

# Motivational Interviewing Primer

ND Safety Framework Practice Model

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# ND Safety Framework Practice Model Motivational Interviewing Primer

## OVERVIEW

The ND Safety Framework Practice Model Motivational Interviewing Primer<sup>1</sup> is a brief overview of a well-established method to support positive behavior change. This primer is not intended to be a training manual; rather, a guide to introduce the reader to the approach's key elements, communication skills, and question examples.

Motivational interviewing (MI) was developed by W.R. Miller and S. Rollnick. It was first introduced in the 1980s as a method to engage and support adults coping with substance use issues and has since been adapted to meet the needs of other helping fields, including child welfare. Miller and Rollnick (2013, p. 29) define MI as follows:

Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

The use of MI may be most applicable when the following circumstances are present (Silovsky, Leffingwell, & Hecht, 2009):

- The client has a specific target behavior that is leading to negative outcomes;
- The client is ambivalent about change; and/or
- Choices that could benefit the client and family are available.

Given that many parents/caregivers involved with child welfare may have substance use disorders and that children with parents/caregivers who use substances are more likely to be maltreated, MI holds promise for use with child welfare clients. Much like clients in the substance abuse field, child welfare clients may be ambivalent to change, which makes them good candidates for the use of MI. Child welfare practice also tends to embrace some of the same tenets present in MI such as engaging clients in decisions and focusing on their strengths. Additionally, MI incorporates self-determination, which is one of the tenets of trauma-informed care.

MI may also be beneficial when supporting youth involved with child welfare who are exhibiting negative behaviors. Adolescents often feel they are being judged or told what to do by providers, which is not effective. Instead, using a nonconfrontational and nonjudgmental approach such as MI can help them explore ways to change their behaviors (Hohman, Barnett, & Shillington, 2012).

Child welfare professionals should be aware of power differentials and families' values when using MI. The power differential between a CPS worker/case manager and parent/caregiver – or youth – could create additional resistance or negative reactions (Mirick, 2013). They may feel forced to comply with a

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<sup>1</sup> Resources include: Child Welfare Information Gateway (<https://www.childwelfare.gov>), Casey Family Programs, Florida Department of Children and Families, and Pennsylvania Department of Human Services, <https://www.porticonetwork.ca/home>.

suggested or mandated activity due to the threat of court action rather than an internal motivation to change (Silvosky et al, 2009). That would run counter to the premise of MI. Additionally, MI should not be used to compel families to take actions that are in contrast to their values (Silovsky et al, 2009).

MI is as much about a way of being with people as a set of skills. The development of MI was influenced by self-determination theory (i.e., personal autonomy and motivation for change), cognitive dissonance theory (i.e., the gap between current behaviors and future goals), and self-perception theory (i.e., interpreting the meaning of their own behavior to determine attitudes and preferences). MI-consistent and MI-inconsistent behaviors<sup>2</sup> are compared below (Figure 1):

Behaviors Consistent with MI	Behaviors Inconsistent with MI
<ul style="list-style-type: none"> <li>✓ Emphasizes and respects client's autonomy</li> </ul>	<ul style="list-style-type: none"> <li>⊘ Asserts authority about what is best for the client, pursues own agenda</li> </ul>
<ul style="list-style-type: none"> <li>✓ Actively collaborates with the client</li> </ul>	<ul style="list-style-type: none"> <li>⊘ Mandates specific goals for the client</li> </ul>
<ul style="list-style-type: none"> <li>✓ Elicits client's perspectives, ideas, hopes, and concerns</li> </ul>	<ul style="list-style-type: none"> <li>⊘ Provides unsolicited advice, feedback, or information to the client</li> </ul>
<ul style="list-style-type: none"> <li>✓ Demonstrates nonjudgmental acceptance and conveys empathy through words, body language, and tone of voice</li> </ul>	<ul style="list-style-type: none"> <li>⊘ Confronts or threatens client with negative consequences if change does not occur</li> </ul>

Figure 1.

### The Righting Reflex<sup>3</sup>

Child welfare professionals sometimes (or maybe often) feel a strong urge to tell clients what to do. Through training and education, they have worked hard to learn their craft and often have strong feelings about what behaviors clients should change. It's tempting to share this information with the client.

In MI this urge to tell clients how they should change is called the **righting reflex**. This is that strong urge to tell the client the solution to their problem. It's that urge to make them "right", and to fix them. The child welfare professional may even feel anxious or worried about the client's behavior. They know how risky those behaviors are, and the dire consequences that can result.

That worry or even fear is the professional's problem, not the client's. People change when they are ready, which may or may not be when or how the child welfare professional thinks they should. This might involve managing their own feelings about the client. If the professional is upset, or frightened,

<sup>2</sup> Resource: Herie, Marilyn and Skinner, W.J. Wayne (201x) Fundamentals of Addiction (p.87). Toronto: Centre for Addiction and Mental Health. (c) Centre for Addiction and Mental Health.

<sup>3</sup> Resource: *Training with Dr. Ellen*, Training and Consultation in Motivational Interviewing (2017).

or anxious about the client's behavior, he/she needs to have the skills calm those difficult emotions within him/herself, rather than project them out to the client in the form of directions for change. One way to do this is to talk with a colleague or supervisor about the concerns. Telling clients what to do doesn't work most of the time. It's tempting, but a real trap. So, child welfare professionals should avoid the righting reflex. Instead, they should make a reflection or summary of what the client is saying. Emphasize whatever change talk the professional has heard the client say and ask for clarification. The goal is to have the client come up with the solution, not the child welfare professional. This will become more clear as the essential elements of MI are discussed.

