



Trainer Guide

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Important Information for Trainers

Design of Workshop:

The focus of this workshop is to introduce some of the primary concepts related to “Motivational Interviewing” and target those concepts around skill building and application level activities for participants, specific to our work in child welfare.

This workshop is designed around the third competency component within Safety Methodology. Additional workshops will focus on the remaining competencies.

The five competencies within Safety Methodology are:

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.

Target Audience for Workshop:

It is presumed that those attending and participating in this workshop are already carrying a caseload, have experience in the field working with families, providers, other professionals and stakeholders within the system of care. This workshop is meant to provide information and practice opportunities geared toward the experienced child welfare professional and strives to enhance skills by recognizing that those attending have practical experience with families, including various challenges and barriers present within the field of child welfare. The respect demonstrated, by the trainer, for the participants’ experience will serve as the basis for successful class discussions, a safe learning environment and an opportunity for staff to develop and practice skills that can be immediately applicable in the field.

Trainer Attitude and Attention to Content:

This workshop is designed with many application activities and facilitated discussions before and after each practice activity. The content points for delivery in this workshop are a springboard for the more important and necessary work of practice and application by workshop participants. It is anticipated that trainers will know their audience well enough to know how to facilitate and establish the expectations for full class participation, rotating group and/or partner work and set



Important Information for Trainers

the tone for encouraging and requiring significant reflection on practice efforts during the post processing discussion of activities.

It is important that trainers allow for mistakes, debates and to allow for participants to struggle a bit if necessary with the application of activities. Healthy and safe debate is necessary for facilitation of content, but watch timing so that activities and skill building practice is the **primary source** of time used in class.

While examples and sample responses are provided for the trainers, as a guide, it is essential that trainers allow for participants to use their critical thinking skills without the necessity for an EXACT correct response, unless noted in the materials. The primary skill required of trainers conducting this workshop is the ability to facilitate discussions with participant groups.

Timing and Agenda:

It is recommended class size not exceed 20 due to the experiential nature of the application activities. Timing may vary on discussions, practice applications and content delivery with smaller class sizes. It is up to each trainer's discretion to determine time management, based on skill development needs and progress on delivery processes. This workshop is designed for a full 6 hour training day of content delivery, activities, lunch and two breaks.

Trainer Tips and Suggestions:








It is suggested that when conducting the activities, trainers switch groups for **each practice and application activity** and not allow the exact same groups to work together for the entire day. Because of this switching of groups, it is important to let the class participants know at the beginning of the day that there will be an expectation of rotating into different groups so they are "prepared" for this expectation, direction and process with the least amount of resistance.

Review the content materials carefully. Every effort has been made to match up your trainer guide materials, power points and participant materials, but it is key that trainers review materials with advance time to gain familiarity and comfort with content and facilitation requirements.

There are areas in the trainer guide with suggested responses and samples **for you**, as the trainer. This information is a **guide** and **not an exhaustive list** or the **only** definitive responses possible.



KEY

Icon	Description
	Trainer Note
	Agenda
	Competency 3
	Learning Objectives
	Activity
	Key Concepts/Discussion
	Pre/Post Test



Workshop Length: 6 hours

Pre-requisite: Participants should have completed the 6 hour Critical Thinking workshop.

Introductions: Name/role and how long have you been interviewing families and collaterals to gather information for the six (6) domains?

Establish working agreements about: Cell phones, laptops, punctuality, minimal sidebar discussions, full attendance, mutual respect for class discussion and debate, confidentiality of information shared in class, and a commitment to full participation by all.



Opening Discussion (Concrete/Reflection): Trainer facilitates class discussion. Ask for volunteers to share what they think is “the best tip” when interviewing family members on a case. Allow for a few volunteers to share their responses and then inform the class that a pre-test will be given as a baseline assessment for knowledge about motivational interviewing.



Pre-test: Communication Contemplation

- Provide each participant with a pre-test and allow 15 minutes to complete.
- Collect all tests when participants are finished.
- Test answers are bolded in Trainer Guide only on page 7.
- Pre/Post Test included in back of TG as a full handout (without answers) to be copied and handed out to all participants.



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Pre-Test: Communication Contemplation

1. If someone is ambivalent, they are?
 - A) In a state of denial.
 - B) Struggling with competing motivations.**
 - C) Ready to make a life changing decision.
 - D) Avoiding the inevitable.
2. Motivational Interviewing is?
 - A) A way to determine the “triggers” in people.
 - B) Interviewing about someone’s goals in life.
 - C) The style of interview that takes place only after children are removed.
 - D) A style, technique and approach serving to engage with others in a non-adversarial way, allowing for changes in behaviors.**
3. Which acronym best reflects the principle in motivational interviewing which strives to express empathy, support self-efficacy, develop discrepancy, and roll with resistance.
 - A) OARS
 - B) ROLL
 - C) RULE**
 - D) ESDR
4. There are ____ principles that best describe motivational interviewing?
 - A) 4**
 - B) 6
 - C) 3
 - D) 2
5. When individuals are struggling to make the decision to take action steps to make changes resulting in new outcomes, they often engage in this?
 - A) Affirmation
 - B) Rolling with resistance
 - C) OARS
 - D) Change Talk**
6. Empathy statements are best expressed through which interviewing technique?
 - A) Open ended questioning
 - B) Reflective listening**
 - C) Change talk
 - D) Affirmations
7. Shaming, ridiculing, or labeling when interviewing is consistent with what?
 - A) Honesty when interviewing.
 - B) A technique to gather specific information from sources.
 - C) OARS roadblocks.**
 - D) A successful approach to interviewing if you know the family very well and confrontation is warranted.
8. Which of the following is *NOT* a change talk strategy?
 - A) Summarizing**
 - B) Elaborating
 - C) Using the importance ruler
 - D) Querying extremes



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What Can Be Expected?

