



Participant Guide

Motivational Interviewing Workshop

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Child Welfare Training Consortium
University of South Florida



Workshop Agenda:

9am–4pm



9:00am	Introductions
9:15am	“A Little Test”
9:45am	What is Motivational Interviewing?
10:45am	Break
11:00am	Activity 1 (Are you “Open” to this Technique?) and Debrief
12–1:00pm	Lunch
1:00pm	Activity 2 (OARS Option) and Debrief
2:00pm	“Change Talk”
2:30pm	Break
3:00pm	Activity 3 (Thinking On Your Feet) and Debrief
3:45–4pm	Wrap up with “What Stuck”



Notes:

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Information Collection Competencies

- ▶ 1. I know what information I must learn about a family. I know what information I must collect on each case I am assigned.
- ▶ 2. I understand the purposes or reasons for needing to know this information.
- ▶ **3. I demonstrate the ability to gather the information.**
- ▶ 4. I demonstrate awareness that everything I do to reconcile and validate information influences the overall quality of the information.
- ▶ 5. I can discuss and write about information I collected logically, succinctly, and in a way that justifies my conclusions.



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What is Motivational Interviewing?

- A style of communication that enhances motivation for change by helping the individual clarify and resolve ambivalence about the need for behavioral change.



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Spirit of Motivational Interviewing



Collaboration

- Information collection involves a partnership that honors caregiver's own knowledge, expertise, & perspectives.

Evocation

- Drawing on caregiver's own perceptions, goals, & values.

Autonomy

- Facilitates informed choice.

Four General Principles

1. Express Empathy

- Acceptance
- Skillful reflective listening
- Ambivalence is normal



2. Develop Discrepancy

- Caregiver should present arguments for change
- Change is motivated by a perceived discrepancy between present behavior & important personal goals or values

3. Roll with Resistance

- Do not argue for change
- Resistance is not directly opposed
- New perspectives are invited
- Caregiver is a primary resource in finding answers & solutions
- Resistance = signal to respond differently

4. Support Self-Efficacy

- A person's belief in the possibility of change = motivator
- Caregiver is responsible for choosing & carrying out change
- CPI's attitude and approach about a person's ability to change can have a powerful and positive outcome.

Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York: Guilford, 2002. Print.



Motivational Interviewing Workshop

O

Open Ended Questions

- Encourages families to talk.
- Avoid asking 3 questions in a row.

A

Affirmations

- Notice & appropriately affirm the caregiver's strengths & efforts.

R

Reflective Listening

- How CPI responds to what caregiver says.
- Empathy statements

S

Summaries

- Tie together what a person has just been saying with material offered earlier.
- Clarifying a person's ambivalence.
- Marks & announces a shift from one focus to another.
- Re-cap & closure

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"Change Talk"

- CPI's role is to facilitate the caregiver's willingness and expression of change talk.

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Notes:

Closed questions per domain:

- Did you hit your child?
- Does your child have a bruise or injury?
- Were your children home when this occurred?
- Did you call law enforcement?
- What was the father arrested for?
- Did any of your neighbors witness what happened?
- When is your paramour getting out of jail? Today or tomorrow?
- Do you use drugs?
- Did you file a DVI?
- Did you drink alcohol last night?

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Nature of Maltreatment:

- Has this ever happened before?
- How many times have the police been to your house for similar incidents?
- Have you ever filed a DVI before?
- Do you think your paramour intended to injure your child?
- Were there any weapons involved in the incident?
- Is there anything else you want to add to the circumstances surrounding the incident?
- Is this normal for your family?
- Was this a serious argument?
- Has this situation been causing stress in the family recently?
- Are you concerned this could happen again?

Notes:

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Adult Functioning:

- Are you employed?
- Have you ever been arrested?
- Do you have any mental health diagnoses?
- Have you ever been prescribed pain medication?
- Do you have a substance abuse history?
- Have you ever had any physical limitations? Are you disabled?
- Are you currently in an intimate relationship?
- Were you and the mother ever married? For how long?
- Have you ever experienced any sexual abuse?
- Do you have any domestic violence history?

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General Parenting:

- How many children do you have?
- Have you always wanted to be a mother?
- Would you say your expectations for your children are high or is that not something you've really thought about?
- Are you satisfied being a parent?
- Did you have good role models in your own parents?
- Is protectiveness of high priority to you as a parent?
- Do you think your spouse is a good parent?
- Who makes dinner for the family?
- Who gets the children up and ready for school daily?
- Who spends the most time with the children? You or your spouse?