## Change Talk

MI is focused on helping clients consider their readiness and willingness to change to improve their lives and, particularly in child welfare, the lives of their family members. MI is not about persuading a client to change, though; it seeks to help the client develop his or her own motivation to change.

It is important for child welfare professionals to recognize **change talk** that indicates a client is willing to change (e.g., "I really want to get myself together so I can get my kids back.") and help elicit additional change talk, with an eventual goal of client commitment to change and plan for how to achieve it. When change talk does occur, child welfare professionals can help clients progress toward actual change by asking questions or making statements about the client's desires, abilities, reasons, and commitments related to change.

MI also includes a variety of techniques to help evoke change talk if the clients is more focused on sustain talk (i.e., statements that support not changing). For example, the child welfare professional can ask the client how important something is for them (e.g., "On a scale of 0 to 10, how important is it for you to ensure your children are safe at home?") and then ask a follow-up question based on the response to initiate change talk (e.g., "Why are you at a 3 and not a 0?", "What would it take to go from a 3 to a 7?"). Another method is to ask questions regarding the extremes of his/her concerns, such as "What would be the best [or worst] outcome if you changed the way you discipline your children?".

Child welfare professionals may also encounter discord, or resistance, when working with clients. Within the context of MI, discord occurs when the client-professional relationship is not optimal (e.g., the client perceives the child welfare professional as pushing him/her toward change), which may be a sign that the child welfare professional has veered from the fundamentals of MI (*Hall & Hohman, 2013*). Signals of possible discord include defensiveness, oppositional statements, interrupting, and withdrawal (*Miller & Rollnick, 2013*). Child welfare professionals should be aware of their own contributions to resistance and respond accordingly, perhaps through the use of reflections, an apology, or even shifting the focus.

With the increasing focus on family engagement and client involvement in decision-making in the child welfare field, professionals may find MI a welcome addition to their practice toolbox. MI can help child welfare professionals engage both parents/caregivers and youth in the change process. This can be very empowering and can enhance the client's commitment to change as well as motivation to complete recommended or mandated services.

## Sustain Talk and Discord

Sustain talk and discord are manifestations of the client's ambivalence. **Sustain talk** represents the other side of a person's ambivalence about changing. It can be an expression of the client's desire for the way things are, feeling unable to change, having reasons for keeping things the same or needing to keep things the way they are. It is wise to avoid anything that will evoke sustain talk. For example:

- *Why don't you go to treatment?*
- *Why didn't you go to your appointment today?*
- *Why don't you apply for any jobs?*

This style of wording can be tricky to avoid. The child welfare professional may ask these questions in an effort to move the change process along. Unfortunately, they are more likely to elicit sustain talk and stall the flow toward change.

**Discord** refers to client statements about the intervention process or relationship to the child welfare professional, particularly the direction in which the client perceives things are going (*Miller and Rollnick, 2013*). For example:

- *But you don't understand what I'm going through;* or
- *I am not ready to go there yet, if ever.*

Discord is a normal human response to feeling pressured or challenged to do something about which a person is ambivalent. It often comes in the form of a "yes, but" statement. Such as:

- *Yes, but I tried that before;* or
- *Yes, but there isn't any way that can work for me.*

## Working with Ambivalence

Ambivalence is often the result of internal conflict arising from personal or social values. The terms "discord" and "sustain talk" are examples of ambivalence and the logical complements to change talk. Both terms underline the continuing challenge of working with ambivalence in helping clients move toward healthy behavior change. Before and after we make decisions to change, we still experience ambivalence – this is natural and normal.

Sustain talk, in particular, is to be expected in any conversation about change, especially when a person is feeling ambivalent. The child welfare professional's response can provide the forward momentum in the client's process of exploring and resolving his/her ambivalence and ultimately making a decision to change. However, the professional should always be open to—and accepting of—the possibility that a client may very well decide not to change despite our best efforts. If the professional has respectfully and empathically stayed with the client through to this decision, it is more likely that they will come back and re-engage with us if or when their circumstances or perceptions change.

Three types of reflective listening can be particularly helpful ways to respond to discord and ride the wave of sustain talk. The following strategies can open the door to a more productive conversation—that is, **dancing vs. wrestling**.

### Simple reflection

Empathically reflecting the client's statement. This sometimes includes a small shift in emphasis or selectively reflecting a particular element of what the person is saying. For example:

- Parent: *I couldn't change even if I wanted to.* (sustain talk)
- Case Manager: *You don't see how it would be possible to change.* (simple reflection)

### Amplified reflection

Reflecting back what the client has said in an amplified or slightly exaggerated form (there should be no sarcasm in the child welfare professional's tone when using an amplified reflection). For example:

- Parent: *There's no way I would stop using meth* (sustain talk) *and you can't make me!* (discord)
- Case Manager: *Using meth is something that you never see yourself changing.* (amplified reflection)

### Double-sided reflection

Acknowledging what the client has said and adding to it the other side of the client's ambivalence, using material the client has offered previously. For example:

- Parent: *I don't drink any more than most of my friends. What's wrong with a few beers now and then?* (sustain talk)
- Case Manager: *So it's kind of confusing. On the one hand, you've told me you're concerned about how alcohol affects your parenting, and on the other hand, it seems you're not drinking any more than your friends.* (double-sided reflection)

