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## The Difference Game: Facilitating Change in High-Risk Clients

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Professionals who work with alcohol- and drug-dependent mothers face difficult challenges, particularly when the clients are alienated from the health and social services community. Typically, these clients have had abusive childhoods, have little reason to trust those in authority, and have even less reason to expect that positive changes might occur in their chaotic, fragmented lives. In the process of establishing a therapeutic relationship and conducting initial and follow-up assessments, it is critical for social workers or case managers to engage clients in a meaningful way so that the assessment represents the client's reality. The more individualized and accurate the assessment, the more useful it will be to the social worker and the client as they negotiate a service plan, monitor objective progress, and examine personal growth.

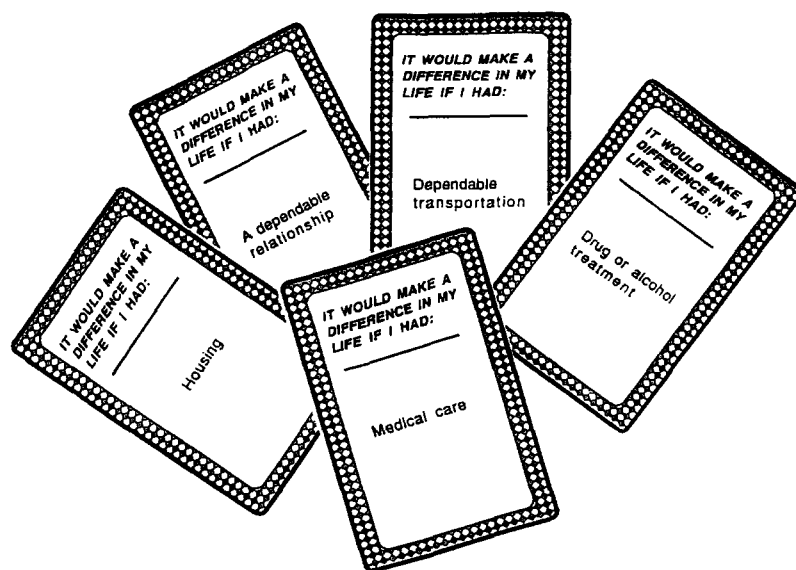
The Difference Game is a card-sort assessment method designed to enable clients and social workers to work together to identify client

needs. It is easy to administer and interpret, is engaging and meaningful to clients, and can be a powerful strategy for intervention when used as a stimulus for the identification of client goals. It has been one of the most effective instruments used by advocate/case managers in the Seattle Birth to Three Advocacy Project, a federally funded demonstration project for very-high-risk alcohol- and drug-abusing mothers who have a troubled and dysfunctional history and whose family lives are characterized by instability (Grant, Ernst, & Streissguth, 1996; Grant, Ernst, Streissguth, Phipps, & Gendler, 1996).

The Difference Game assessment, which is similar to playing a card game, is a concrete, hands-on activity that captures clients' attention and triggers thought processes. The game, adapted from a scale developed by Dunst, Trivette, and Deal (1988), consists of a set of 29 laminated cards, on each of which is written a possible client need (e.g., housing, drug or alcohol

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**Fig. 1** Sample cards for Difference Game.

treatment, more education, etc., Figure 1). The deck also includes a wild card that represents any other need the client may choose. The client is asked to sort the cards into two piles—"yes" cards stating needs that the client believes would make a difference in her life and "no" cards stating needs that would not make a difference. The client is then asked to choose from the yes-card pile five cards that represent her most important needs. Finally, the client orders these five cards according to her priorities. The social worker advocate and client use these top five cards as the basis for discussing the client's present situation and needs, for identifying specific goals, and for planning a course of action that will "make a difference." A minimum of 30 minutes should be allowed to administer this tool. Responses to the instrument can be quickly and easily recorded after each sorting stage and used as a clinical tool for

work with the individual (see Figure 2). Alternatively, data from several clients can be combined into an aggregate so that group data can be evaluated according to simple frequencies.

The Difference Game helps clients put into words concepts that may be difficult for them to verbalize and helps them consider domains of their life they may not have thought important or worth expressing. Although clients often feel overwhelmed with forms and questionnaires that they may not read or answer carefully, they tend to concentrate on the cards in this game. Clients who are uncommunicative or tense in a face-to-face interview or are uncomfortable with eye contact can study, sort, and resort the cards at their own pace. It is an interactive method of information gathering, eliciting spontaneous feedback from the client and permitting an understanding of how a client thinks and prioritizes.