Review agenda with class participants.






Workshop Agenda: 9am–4pm



- 9:00am Introductions
- 9:15am Pre-test followed by “A Little Test”
- 9:45am What is Motivational Interviewing?
- 10:45am Break
- 11:00am Activity 1 (Are you “Open” to this Technique?) and Debrief
- 12–1pm 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
- 3:45pm Post-test
- 3:50pm Wrap up with “What Stuck”




	<h2>Discussion</h2>
	<ul style="list-style-type: none"> • The following 6 slides are meant to generate thinking and discussion about the processes involved in obtaining a specific goal. • Facilitate class discussion beginning with “A Little Test.” (Answers provided in TG only). • Utilize the next 6 Power Point slides to prompt participants prior to content delivery on Motivational Interviewing.



A Little Test...

True or False?

- ▶ In Motivational Interviewing (MI) how you say something is just as important as what you say? (T)
- ▶ Ambivalence is a sign of denial? (F)
- ▶ Resistance is an interpersonal process? (T)
- ▶ Directiveness is a key concept in MI? (T)
- ▶ Autonomy means that we don't have goals for our families behaviors? (F)

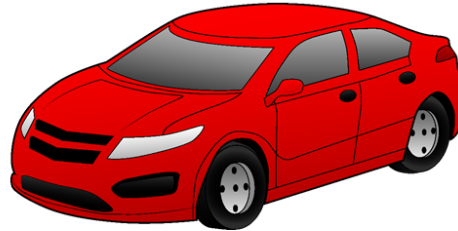


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Where Do We Go and How Do We Get There?

- ▶ How did you get to work today?



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Where Do We Go and How Do We Get There?

- ▶ How did you get your college degree(s)?



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Where Do We Go and How Do We Get There?

- ▶ How did you get your job?



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What Do These Have in Common?

- ▶ These are all pathways and processes to get what you want.



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What is Our Process to Get What We Need From Families?



- ▶ The interview/information collection process
 - Interviewing is the tool, means, method and pathway we must use every day in Child Welfare.











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After class discussion regarding “Where do we go and how do we get there” and what “processes” we take, continue on with introduction to the worker competencies and workshop learning objectives.



	<p>Information Collection Competencies:</p> <p>I know what information I must learn about a family. I know what information I must collect on each case I am assigned.</p> <p>I understand the purposes or reasons for needing to know this information.</p> <p>I demonstrate the ability to gather the information.</p> <p>I demonstrate awareness that everything I do to reconcile and validate information influences the overall quality of the information.</p> <p>I can discuss and write about information I collected logically, succinctly, and in a way that justifies my conclusions.</p> <p> This workshop will focus on the <u>third</u> competency.</p>
	<p>Competency 3 → I demonstrate the ability to gather the information.</p>
	<p>Review the following objectives with the class and make sure to describe the benefit of each objective to participants. Try to tie the benefit of each objective to some part of discussion from earlier when you asked participants about their “best tip” or the “process” we take to get what we need from families.</p>
	<ul style="list-style-type: none"> • Identify and differentiate interviewing techniques of Motivational Interviewing (MI) and demonstrate how the correlated skills are successful when engaging with families. • Demonstrate techniques and develop skills from MI, specific to Child Welfare, which can evoke “Change Talk” with families.

<p>1</p>		<p>Identify and differentiate interviewing techniques of Motivational Interviewing (MI) and demonstrate how the correlated skills are successful when engaging with families.</p>
		<ul style="list-style-type: none"> • Motivational Interviewing (MI) consists of a variety of styles, techniques, and approaches that all serve to engage with others in a non-adversarial way, allowing for changes in behaviors. • Within this workshop, efforts are made to select, identify and allow for practice on some techniques that can be utilized in the field of Child Welfare, specific to information collection and behavior change goals. • In our practice, everything we do before and during information collection influences the quantity and quality of the information we will collect. Engagement with families is key.
		<p>The following quote is used as a conversation starter with participants to discuss and address how we treat families and how our expectations are sometimes biased, influencing the way we ultimately engage with families.</p> <p><i>“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.”</i></p> <p>–Johann Wolfgang von Goethe (German writer and statesman).</p> <p>*** Ask for volunteers to share a time when their perception of a family influenced them to interact with that family in a particular way. <i>(Answers may reflect a positive or a negative experience).</i></p> <ul style="list-style-type: none"> ▪ After class discussion/sharing of responses, continue on with the introduction of MI and content delivery.