### Shifting focus

The child welfare professional can respond to sustain talk of discord by shifting the conversation away from what seems to be a stumbling block to progress. This means changing the subject when talking about an issue becomes counterproductive. An example of shifting focus might sound like:

- Case Manager: *That doesn't seem like a problem to you right now. What are some of the things you're dealing with that you feel are a challenge?*

### Emphasizing choice and control

Finally, simply emphasizing the client's choice and control (autonomy) can help minimize resistance and move the conversation away from sustain talk. This means explicitly stating something along the lines of *It really is your choice what you will do about using meth.*

## ESSENTIAL ELEMENTS

Motivational Interviewing is more than the use of a set of technical interventions. It is characterized by a particular **way of being**. This way of being is described as the "Spirit of MI." The Spirit of MI is the foundation of every conversation that takes place. It communicates compassion, acceptance, partnership, and respect. The Spirit of MI is based on four key elements (*Figure 2*):

1. **Collaboration** between the child welfare professional and the client;
2. **Evoking** or drawing out the client's ideas about change;
3. Emphasizing the **autonomy** of the client; and
4. Practicing **compassion** in the process.



*Figure 2.*

### Collaboration (vs. Confrontation)

Collaboration is a partnership between the child welfare professional and the client, grounded in the point of view and experiences of the client. This contrasts with some other approaches, which are based on the professional assuming an "expert" role, at times confronting the client and imposing their perspective on the client's unhealthy behavior and the appropriate course of planning and outcome.

Collaboration builds rapport and facilitates trust in the helping relationship, which can be challenging in a more hierarchical relationship. This does not mean that the child welfare professional automatically agrees with the client about the nature of the problem or the changes that may be most appropriate. Although they may see things differently, the process is focused on mutual understanding, not the professional being right. MI is done "with and for" someone, not "on or to" them.

### Evoking (Drawing Out Rather Than Imposing Ideas)

The MI approach is one of the child welfare professional's drawing out the individual's own thoughts and ideas, rather than imposing their opinions as motivation and commitment to change is most powerful and durable when it comes from the client.

No matter what reasons the child welfare professional might offer to convince the client of the need to change their behavior or how much they might want the person to do so, lasting change is more likely to occur when the client discovers their own reasons and determination to change. The professional's job is to "draw out" the person's own motivations and skills for change, not to tell them what to do or why they should do it.

### Autonomy (vs. Authority)

Unlike some other practice models that emphasize the child welfare professional as an authority figure, MI recognizes that the true power for change rests within the client. Ultimately, it is up to the individual to follow through with making change happen. This is empowering to the individual, but also gives them responsibility for their actions.

Child welfare professionals reinforce that there is no single "right way" to change and that there are multiple ways that change can occur. In addition to deciding whether they will make a change, clients are encouraged to take the lead in developing a 'menu of options' as to how to achieve the desired change.

### Compassion

Compassion is the ability to actively promote the other's welfare and give priority to the other's needs. It is a deliberate commitment to pursue the welfare and best interest of others. It is a commitment to seek to understand others' experiences, values, and motivations without engaging in explicit or implicit judgment. Lastly, compassion is an understanding that everyone strives towards a fulfilling life and at times encounters barriers which can evoke feelings of sadness, pain, and shame; as such, compassion is acceptance of one's path and choices, and respect for the difficult emotions that a person can experience along the way.

An "Easy" Language Primer for the above concepts:

- Collaboration (Partnership): *We are going to work together.*
- Autonomy (Acceptance): *I value you and am delighted to talk with you.*
- Evocation: *I am going to create a space for you to share yourself and your story with me.*
- Compassion: *I want to understand and respect you and your experience.*

To facilitate conversation and foster an authentic engagement between the child welfare professional and client, MI includes the following four processes in varying combinations and orders depending on the flow of the discussion and client needs (Miller & Rollnick, 2013):

1. Engaging Process
2. Focusing Process
3. Evoking Process
4. Planning Process<sup>4</sup>

Each process is discussed below in further detail.

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<sup>4</sup> Resource: [cdpsdocs.state.co.us/epic/epicwebsie/resources/mi\\_communities\\_of\\_practice/4\\_processes.pdf](https://cdpsdocs.state.co.us/epic/epicwebsie/resources/mi_communities_of_practice/4_processes.pdf)

## Engaging Process

The Engaging Process is establishing a good working relationship with the client as well as getting to know what is going on with him/her. The child welfare professional will often use reflective listening in the Engaging Process with the focus of understanding what the client is saying. The content of the conversation in this process may still include topics around change, but some of the main tasks are developing rapport, reducing resistance/defensiveness, and resolving some ambivalence about the professional's role. In this process the child welfare professional works to create an environment that is comfortable for the client so that he/she can talk about change.

### *Self-check during Engaging Process*

- ✓ Am I being supportive and helpful?
- ✓ Do I understand this person's perspective and concerns?
- ✓ How comfortable am I feeling in this conversation?
- ✓ How comfortable is this person in talking to me?

### *Goals of Engaging Process*

- ✓ Relationship and rapport building
- ✓ Comfort
- ✓ Safety
- ✓ Empathy

### *Signs of Engagement*

- ✓ Conversation is 'real'
- ✓ Discussion is unique to that person rather than about generic topics
- ✓ May or may not involve lengthy conversation; rather, open and honest dialogue

### *Signs of Discord*

- ✓ "But you don't understand what I'm going through"
- ✓ "I don't want to talk about that"
- ✓ "I'm not ready to go there"
- ✓ "Yes, but I tried that before"

### *Considerations for Engaging Process*

- ✓ How comfortable is the client in talking with the child welfare professional?
- ✓ How supportive and helpful is the professional toward the client?
- ✓ Does the professional understand the client's perspective and concerns?
- ✓ Does it feel like a collaborative relationship?