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Discipline/Behavior Management:

- Do you spank your children?
- When disciplining your children, do you use time outs or verbal communications?
- Is the corner an effective method of discipline?
- Is that form of discipline cultural?
- Which one is of greater importance to you, discipline or behavior management?
- Were you physically disciplined when you were a child?
- Are you following similar or different discipline methods that your parents used on you and/or your siblings?
- Do you think it is important to teach your children right from wrong?
- Do you have a plan for discipline when your infant gets older?
- Did you learn discipline methods from a book, on the internet, or from friends/family?

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Allegation Narrative Summary:

The mother, Sydney Ross, is using prescription medication not prescribed to her, possibly in the presence of her four (4) year old son, Austin. Sydney has a long history of pill use and abuse. Last evening, the mother was arrested on a traffic violation and drug charges as she had pills in her possession that were not prescribed to her. Austin was in the car at the time of the arrest, however, law enforcement allowed the mother to contact the maternal grandmother to come pick up the child from the scene. The mother was very combative and explosive toward law enforcement when she was pulled over. The mother has previous domestic battery arrests. The father is in jail at this time on drug charges. The parents are in a relationship but are not married. Austin is currently in the care of the maternal grandmother.

Adult Functioning/O.A.R.S.:

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6 Domains

1. Maltreatment: What is the extent of maltreatment?

- | | | |
|---|--|--------------------------------------|
| • Abandonment | condemnation, | • Sexual abuse with violence present |
| • Medical care not sought | rejection/coldness | • Intercourse |
| • Diagnosable malnutrition-Failure to Thrive | • Not registered in school | • Pornography |
| • Chronic lack of supervision | • Poor Hygiene/Failure to groom children | • Bizarre sexual practices |
| • Inadequate shelter—dangerous, condemned, no utilities, infested | • Kicking | • Venereal disease |
| • Emotional Deprivation-Severe/no expectations, | • Biting | • Exploitation |
| | • Fracture/Broke Bones | • Masturbation/exposure |
| | • Hitting | • Fondling |
| | • Throwing | • Oral/Anal sex |
| | • Shaking | |

2. Nature: What surrounding circumstances accompany the alleged maltreatment?

- | | | |
|--------------------------------|----------------------------------|--|
| • Premeditated | • Multiple Maltreaters | • Chronic stress |
| • Cruel/Bizarre | • Unusual object used—knife, gun | • Spouse abuse |
| • Deliberate | • Use of threat | • Accessible to the maltreater |
| • Progressive in Severity | • Intentional/unintentional | • Parent's lack of explanation or lack thereof |
| • Several Victims | • Accessibility in time, place | |
| • Alcohol/Drug Related | • Justification for use of force | |
| • Un-Protecting Non-Maltreater | • Crisis present | |

3. Child Functioning: How does the child function on a daily basis?

Examples of Positive Safety Related Information (Important to assess in context)

- | | | |
|---|----------------------------------|---------------------------------------|
| • Developmentally Appropriate | • Appropriate Emotional Response | • Reasonably Independent |
| • Reasonable/Acceptable Emotion | • Satisfying Per Interaction | <i>Important to assess in context</i> |
| • Age-Appropriate Maturity | • Relaxed/Calm | • Healthy |
| • Communicates/Interacts with Adults in Acceptable Ways | • Communicates Effectively | • Robust |
| • Assertive | • Acceptable School Performance | |

Examples of Negative Safety Related Information (Important to assess in context)

- | | | |
|---------------------------------|--------------------------------------|---|
| • Developmentally Inappropriate | • Does not cry/respond when punished | • Shy/Aggressive |
| • Bizarre Behavior/Emotion | • Alert for Danger (Hyper Vigilant) | • Immature |
| • Physical Defects/Handicap | • Non-Communicative | • Learning Difficulties |
| • Physical Health Problems | • Tense or Fussy | • Presently Ill |
| • Pseudo-Mature | • Threatens Suicide | • Needs Medical Attention |
| • Adult Interaction Problems | • Cannot make their needs known | • Weak, Sickly, Frail—Physical Problems |
| • Powerlessness | • Overly Dependent | • Cannot Protect Themselves |
| • Fearful/Anxious | • Proactive | • Emotionally Vulnerable |
| • Self-Blame | | Premature |
| • Flat Affect | | |
| • Peer Interaction Problems | | |