## Defining Goals

Advocates in the Seattle Birth to Three Project use the Difference Game not only as an initial assessment tool but also as a springboard from which clients identify goals they will work on during the course of their three years in the project. After identifying priorities during the card-sort exercise, the advocate and the client discuss potential short- and long-term objectives. The client decides upon goals that are meaningful to her, and, together, advocate and client come to an agreement about realistic and manageable steps that can be taken toward meeting those goals within the first four-month period. They record the goals, the steps, and who will be responsible for accomplishing different tasks on a "progress toward goals" form (Figure 3).

The goals form includes an evaluation component, a section in which client and advocate using a simple scale separately evaluate their satisfaction with progress made on each goal at the end of each four-month period. In addition to being a user-friendly clinical tool, the goals form provides a simple way to quantify for program evaluation or research purposes the type of goal and satisfaction with progress.

Analysis of Birth to Three data indicates that the two primary needs identified by high-risk clients on the intake Difference Game were "substance-abuse treatment" and "housing," and a focus on these was reflected in the specific goals clients worked on during their first year in the project. Subsequent drug- and alcohol-treatment

**Fig. 2.** *It Would Make a Difference in My Life if I Had ...*

After first sort: Put check mark in the "no" or "yes" column.  
 After second sort: Note the ranking of the top five items in the "rank" column.  
 Later: Put data entry coding in far right-hand column.  
 Data entry coding: 0 = no, 1-5 = ranked order of top five yeses, 6 = other yeses not in top 5

	No	Yes	Rank	(Code all unranked "yes" answers as "6")	
1.	___	___	___	Someone to help me take care of my child .....	___
2.	___	___	___	Dependable transportation .....	___
3.	___	___	___	More education.....	___
4.	___	___	___	Legal help .....	___
5.	___	___	___	Housing.....	___
6.	___	___	___	Money to buy necessities .....	___
7.	___	___	___	Food .....	___
8.	___	___	___	Medical care .....	___
9.	___	___	___	Time to get enough sleep .....	___
10.	___	___	___	Someone to accept my child no matter how he or she acts ..	___
11.	___	___	___	Somewhere else to live.....	___
12.	___	___	___	Time for fun .....	___
13.	___	___	___	Time to be by myself .....	___
14.	___	___	___	Enough clothes .....	___
15.	___	___	___	A real friend .....	___
16.	___	___	___	Someone to hassle with agencies when I can't .....	___
17.	___	___	___	More control of my life .....	___
18.	___	___	___	Drug or alcohol treatment .....	___
19.	___	___	___	A dependable relationship .....	___
20.	___	___	___	A telephone or access to a phone.....	___
21.	___	___	___	Affordable day care .....	___
22.	___	___	___	A good job .....	___
23.	___	___	___	Personal safety .....	___
24.	___	___	___	Someone to lend me money .....	___
25.	___	___	___	Freedom from abuse.....	___
26.	___	___	___	Someone to talk to about the things that worry me.....	___
27.	___	___	___	Safe day care .....	___
28.	___	___	___	A good man .....	___
29.	___	___	___	Wild card .....	___

outcomes in year one were particularly promising (Grant, Ernst, Streissguth, Phipps, et al., 1996).

Goals are evaluated and reestablished every four months because this amount of time allows clients (a) to accomplish short-term, concrete tasks (e.g., complete paperwork for housing waiting lists or enroll in a neighborhood parenting class and (b) to make progress on long-term goals requiring fundamental, gradual life changes (e.g., stay in recovery or avoid contact with a former abusive partner). Many clients decide to work on a single major issue (such as keeping a job or staying clean and sober) and specify that

as an ongoing goal every four months throughout participation in the project.

### Clinical Attributes Of the Game

In working with clients who feel overwhelmed and immobilized by the complexity and seriousness of their problems, the simple Difference Game gives both client and advocate a place to start. Clients often know what needs to be changed but, because of low outcome expectancy and a poor sense of self-efficacy, they feel helpless

and incompetent to solve problems on their own.