## Focusing Process

The Focusing Process is about finding a clear direction and goal when it might not be clear from the outset. For some clients it may take time to get to this point; for others, it may occur during the first meeting. A target behavior is something the client wants (or needs) to change but is still ambivalent to change. It helps if the client is in either the Pre-Contemplation or Contemplation stage of change<sup>5</sup>.

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<sup>5</sup> See [607-05-70-70 Child Welfare Practice Appendix 15: The PCPA and Stages of Change](#)

For child welfare casework, the 'target behaviors' are the **diminished parent/caregiver protective capacities** that the client is willing to work on or enhance so that he/she develops the capacity to be protective of the child(ren). Without a target behavior focus, the child welfare professional and client may have 'nice conversations' but not move in the direction of change.

### *Self-check during Focusing Process*

- ✓ Do I have my own agenda?
- ✓ Am I understanding what goals for change the client really has?
- ✓ Do I have different aspirations for change for him/her?

### *Goals of Focusing Process*

- ✓ Exploring the target behavior (i.e., diminished protective capacity/capacities)
- ✓ Honing in on a target behavior
- ✓ Clarifying the target behavior
- ✓ Exploring ambivalence
- ✓ Exploring barriers
- ✓ Developing discrepancy between present behavior and the goal

### *Importance of target behavior*

- ✓ Needs to be clear
- ✓ Is specific enough
- ✓ Is not terms and conditions
- ✓ Needs to be relevant
- ✓ Is something the client can control
- ✓ Needs to focus on one behavior at a time

### *Considerations for Focusing Process*

- ✓ What goals for change does the client really have?
- ✓ Are we working together with a common purpose?
- ✓ Does it feel like we are moving together, rather than in different directions?
- ✓ Do I have a clear sense of where this client is going? Does he/she?
- ✓ Where is this client at with respect to change (i.e., stage of change)?

## Evoking Process

The core purpose of the Evoking Process is for the child welfare professional to evoke a client's own internal motivation for change, and then reinforce (or build) their overall motivation for change around the focused target behavior. The Evoking Process is guiding the client towards the goal identified through the Focusing Process. Additionally, the child welfare professional and client explore ambivalence and understand the "why" of behavior change.

### *Self-check during the Evoking Process*

- ✓ Am I steering too far or too fast in a particular direction?
- ✓ Is the righting reflex pulling me to be the one arguing for change?

### *Goals of Focusing Process*

- ✓ Eliciting and reinforcing change talk
- ✓ Increasing the amount and strength of change talk
- ✓ The client becomes curious about their motivation
- ✓ The client develops internal motivation

### *Importance of target behavior*

- ✓ Needs to be clear
- ✓ Is specific enough
- ✓ Is not terms and conditions
- ✓ Needs to be relevant
- ✓ Is something the client can control
- ✓ Needs to focus on one behavior at a time

### *Considerations for Focusing Process*

- ✓ What goals for change does the client really have?
- ✓ Are we working together with a common purpose?
- ✓ Does it feel like we are moving together, rather than in different directions?
- ✓ Do I have a clear sense of where this client is going? Does he/she?
- ✓ Where is this client at with respect to change (i.e., stage of change)?

## Planning Process

The primary goals in MI are to create a good working relationship with the client, identify and select specific parent/caregiver protective capacities to enhance (target behaviors), help the client build motivation towards enhancing these protective capacities, and aid the client in resolving ambivalence and choosing to change. The Planning Process encompasses both developing a commitment to change and formulating a specific plan of action (i.e. tasks/change strategies and goals). Collaboration during the Planning Process is key so that client strengths and expertise are highlighted.

### *Self-check during Planning Process*

- ✓ Am I steering too far or too fast in a particular direction?
- ✓ Is the 'righting reflex' pulling me to be the one arguing for change?

### *When is it time to plan?*

- ✓ There is significant engagement  
AND
- ✓ There is a clear, shared change goal  
AND
- ✓ There is sufficient client motivation to change

### *Goals of Planning Process*

- ✓ Develop skills
- ✓ Action planning

- ✓ Removing barriers
- ✓ Exploring outside support

### Considerations for Planning Process

- ✓ Try using a summary to transition from the Evoking Process to Planning Process

Example: *You have a lot of great reasons to quit using, you see that your parenting may improve and you may have the ability to keep you kids safe without me involved. Where do you go from here?*

Example: *You have some great ideas how to take care of your house without the parent aide's help. What are some next steps you might be able to take?*

- ✓ Come up with a menu of options elicited from the client's own ideas, resources, and supports.
  - The ideas don't have to be perfect solutions.
  - The ideas can be good or bad, just brainstorm as many ideas as possible.
  - Respond with reflective listening, emphasizing change talk, personal responsibility, freedom, and choice.
- ✓ Summarize the case plan, with tasks/change strategies to be completed
  - Secure a commitment to the plan; however, don't push if they seem wary or ambivalent.
  - Commitment can be enhanced by sharing with the child and family team and/or other supports known and trusted by the client.
- ✓ Elicit ideas and thoughts from the clients; however, there are times when it is okay to give advice and share knowledge. What is key is the spirit with which it's given. Before giving advice, the child welfare professional should check that he/she has 1) elicited the client's views on the subject and 2) considered the impact of what will be said on the client's motivation for change.

