9. A timescale would again be attached by the Individual to each goal. The Evaluation Sheet will be signed by the Practitioner and the Individual then photocopied and given to the Individual.
10. The Practitioner will again log onto the IMS, and access the Individual file from their Client List by clicking on that person's name and select "second rater".
11. The Review Data will then be entered by recording the scaling, writing the Evidence and the next part of the Action Plan, again ensuring to press "Save". As

there will not be a review for the Employer, the Employer Baseline scaling should be re-entered at this point to produce the reports. The Desired Scaling for the Employer will be automatically generated.

12. The Practitioner can go to the Chart Tab and print the graphs to give to the Individual, or to place in a report or file. Reports can also be accessed from the "Reports" Tab.

13. The Practitioner will log out.

The Employer

1. The Employer Interview will take place 4 to 6 weeks after the client interview, so between the client's first interview and their review. The Practitioner will introduce the Rickter Scale® to the Employer explaining that you would like their perspective on how their Employee is getting on within the workplace. Try to reinforce with the Employer that the board is going to help them look at support needs and identify any issues as well as measuring progress and positive outcomes.

2. The Practitioner will read out the script at the top of the Baseline Profile Questions i.e. putting all the sliders at 5, saying all the numbers, keeping their finger on the slider etc.

3. The Practitioner will read the full questions, inputting the Employee's name where appropriate.

4. The Practitioner will record all the Baseline Scaling on the Evidence Sheet by saying the heading and asking the Employer to call out their chosen scaling. The scaling is recorded in the first box.

5. The Practitioner will then put down the pen and Evidence Sheet. They will ask the Employer to put their finger back on the top slider and repeat the whole question back to them.

6. The Practitioner will explore the board using the prompt card questions. The first question is, "What is on your mind here?" looking at the current circumstances.
7. The Practitioner will then ask, "Has it ever been lower?" Remember that the Employer is to be encouraged to move the slider to the number it would have been at then, just touch it and move immediately back to today's scaling and then ask: "How did (Employee's Name) achieve that?", again looking for strategies that may be used again to encourage progress.
8. "Where would you like it to be?" is the next question asked by the Practitioner looking at goal setting for the future.
9. "What is different at?" is asked by the Practitioner next. They again encourage the Employer to describe in some detail what this goal looks like.
10. "How does it feel?" is then asked by the Practitioner. For example, the Practitioner may get replies like *I would feel more confident in this person's skills* or *I would feel they are more reliable*.
11. "How can you help to support them?" is the Practitioner's next question. This is looking to put a support plan in place that is achievable for the Employer and the Employee.
12. After all the areas of the Board are explored the Practitioner will reflect back what has been said by the Employer.
13. The Desired State scaling is then recorded in the second box on the Evaluation Sheet.
14. The Practitioner will also record the issues, goals and support requirements on the Evaluation Sheet and the Employer will be asked to sign it along with the Practitioner.
15. The Practitioner will ensure that the Employer receives a copy of the Evaluation Sheet.

16. The Practitioner will sign onto the IMS using their email address and unique password. They will click on Practitioner in the dropdown box and select the client name from the list and click to select the "Extra Rater" and "ok".
17. The Practitioner will enter in the Employer scaling – Baseline Scaling in column 3 and Desired State in column 4. And click on "Save".
18. The Evidence Box is opened then and the scaling and evidence written into the box alongside the Practitioner Evidence. Again click on "Save".
19. The graphs can be accessed through clicking on "Chart" Tab and if you wish to print them go to File > Print at the top of the screen on your computer, as you would for any other document.
20. The Practitioner will then select "Home" and "Log Out".

More Information (Training Video)

<http://www.youtube.com/watch?v=I4eYijFD8nA>

<http://www.youtube.com/watch?v=26kiI7PeG-c>



8. Guidance of preparing Action Plans

Scope of the Action Plan:

A Practitioner will work with an Individual to help them develop their Action Plan in response to the use of the Rickter Scale[®]. The Practitioner with this responsibility is encouraged to consider the following underpinning questions:

- As a result of using the Rickter Scale[®] and outcomes of undertaking the Baseline Profile and Exploring the Board, what does the Individual want to achieve?
- How is this intended to impact positively on the Individual, considering their past experiences and skills?
- How will the Individual achieve their aims?
- How will the Individual know when they have been successful?
- Ownership, control and confidentiality?

Areas of Guidance:

- Effective Action Plans are not just a response to problems, but also demonstrate how positive features will be built upon. Action Plans should be active, flexible and developmental - focusing upon the aspirations of the Individual, rather than being reactive and merely remedial.
- All the issues identified should be addressed. This does not necessarily mean that every area will require a specific action, but each should demonstrably have been given serious consideration.
- When implemented, the Action Plan should address the needs of all parties.

The goals and steps in the Action Plan should be "SMART":

Specific

Both the goals and the steps the Individual intends to take to achieve them must be clear and specific.