One of the most effective features of the Difference Game is that it allows the *client* to choose the most meaningful priorities on which to work, rather than having a professional determine what needs to be done. The client is therefore more likely to be honest with him- or herself, mobilize resources, and utilize personal strengths. The client collaborates with the practitioner in laying the groundwork for an increased level of hope and a "maybe I *can* do this" attitude. The emphasis is on possibilities and desired outcomes as opposed to focusing on problems, weaknesses, or negative conditions. Advocates with the Birth to Three Project believe the Difference Game has been an important component of the successful changes made by many of their high-risk clients during their three years of participation in the program (Grant, Ernst, Streissguth, Phipps, et al., 1996; Grant, Ernst, & Streissguth, 1996).

### Case Example

Expanded versions of the Difference Game have been developed for use with specific populations or projects. The following example is drawn from work in a family-preservation project that used an expanded version of the game as part of assessment and allowed the client to initiate the agenda for intervention.

In this case, a new therapist was being trained in use of the Difference Game and felt less than enthusiastic about letting the client set the direction for case planning. After having the client complete the card sort and prioritize results,

Fig. 3

**Difference Game Goals Form**

DATE GOAL SET	GOAL Identified by client as something she's working toward	DATE GOAL ASSESSED	EVALUATION AND COMMENTS ON PROGRESS TOWARD GOAL What have you done, what has client done	SATISFACTION WITH PROGRESS TOWARD GOAL	TYPE OF GOAL
2/27/95	Get med. coupon in order to be eligible for assessment for drug TX.	6/29/95	Obtained medical coupon for self	Met at all Client: 1 2 3 4 5 Adv: 1 2 3 4 5	0 3
2/27/95	Medical coupons for baby	6/29/95	Applied DHS, Obtained SSI & birth cert. Client & baby both now get coupons	Met at all Client: 1 2 3 4 5 Adv: 1 2 3 4 5	0 2
2/27/95	Assessment for drug TX	6/29/95	Made appointment for assessment (scheduled for next month)	Met at all Client: 1 2 3 4 5 Adv: 1 2 3 4 5	0 3
2/27/95	HOUSING	6/29/95	Applied for Section 8. Also on waiting list for housing through CACASAC	Met at all Client: 1 2 3 4 5 Adv: 1 2 3 4 5	0 1
				Met at all Client: 1 2 3 4 5 Adv: 1 2 3 4 5	---

the therapist returned to the trainer and complained that, indeed, his worst fears had materialized. The client's number-one priority—the card that would make the biggest difference in her life if it were actualized—was the wild card, which she specified as a “need for make-up/cosmetics.” Even the trainer was mystified, but nevertheless told the therapist to return to the client and obtain a fuller understanding of what each of the top cards meant to the client.

The therapist returned to the client and inquired about her response, knowing that the family had many pressing issues and make-up was not one of them. The client's response was revealing and became the pivotal and primary focus of the intervention. For years, her spouse had refused to let her wear cosmetics and had physically and emotionally abused her. She believed that if she could get the courage to obtain and use cosmetics, she would in turn gain the courage to leave this relationship and start a new life for herself and for her children. The make-up became a symbol for change. Her rea-

soning and her choice of symbols were validated by the therapist, and she made the decision to change her situation. She developed a plan and successfully set it in motion during the following weeks.

**Conclusion**

The Difference Game is an engaging assessment method that provides case managers with a tool for honing in on problem areas quickly while allowing clients to direct interventions. Although originally conceived as a concrete needs-assessment tool, the game has been most effective when used as a springboard for clients to develop specific, long-term goals.

Case managers frequently work with high-risk clients who have never experienced an organized framework and who rarely demonstrate an ability to consider long-term consequences or plan for the future. The Difference Game, used in conjunction with the development of meaningful goals, is a logical method by which clients are

able to organize their thinking and prioritize their actions to bring about change in their lives. The method illustrates to clients within the context of what is important in their lives the continuum stretching from making a decision to taking definite steps ultimately to achieving a goal that makes a difference.

**References**

Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.

Grant, T. M., Ernst, C. C., & Streissguth, A. P. (1996). Intervention with high risk mothers who abuse alcohol and drugs: The Seattle advocacy model. *American Journal of Public Health, 86*, 1816–1817.

Grant, T. M., Ernst, C. C., Streissguth, A. P., Phipps, P., & Gendler, B. (1996). When case management isn't enough: A model of paraprofessional advocacy for drug- and alcohol-abusing mothers. *Journal of Case Management, 5*(1), 3–11.