The best time to offer advice is when the client asks for it. If that doesn't happen, the child welfare professional should ask permission to give advice or offer it in a way that acknowledges the client's right to not take the advice. The professional should check in with the client before, during, and after giving advice or suggestions.

Example: *This may or may not work for you, but this is something that others have done in your situation..."*

Example: *I have an idea here that may or may not be relevant. Do you want to hear it?*

Example: *I don't know whether this will matter to you, or even make sense, but I have some thoughts about your plan. Can I share these with you?*

# COMMUNICATION SKILLS

MI relies on four core communication skills (O-A-R-S) to help guide professionals (Miller & Rollnick, 2013).



Figure 3.

## 1. Open-ended questions

Open-ended questions allow clients to expound upon issues and provide richer detail than would be elicited through a closed-ended questions, which typically can be answered with a one-word response or little detail.

## 2. Affirming

These statements acknowledge client strengths and are encouraging. Affirmations can help in several ways, including strengthening provider-client relationships, reducing defensiveness, and facilitating change. For example, "Sounds like this has been really challenging. No wonder you feel overwhelmed."

## 3. Reflecting

These statements help show the client that you understand him/her. They repeat or rephrase what the client has said. Reflective statements can encourage the client to further explore an issue. MI utilizes several types of reflections, each of which has a particular purpose in helping guide the conversation and client exploration. For example, a simple reflection provides nearly the exact meaning intended by the client and helps show him/her that the child welfare professional understands what the client has said: "So what I hear you saying is that sometimes you're so worn out you can't even get out of bed."

## 4. Summarizing

Summaries are essentially reflections that tie together several of the client's statements, which can provide clients with an opportunity to hear a retelling of his/her experiences and thoughts about change.

## WHEN TO USE

MI is a promising tool for child welfare practice, given what is known about the importance of engaging families and focusing on their strengths (*Snyder, Lawrence, Weatherholt, & Nagy, 2012*). In addition, the social work profession places great importance on the dignity and work of each person. When MI is used successfully, non-voluntary or resistant clients feel supported and valued during their interactions with child welfare professionals.

MI may help parents/caregivers involved with the child welfare system feel more understood, which could lead to increased confidence and desire for behavior change. Ideally, parents/caregivers will feel empowered to express their own ideas about how they can work toward change, gaining ownership over the change process and therefore increasing the likelihood they will be successful. Without MI, relationships between child welfare professionals and clients may feel contentious, and strategies for change may originate with the child welfare professional, which can lead to resentment, decreased desire to change, and lower probability of success (*Hall, Sears, & Walton, 2019*).

MI is most useful when the following factors are present:

- The client is engaging in specific behaviors that result in negative outcomes.
- The client feels ambivalence toward change.
- Alternative behavior choices could result in more beneficial or positive outcomes.
- The client experiences low desire and low confidence in his or her ability to change.

## QUESTIONS<sup>6</sup>

Questioning begins with eliciting the client's point of view. These questions convey the sense that the child welfare professional values the client's input and perspective and promotes the engagement process. Also, the professional can follow each question with "What else?" or "Can you tell me more about that?" in order to get more information or greater clarity.

The child welfare professional should be prepared to recognize and compliment the client for any positive qualities or accomplishments or positive steps the client may have taken or is taking to keep the child safe and properly cared for. Given specific case circumstances, the professional must decide which of the following questions are appropriate to be asked at the initial visit, which ones are best asked at a later visit, what questions should be omitted entirely, and what new questions should supplement the list below.

When introducing the conversation with the client, the child welfare professional can say something like the following:

*I am going to ask you some questions about yourself and your family that will help me better understand if there are any additional risks to your child that I, or possibly you, may not be aware of. Also, another purpose of these questions is to help us identify strengths and resources that you and your family have that may help to keep the child(ren) safe and healthy. Do you have any questions before I begin?*

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<sup>6</sup> Adapted from Florida Department of Children and Families, "Trainer Handout 2-1 C, Integration of Services Training Series" & Pennsylvania Department of Human Services' Child Welfare Competency-Based Training & Certification Program "General Assessment Question Guide, Handout #21"

## Category 1

### Helping Families Tell Their Story

#### Sample Questions

- It would help me to know more about your family to hear you tell me a little bit about how things have gone. Could you walk me through important events, starting when things were going really well for you?
- What has your life been like in the past year? Have there been any big events or changes? If so, how have you and your child(ren) been dealing with these changes?
- I've shared the reasons for our involvement in your lives: I know this process is very intrusive. What are some of the things you would like me to know as we move forward?
- How would you describe what is happening in your family as a result of this issue?
- How do you make sense of what is happening in your family right now?
- When you think about your family going through tough times, what are some of the experiences you have had? What helped you get through those times? Is any of that still in place or available to you now (personal strengths, family supports, etc.)?
- If you have been involved in services before, what worked best for you? What didn't work? How can that inform the way we work together from here?
- How would your child(ren) describe the best parts of your family? What do you think s/he would like to change?
- What, if any, time or part of the daily routine seems tough in your family?
- Can you walk me through a day in your family/household?
- How do you usually solve family problems? Who does what?
- What do you want to see for yourself and your family six months from now? A year from now?
- What do you think would be the best way to move forward and make things better for your family?
- How can I help you make sure that our involvement in your family helps you get to some of your own goals?