Measurable

So that the Individual can determine their success towards their goals, there is a need to have indicators against which to monitor progress i.e. Baseline Profile/Desired State. This allows the Individual/Practitioner to track their progress and to modify the Action Plan where necessary.

Achievable &
Attractive

Clearly there is no point in setting out on a process which is doomed to failure; "Small achievable steps" form a motivational driver.

Realistic

Even if goals and the process used to achieve them are attainable, look at them being realistic in the context of time, resources, services available etc. If not everything can be addressed at once then look at and separate essential actions from desirable ones and help the Individual to prioritise.

Timebound

Action Plans should have specific timescales, clear identification of responsibility and when the process will be reviewed/evaluated.

A SUCCESSFUL ACTION PLAN WILL:

- Have a clearly defined objective
- Start with what is going to be undertaken now
- Be specific about the steps that need to be taken to achieve the objective
- Arrange action steps in a logical sequence
- Recognise a timescale built into the progress review

THE ACTION PLAN PROCESS

Review and look at way forward. Address any unmet goals, and break down into more steps if necessary.

Establish realistic goals looking at small achievable steps. Select first step and discuss in each area identified.

Agree a realistic time scale and set a review date to discuss progress.

Prioritise and agree who is taking each area forward and the support required. Be aware of when this is available.

CASE STUDY 1

Background

'A' was referred to the service by her family. She has learning difficulties. She is a married woman whose husband works full time shifts and two children of school age.

'A' had previously worked in a supermarket replenishing stock and cleaning but had left this position to bring up her family. Once the children were at school 'A' wished to return to work. She is a very open, friendly, guileless individual.

Around the time that she was referred she had begun to look for employment herself and had approached two local stores opening in the area, completing and sending away their application forms.

Rickter Scale®

In the early days of her contact with me, I arranged for 'A' to attend a Rickter Scale® assessment, my first experience of carrying out Rickter. At this stage she had met me only once. I explained the board and the process as succinctly as possible, and emphasised that there were no right or wrong answers.

'A' listened intently to the questions as she went through them, but with the exception of influences, polarised her answers. This despite her having previously expressed desires to want work and an income, which indicated she was not totally satisfied with her life at present.

As we moved through the process, progressing onto the Evidence sheet and Action Plan, it became clear that she had interpreted the board in a way that I had not expected. Despite polarising, 'A' obviously had clear ideas on how she felt.

Section 1 – Employment/Training/Education

Recorded 10

'A' was not working and had at that time no prospect of a job. She had assessed that she was a 10 however. Further discussion revealed that she was simply pleased to be in a position to be looking for work. It did not matter to her at this stage that she did not have a job.

Section 2 – Accommodation

Recorded 10

She was grateful to be in a house which, although small, was better than her family had previously been in. 'A' equated better accommodation with getting work, thus increasing funds.

Section 3 – Money

Recorded 0

'A' explained that she was not happy as her husband controlled the household budget, paying the bills and for shopping. She explained that she had no real grasp of money handling, but expressed the desire to change this by talking to her husband and recruiting his assistance in helping her learn.

Section 4 – Relationships

Recorded 10

She maintained that all relationships were good and always had been. This was by working hard at these relationships.

Section 5 – Influences

Recorded 10 / Desired state 8

Had concerns about her in-laws and their influence over how she brought up her children. At this stage 'A' had no idea on how to alter this.

Section 6 – Stress

Recorded 0

Stated that she had no stresses in her life and had never had any.

Section 7 – Alcohol

Recorded 0

Drink does not play a major part in her life.

Section 8 – Drugs

Recorded 0

Drugs play no part in her life, despite her taking medication.

Section 9 – Health

Recorded 10

'A' said she was very happy with her health on the board. However in discussion she highlighted that she would like to lose weight and be more active. She suffers a severe wheat intolerance as well as hyperglycaemia, but these factors were not referred to.

Section 10 – Happiness

Recorded 10

Finally, 'A' said that she was very happy with her life and her family. The fact that she was looking for work made her very happy too.

My observations

Despite the polarisation, I was surprised at 'A's' perception of her life in general.

I was extremely concerned at the money section. We had discussed ways to improve matters for her and she was to approach her husband with regard to him allowing her to learn how to pay the household bills and help with the shopping etc. I felt that this was very intrusive on a domestic situation that so far appeared to have worked for this couple. I was most unhappy at the possible scenario that had been created, i.e. 'A' would go home from her meeting with me, and tell her husband that what had worked for them previously was now going to change. Her husband had to be relied upon to understand and cooperate. I was not in a position to know whether this would be so, and I was genuinely concerned and unhappy at what we may have instigated.

Furthermore, 'A' was to commence meetings with me to coach her in money recognition and basic maths skills.

It appeared that my concerns were unfounded as her husband was very receptive to the suggestions and began helping immediately by giving 'A' various payment books, along with the correct money to attend and pay the household bills. When they were shopping, 'A' was given the money at the checkout so that she could start handling and get used to money.