Reference: Action for Child Protection



4. Adult Functioning: How does the adult function in respect to daily life management and general adaptation?

Examples of Positive Safety Related Information

- | | | |
|------------------------------|---|--|
| • Assertive | • Future Orientated | • Appropriate Emotional Control |
| • Calm | • Good Work History | • Appropriate Affect |
| • Effective Problem Solver | • Possess Some Close Personal Relationships | • Effectively Communicates Ideas, Thoughts, and Emotions |
| • Manages others Effectively | • Relations support Parent Role | • Reasonable Self-Concept |
| • Controls Impulses | • Want Appropriate Involvement | • Diagnosed/Treated/Controlled Mental Disorder |
| • Open/Flexible | • Open | |
| • Optimistic | • Cooperative | |
| • Relaxed | • Share Information Appropriately | |
| • Self-Revealing | | |
| • Concerned for Others | | |

Examples of Negative Safety Related Information

- | | | |
|-------------------------------------|---|---|
| • Generalized Anger—Aggressive | • Suspicious | • Lack of Motivation Severe Hopelessness, Despair |
| • Isolation/Loneliness/Alienation | • Rigid/Tense | • No sign of guilt or Conscience |
| • Insecurity | • Unreasonable | • Violent Temper Outbursts |
| • Low Empathy | • Passive/Dependent | • Distorted Self-Concept |
| • Feel Trapped | • Unrealistic Life Expectation | • Extreme Immaturity |
| • Unloved | • History of Unemployment or Inability to Keep Jobs | • Diagnosed/Untreated/Unmanaged Mental disorder |
| • Indifference/apathy | • Relationship Problems | • Addiction/Unmanaged Drug/Alcohol Abuse |
| • Inability to manage stress | • Few Close Friends or Superficial Friends | • Bizarre Behavior/Emotion-Delusional |
| • Developmental Disabilities | • Conflicted Relationships | • Extreme Fear/Anxiety |
| • Poor Life Management | • Fear Involvement | • Severe Depression |
| • Criminal Behavior-Criminal Record | • Manipulation | |
| • Suicidal | • Critical | |
| • Impulsive | • Aloof | |
| • Self-Centered/Narcissistic | | |
| • Self-Critical | | |

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5. Parenting General: What are the overall, typical, pervasive parenting practices used by the parent?

(Does not include disciplinary practices)

Examples of Positive Safety Related Information

- Informed/Knowledgeable as parent
- Aware of Parenting Style/Approach
- Good Communication
- Patient
- Reasonable Expectations
- Child-Orientated
- Sensitive to Child's Needs
- Evidence of Positive Parenting Experiences
- See Child as Having Individual/Positive Traits
- See Child as Good
- Accepts Child's Sexual Identity
- Describes Child in Endearing Terms
- Views child as Fulfilling
- Accepts Child as Dependent/Appropriate Child-Like
- Views Child as Healthy/Well Adjusted
- Accurately Depicts Child

Examples of Negative Safety Related Information

- Unrealistic or Rigid Child Rearing Attitudes/Expectations
- Poor Communication with Children
- Insensitive to Children's Needs
- Isolate Children
- Aversion to Parenting Responsibilities
- Unable to Play with Child
- Deny Complexity of Child Rearing
- Individualistic/Self-Centered as Parents
- Bonding Difficulties
- Parenting Frustrations
- Project Personal Conflicts onto Child
- Refuse to Keep Child
- Unconcerned for Child
- Incongruent Perceptions about Children and Child Conditions
- History of Negative Parenting
- History of Termination of Parental Rights
- See Child as Special/Different
- See Child as Extension of Undesirable Adult, Parent, or Self
- See child as Wrong Sex
- Labels Child-Bastard, Stupid, Devil
- Sees Child as Adult-Like, Capable of Performing Adult Behavior
- See Child as Troublesome, Burden, Unhealthily

6. Parenting Discipline: What are the disciplinary approaches used by the parent, including the typical context?

Examples of Positive Safety Related Information

- Varied Skills and Flexible Approaches dependent upon each child's individual needs
- Creative
- View Discipline in Broader, Socializing Ways
- Purpose of Discipline is Learning
- Age appropriate behavior expectations; realistic and achievable based on child development

Examples of Negative Safety Related Information

- Employ Physical and Verbal Punishment as Primary Response
- Uncreative in disciplining
- Inconsistent
- Self-Righteous
- Threaten Child
- Unrealistic, inappropriate behavioral expectations for child

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Family Statements Provided During Information Collection.