## Exception Finding Questions

- You have said that things are not always like this: can you tell me more about the other times?
- When was the last time this issue came up? How have you managed to avoid or address this issue since then? What have you tried?
- Sounds like you have been through some tough times before: what did you do in the past that seemed to work for you and your family?
- Seems like you have gone a long time without being involved with the child welfare system: what was going well then that we could build on now?

### *Things to look for*

- ✓ Identify the strengths and past successes of the family.
- ✓ Identify if this is a lapse or if the reasons for involvement relate to a progression of issues for the family.
- ✓ Notice the quality of connection between parent and child.
- ✓ Notice whether the parent has empathy for how the child is experiencing the current situation.

### *Strengths on which you can build*

- ✓ Bonding and connection between parents.
- ✓ Stories about positive interactions.
- ✓ Stories about changes that the family has already tried or made.
- ✓ Parental willingness to set aside defensiveness and think about the needs of the child.
- ✓ Parental ability to make the connection between the parents' actions and the child(ren)'s response and functioning.

### *Concerns*

- ✓ Blaming the child for events or involvement.
- ✓ Unrealistic expectations of the child, particularly related to developmental age and special conditions.

## Category 2

### Parent/Caregiver Childhood Experiences

#### Sample Questions

- When you were growing up, did you ever live away from your parents? If 'yes,' – tell me about that.
- Most of us, growing up, think of things we definitely WILL do that our parents did, and things we definitely WON'T do. What are some of those things, from your standpoint, that you bring forward from your own childhood?
- What were your growing up years like? What were some of the best times you remember? What were some of the worst times?
- When you were a child or teenager, were there times when you didn't feel safe? Tell me about those times.
- How did you cope with those unsafe or scary times? Who helped you?
- Looking back on your childhood and teen years, do you believe by today's standards you might have been physically, emotionally, or sexually mistreated or neglected? How do you feel that impacted you?
- If you were harmed or mistreated as a child or teenager, what are you doing now as a parent to help keep your children safe from that kind of harm or fear?

### Category 3 Parent/Caregiver Relationships

#### Sample Questions

- What family members are you close to?
- Who can you rely on?
- Who helps you when you are stressed out?
- Who do you trust?
- What is your relationship with your relatives? What (or where) do you consider home?
- Who do you consider family?
- *[Native American Family]* Are you connected to any tribe?
- In times when you have needed help in the past, who was there for you?

#### Sample Questions When Parent/Caregiver is Currently in a Relationship

- How did you and your spouse/boyfriend/girlfriend/partner meet?
- What qualities in the other helped you decide to be a couple or stay together?
- What qualities or behaviors about the other person would you like to see changed?
- How do the ways in which you treat each other help the child(ren) feel and be safe?
- Are there ways and times when you treat each other in a way that makes the child(ren) feel unsafe? Tell me about that.
- What would I see and hear if I were here when you were angry at each other? Would I hear insults, cursing, threats? Would I see anyone get pushed or hit? Tell me about that.
- What would your children, friends, or relatives say about what needs to change in your relationship to create a safer, happier home?
- Have you (either of you) called the police or had the police called on you because of a problem in this relationship or any other relationship? Tell me about that.

- Have you (either of you) had a No Contact Order or Protection Order issued against you? Tell me about that.

### *Things to look for*

- ✓ Supports and connections.
- ✓ Parent/caregiver involvement outside the home.
- ✓ Trusting partner relationship, evidence of compromise.

### *Strengths on which you can build*

- ✓ Parent's/caregiver's ability to ask for help.
- ✓ Extended family or people in the community who could be of help during the change process.
- ✓ Extended family or people in the community, if out of the area, who could be of help from a distance.

### *Concerns*

- ✓ Recent death or loss of a family member that served as a support to the family.
- ✓ Does not seem to trust anyone to get close.
- ✓ Lives in a geographically isolated area.
- ✓ If exploring alternate care resources, can and will this person meet the safety and well-being needs of the child(ren)?
- ✓ Deferring to partner before speaking.
- ✓ Blames partner.

## Category 4 Parenting

### Sample Questions

- When you think about important decisions you have made as a parent/caregiver, what comes to mind?
- What do you think you have done that has been the most important for your children? How can you tell?
- Parenting is not something you wake up and know how to do...sometimes our instincts kick in and other times we may struggle to figure things out. What are some of the things that come naturally? What are some of the areas where you have reached out for advice or help?
- What is the time of day when you and your child(ren) seem to have the best connection (for example, after school, dinner, bedtime)?
- *[Scaling question]* On a scale of 1-10, '1' being not at all and '10' being completely, how would you rate yourself in terms of where you are in comparison with where you want to be in parenting?
  - Any times when it was lower? What helped you raise it?
  - What would it take to move up to a 9 or 10?
- If one of your kids is being really difficult, what is one creative way you have used to deal with the behavior?
- What can your kids do to really push your buttons? What makes that so for you?
- Describe a great memory you have of your family.
- How would you describe each of your children?
- When was a time when you child was very successful? What part did you play in that success?
- What are ways that you show love to your children?
- Who taught you to be a parent?
- Who is your biggest influence as a parent?
- What do you like about being a parent? What have you learned from the experience?
- If you were describing yourself to others, what sorts of things would you say you are good at?