Conclusions

Since the Rickter Scale[®] was done, 'A' has found work in a local shop and has recently successfully completed her probationary period.

Her progress outside work continues and she is still working alongside me to improve her money handling and basic maths skills.

'A's' confidence has increased tremendously and she has now started driving lessons.

Most importantly, her husband is still very supportive and I am relieved to say that despite my concerns, the Rickter Scale[®] did not have any negative impact on their relationship.

CASE STUDY 2

Background

'B' had been at the service some time ago, and under our auspices, had a placement involving forestry and gardening work. Although he has learning difficulties, he was considered to be one of their more able assistants.

For reasons best known to himself, 'B' left the service.

A year later his Mother re-referred him to us, by which time he was 31 years of age and continued to reside with his Mother and Brother – who also has learning difficulties.

'B' is a likeable, friendly man although he is over-anxious to please and constantly seeking reassurance.

Rickter Scale[®]

Not long after starting to work with him I arranged for 'B' to attend for a Rickter Scale[®] assessment. He concentrated fully on the explanation of the board and the process, listening carefully when the questions were asked. Despite this he polarised all answers, except Stress which he marked up.

As we progressed through the Rickter Scale[®] process, going on the Evidence sheet and Personal Action Plan, I could see that he also overlapped headings, e.g. a friend has a negative influence on him but 'B' categorised this under Relationships.

Section 1 – Employment/Training/Education

Recorded 10

Despite not working at that time and not actively looking for work, he said that he was happy to be doing jobs for Mum and delivering the local paper on a Friday afternoon. He did not relate the section to paid employment – the reason he had sought the help of the service again.

Section 2 – Accommodation

Recorded 10

'B' said that he was very happy living with his Mother and Brother.

Section 3 – Money

Recorded 0

He is quite satisfied with the level of benefit he receives, which allows him to maintain payments on a moped. He actually stated that he would not like to work if it left him worse off.

Section 4 – Relationships

Recorded 10

Although very happy with his family, 'B' did not like falling out with friends. He felt that his friends took advantage of him and his nature, particularly with regard to money. He said that he was "too soft" with his friends and let them take advantage of him. This was not reflected in the next section.

Section 5 – Influences

Recorded 0

Despite what has been noted in the previous section, 'B' was adamant that he knew his own mind and never did what he did not want to do. This has always been the case in his opinion. However, his previous answers would belie this.

Section 6 – Stress

Recorded 8 / Desired 0

He said that his bike breaking down caused stress, as did having to sit the theory part of his test.

Section 7 – Alcohol

Recorded 10 / Desired 0

It transpired that 'B' had difficulties with binge drinking. This is an issue that had not been highlighted before when with the service. He was seeking advice from his CPN regarding the problem and had undergone a programme toward getting off alcohol. Whilst aware of the dangers and stresses that it caused his Mother, he was unsure of his commitment to not drinking.

Section 8 – Drugs

Recorded 0

He does not like drugs and other than over the counter medicine, he does not use them.

Section 9 – Health

Recorded 10

This section was a revelation. Despite scaling a 10 and claiming to be very happy with his health, it came out in conversation that 'B' suffers from enuresis, a fact that he had apparently never discussed outside his house. After initial hesitation, he discussed frankly the effect it has on him and his Mothers' life. When I explained to him that he was not alone and that a trip to his GP would help solve the problem, the relief was palpable.

Section 10 – Happiness

Recorded 10

Overall, 'B' claimed to be happy with his life. The main issue for him was, and still remains, passing his theory test.

My observations

The overlap between sections was surprising. Matters that I would have classed as relevant in different areas blurred somewhat, although the end result was quite positive. Despite polarisation, 'B's' wishes and worries came out.

Conclusions

'B' still attends the service for assistance with self-assertion, and he also receives tuition in literacy, aiming towards his theory test.

He was able to attend his GP and seek help for his enuresis, which is now under control.

He has unfortunately relapsed on two occasions with regard to his alcohol consumption, however he has also had many more occasions where he has been able to socialise without the need for drink.

The Rickter Scale[®] was not as standard as I may have expected, but the information that was forthcoming was as valuable. This information has allowed progress to be made in the areas that were identified.

9. Using the Groupwork Board

Group Model

1. Write the names of the people in the group and the single question on the board.
2. Undertake the Baseline using single sliders and record on the board.
3. Explore the Baseline – either by group discussion or by individual feedback.
4. Undertake the Desired State and record.
5. Explore the Desired State and the first step – either by group discussion or on an individual basis.
6. Write the outcome in the Action Plan.
7. Work out the group average and record on the recording sheet.

Frame of Reference Model

1. Write up the headings of the Frame of Reference on the board.
2. Ask the group to scale both Baseline and Desired State by using the single slider and recording sheet.
3. Record the average Baseline and Desired State for each heading on the board.
4. Explore the Baseline – by group discussion.
5. Explore the Desired State and the first step – by group discussion.
6. Write the outcome in the Action Plan.
7. Record the group averages on the recording sheet.

10. Contact Details

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