1. This has been going on in my family for years, so it's no big deal. (Sexual Abuse).
2. My child lies all the time.
3. I don't abuse my children.
4. He hits me sometimes, but not as bad as my ex-husband, so that's okay.
5. I haven't always used. (Drugs).
6. I don't want to spank my children but they force me to.
7. If my baby would stop controlling the lights in my bedroom, maybe I would get more sleep at night. (Possible delusion/mental health concerns on the part of the parent).
8. I wish things could be different.

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Change Talk Strategies

Asking Evocative Questions

- Open ended

Use the Importance Ruler

- On scale from 1 to 10...

Elaborating

- Asking for Clarification
- Asking for a Specific Example

Querying Extremes

- Ask people to describe extremes of their concerns.

Looking Back

- Recalls a time before problems emerged.
- Highlight both discrepancy with how things are now and possibility of life getting better.

Looking Forward

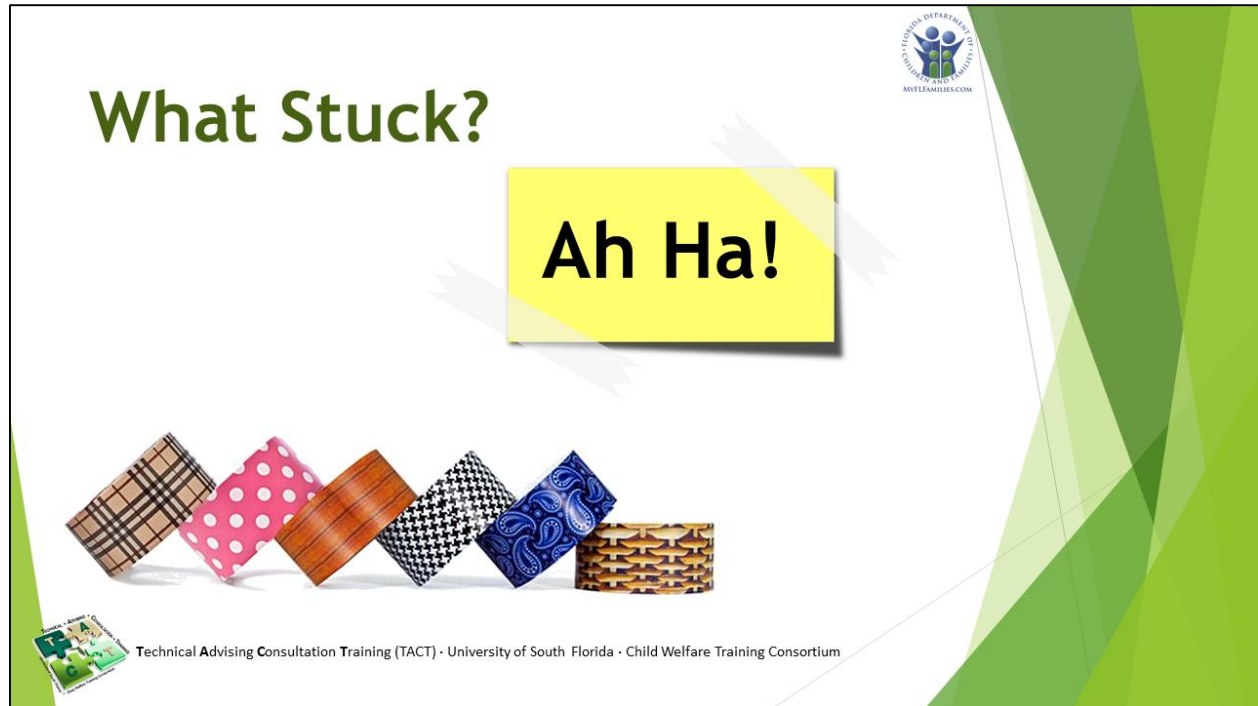
- Asking for realistic appraisal of a future unchanged or his/her realistic hopes for a future change.

Exploring Goals & Values

- Discover ways in which current behavior is inconsistent with important values & goals for the person.

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Bibliography

- ❖ Action for Child Protection, Inc. *Florida Safety Decision Making Methodology*. Charlotte, NC. 2013
- ❖ Miller, William R., and Stephen Rollnick. *Motivational Interviewing: Preparing People for Change*. 2nd ed. New York: Guilford, 2002. Print.
- ❖ Rosengren, David B. *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford, 2009. Print.