- What do you do to help yourself deal with the pressures of raising children?
- Have there been times when your child(ren) misbehaved and you felt like hitting him/her, even hurting him/her? How were you able to stop yourself from hitting or hurting him/her?
- Considering all that we have talked about, what do you think needs to change in order for your children to feel and be safe, and for you to feel like and be an effective parent?

### *Things to look for*

- ✓ Individualization of parenting based on the children's needs.
- ✓ Positive view of the children.

### *Strengths on which you can build*

- ✓ Humor about children's behaviors, finding the tenderness and humor in parenting moments.
- ✓ Understanding of the parenting issues that brought them to the system.
- ✓ Willingness to modify parenting or try new ideas.
- ✓ Parent/caregiver is willing and able to parent.
- ✓ Can identify and find family members who can be of help and provide relief and advice.

### *Concerns*

- ✓ Adamant or rigid about parenting style.
- ✓ Child has taken on the parenting role in the family.
- ✓ Parent/caregiver has unrealistic expectations for the child.
- ✓ Lack of consistent parenting or supervision.
- ✓ Responds negatively, harshly, tone of voice is generally angry or harsh.
- ✓ Excludes the child.
- ✓ Negative to normal developmental behaviors.

## Category 5 Safety

### Sample Questions:

- Okay, we both see the need to make your child safe. What are your ideas for doing this?
- How can we help you makes things better and make your child safer?
- What do you suppose you, your partner, the child, and other family members can do to increase safety?
- Let's suppose we could do anything to make your child safer: what would that be?
- In your opinion, what would it take to make your child safer?
- When we ask your son what would make him feel safer, what do you think he will say?
- At times that your child has felt most safe, from your standpoint, what was going on?

### When Parent/Caregiver Doesn't Agree With Safety Concerns

- What are your goals for your family? How could you go about meeting those goals without crossing into what the agency would consider unsafe? How can I help you?
- *[Scaling question]* On a scale of 1-10, where '10' means you are willing to do anything to keep your child safer and '1' means you are unwilling to do or consider anything, where would you put yourself? What would it take to move up?

### Things to look for

- ✓ Parent's/caregiver's assessment of safety once trust is established.
- ✓ Parent's/caregiver's measure of what would need to be in place for them and for the child(ren).
- ✓ Parent/caregiver ability to have empathy for the child(ren).

### Strengths on which you can build

- ✓ Parent's/caregiver's ability to see safety as a concern.
- ✓ Parent's/caregiver's willingness to identify how to establish and maintain safety.
- ✓ Previous efforts to keep the child(ren) safe, even if ineffective or sporadic, provide a basis for growth.

## Category 6 Child Needs

### Sample Questions for the Parent/Caregiver

- Tell me about your children. How would you describe \_\_\_\_ (name)?
- What qualities do you like best about your child(ren)?
- What behaviors would you like to see changed in your child(ren)?
- What do you expect your child to do for you?
- What would your child say are the times that he/she feels most safe?
- What would your child say are the times that he/she feels most unsafe or afraid?
- What do you believe about how children should be taught how to behave?
- When a child doesn't do what a parent tells him/her to do, how do you think the parent should correct him/her?
- Does the child's age influence how you would correct him/her?
- What do you think the child needs?
- Who are the people special to your children? Who is the child close to, and needs to stay connected to?
- What are your child's relationships at school or in the neighborhood?
- Are the adults in your child's life people you can turn to?

### Sample Questions for the Child

- If you had three wishes, what would they be?
- What do you think you need?
- Are there times you feel scared? What's happening then? Who is around?
- What is the best time at home?
- What is the worst time at home?

- What do you love to do? What are you best at doing?
- What do you like about school? What is your favorite subject in school?
- Is it easy for you to make friends? What friend do you feel closest to? What do you do together?
- What would you like to see change about your family?

#### *Things to look for*

- ✓ Sources of safety for the child.
- ✓ Individualization of school/community supports for the child.
- ✓ Toys and activities that are age appropriate.
- ✓ Child knows/understands rules about safety (i.e., the need for supervision, not to talk to strangers, etc.).

#### *Strengths on which you can build*

- ✓ Parent/caregiver knows who the child is connected to, who his/her friends are.
- ✓ Child identifies safety in the home, with a parent/caregiver or a sibling.
- ✓ Child can identify good times at home.
- ✓ Child has connections and a sense of what s/he needs.

#### *Considerations and areas to explore*

- ✓ Special physical or developmental needs and considerations.
- ✓ Level of care required to meet child's needs compared with the parent's/caregiver's functioning.

## Category 7 Physical Health Needs

### Sample Questions

- Does your family have a doctor? When were you last able to see him/her?
- Do you or any family member have any health conditions we should know about? Tell me about that.
  - How does this impact you? Your child(ren)?
  - What would it take for this condition to improve?
- Has anyone in your family been sick recently? Tell me about that.
- Has your health ever held you back from getting a job or taking care of your children? Tell me about that.
- Are there any medications that you or other family members take? What are they for?
- Do you have a family dentist? When was your last visit? Have there been any dental concerns and if so, how were you able to take care of them?
- Are you concerned about your child's physical health? What, if any, are his/her unmet needs? How do you think these needs could be met?

### Things to look for

- ✓ Possible untreated medical conditions that can interfere with functioning.
- ✓ Changes in health or functioning that have impacted family functioning.
- ✓ Medical conditions that limit parental ability to care for the child(ren).
- ✓ Financial or medical needs that keep the family from managing condition.
- ✓ Child's medical needs place stress on the family physically, emotionally, and/or financially.

### Strengths on which you can build

- ✓ Regular medical and dental care.
- ✓ Parent/caregiver knowledge of his/her condition and child(ren)'s condition.
- ✓ Involvement with providers and/or peer groups that support addressing the medical condition.
- ✓ Neighbors or friends who can be of help in an emergency.
- ✓ Ability to advocate for the child(ren) or for him/herself.

## Category 8 Substance Use

### Sample Questions<sup>7</sup>

- People usually use \_\_\_\_ because it benefits them in some way. What are the good things about \_\_\_\_? What do you like about \_\_\_\_?
- Can you tell me about the downsides? What are some aspects of using \_\_\_\_ that you're not happy about? What are some things you wouldn't miss?
- Before you started using, how were things different? Were they better or worse? Tell me about that.
- What are the worst things that might happen if you stop using \_\_\_\_? What are the best things that might happen if you stop using \_\_\_\_?
- Tell me about what part \_\_\_\_ plays in your daily life?
- *[Scaling question]* On a scale of 1 to 10, how important is it to you to quit, where '1' is not at all important and '10' is very important?
  - Why are you at a '6' and not a '5'?
  - Why not a '7'?
  - What would it take to move from a '6' to a '7'?
- Has anyone ever told you that they thought you had a problem with \_\_\_\_?
- Has anyone ever told you that they thought you had a problem with drugs, either prescription or non-prescription?
- Have you ever been arrested for drug use or possession?
- What would family members, friends, employer, your children say about how \_\_\_\_ influence your personal behavior, work behavior, parenting, or behavior toward each other?
- I hear that you have [goals, plans, values]. On the other hand, you're telling me that \_\_\_\_ is causing [negatives].
  - What would happen if you don't change?
  - What will your life be like if you stop?
  - It sounds like when you stated using \_\_\_\_ there were many positives, but that now using them is causing you to lose friends and skip school. How would seeking treatment affect your life?

<sup>7</sup> Resources included [pcssnow.org](http://pcssnow.org)

### *Things to look for*

- ✓ Type/frequency of usage.
- ✓ Impact usage has on parenting.
- ✓ Support network, or lack of supports.

### *Strengths on which you can build*

- ✓ Insight into substance usage, impact to the child(ren).
- ✓ Willingness to seek help.

### *Concerns*

- ✓ Lack of insight related to substance use.
- ✓ Uses with friends, no friends that don't use.
- ✓ Isolation, few or no social supports.
- ✓ Refusal to seek help.

## Category 9

### Mental/Behavioral Health Needs

#### Sample Questions

- When you are feeling stressed or down or overwhelmed, who do you turn to for support?
  - How often do you feel that way?
- Have you ever had a mental health problem that required you going to a hospital, or made you unable to care for yourself or your child(ren)? Tell me about that.
- Are there any supports that you had in the past but don't have now? What would it take to get those supports back or find replacement supports?

#### Things to look for

- ✓ Self-awareness of any mental/behavioral health concerns.
- ✓ Support network, or lack of supports.

#### Strengths on which you can build

- ✓ Insight into mental/behavioral health challenges.
- ✓ Willingness to seek help.
- ✓ Past supports that have helped.

#### Concerns

- ✓ Lack of insight related to mental/behavioral health concerns.
- ✓ Isolation, few or no social supports.
- ✓ Refusal to seek help.

“Am I Doing this Right?” Resource<sup>8</sup>  
 (feel free to print/laminate as a ‘bookmark’)

MI

## MOTIVATIONAL INTERVIEWING

an evidence-based treatment



### Encouraging Motivation to Change Am I Doing this Right?

Motivational Interviewing encourages you to help people in a variety of service settings discover their interest in considering and making a change in their lives (e.g., to manage symptoms of mental illness, substance abuse, other chronic illnesses such as diabetes and heart disease).

REMIND ME

Use the back of this card to build self-awareness about your **attitudes, thoughts, and communication style** as you conduct your work. Keep your attention centered on the people you serve. Encourage *their* motivation to change.

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### Encouraging Motivation to Change Am I Doing this Right?

1.

✓

Do I listen more than I talk?

✗

Or am I talking more than I listen?
2.

✓

Do I keep myself sensitive and open to this person's issues, whatever they may be?

✗

Or am I talking about what I think the problem is?
3.

✓

Do I invite this person to talk about and explore his/her own ideas for change?

✗

Or am I jumping to conclusions and possible solutions?
4.

✓

Do I encourage this person to talk about his/her reasons for *not* changing?

✗

Or am I forcing him/her to talk only about change?
5.

✓

Do I ask permission to give my feedback?

✗

Or am I presuming that my ideas are what he/she really needs to hear?
6.

✓

Do I reassure this person that ambivalence to change is normal?

✗

Or am I telling him/her to take action and push ahead for a solution?
7.

✓

Do I help this person identify successes and challenges from his/her past *and* relate them to present change efforts?

✗

Or am I encouraging him/her to ignore or get stuck on old stories?
8.

✓

Do I seek to understand this person?

✗

Or am I spending a lot of time trying to convince him/her to understand me and my ideas?
9.

✓

Do I summarize for this person what I am hearing?

✗

Or am I just summarizing what I think?
10.

✓

Do I value this person's opinion more than my own?

✗

Or am I giving more value to my viewpoint?
11.

✓

Do I remind myself that this person is capable of making his/her own choices?

✗

Or am I assuming that he/she is not capable of making good choices?

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<sup>8</sup> Free resource created by Case Western Reserve University