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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- The following concepts are not fully exhaustive of all theories, techniques or intervention approaches for Motivational Interviewing. Efforts have been made to select the most significant and immediately applicable strategies.
- It is important to note that these strategies and efforts to develop skills will take time, practice and require *intentional effort* on the part of the child welfare workforce.



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The Role of Decisional Balance Related to Ambivalence:

- A component of understanding Motivational Interviewing is the concept of “decisional balance.” When individuals are considering making changes in their lives, it should be expected that there will be feelings of ambivalence in which individuals struggle with competing motivations, benefits and costs associated with a specific type of action or change in life circumstances.
- There are always perceived costs and benefits to a course of action. One way to conceptualize this is to think of a decisional “teeter-totter” when looking at making changes.
- This is most often the source of an individual’s internal cognitive conflict and internal ambivalence. Very often, individuals are not even consciously aware of their experience within this process.
- While ambivalence is a typical reaction to be expected, there are greater concerns when individuals get “stuck” in ambivalence and cannot seem to move out of it to take action.
- Ambivalence must be resolved before any change will take place. It is the resolution process and the struggle that creates a challenge for individuals as well as for those attempting to provide service intervention for families in need of such intervention for purposes of child safety.



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4 Types of Conflict within Ambivalence: It is proposed that there are four types of conflict in how ambivalence is manifested.

1. **Approach/Approach** conflict in which a person must choose between two similarly attractive choices, both are equally positive and equally desirable.
 - **Example:** Buying a new pair of shoes and having to choose between two similar pairs, both equally attractive and desirable; however, you only have enough money for one pair.
2. **Avoidance/Approach** conflict in which a person must choose between two options, both being equally painful, embarrassing, or perceived to have negative consequences.
 - **Example:** “Caught between a rock and a hard place.”
3. **Approach/Avoidance** conflict in which a person is drawn to and repelled by the same outcome. The individual may experience the feeling that while they are driven to continue the same actions and behaviors, they are also aware that those very actions are the ones that create a problem or some type of pain.
 - **Example:** An individual struggling with not wanting to continue using drugs or alcohol due to the negative outcomes of what happens legally with family strife, or physical and emotional consequences of their use, but at the same time, they are driven by their desire for how it feels to use the drugs or alcohol.
4. The last and most intensive type of conflict is known as the **Double Approach–Avoidance** type. This is when a person is torn between two options in which each option has enticing positive and strong negative components to the decision to be made.
 - **Example:** As the internal process continues for a decision to be made, the individual is starting to settle toward option “A,” but because of some



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disadvantages to that option, they become more and more convinced that perhaps option “B” would be better. When moving toward option “B,” the disadvantages in this option are revealed and the individual starts looking back to option “A.”

*** In talking with families, it is important to keep in mind that during interviews and throughout information collection, as well as ongoing work, most individuals will experience some of the above phases of internal conflict as associated with ambivalence.

Important principles of MI:

- To express empathy, support self-efficacy (effectiveness), developing discrepancy, and rolling with resistance. This may be understood best by using the acronym suggested by Rollnick et al (2008):

R---Resist the righting reflex

U---Understand your client’s motivation

L---Listen to your client

E---Empower your client

- The following helps describe how these concepts are pertinent to our work with families in Child Welfare.

R---Resist the righting reflex:


Resist the temptation to “fix” everything. This reduces the possibility and likelihood that individuals will seek and act to make changes for themselves that will be long term.

U---Understand your client’s motivation:

This premise proposes that we cannot create motivation in others, but we can help them find what *does* motivate them toward changing their own behavior. We help them by directing them and using types of conversations that demonstrate the discrepancies between what is currently occurring, as



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	<p>opposed to what it may be like in the future if things were different.</p> <p>L---Listen to the families: While it may seem obvious, this is a strategy to listen with empathy and develop a relationship and an atmosphere of working together that will be “safe.” This allows for families to explore their own conflicts as they explore future or current truths. This requires active and reflective listening that accepts the feelings of the families, regardless of agreement about their perspectives.</p> <p>E---Empower your client: Empowerment is directly related to how well the individual is “engaged” with their own commitment and their personally defined interest in the outcomes of what the change will mean within their lives. The other primary concept related to empowerment is that of self-efficacy and the perception by the individual (<i>and ongoing reinforcement by child welfare professionals</i>) of the family’s ability to make the changes necessary to achieve desired outcomes.</p>
	<p>The following handout and content points can be reviewed with participants to provide quick references to enhance the concepts just reviewed. Handout is on PG page 10.</p>



Spirit of Motivational Interviewing



Collaboration	<ul style="list-style-type: none"> • Information collection involves a partnership that honors caregiver's own knowledge, expertise, & perspectives.
Evocation	<ul style="list-style-type: none"> • Drawing on caregiver's own perceptions, goals, & values.
Autonomy	<ul style="list-style-type: none"> • Facilitates informed choice.

Handout Help

- Call attention to bolded information on handout.

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.



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Often called micro counseling skills, **OARS** is a brief way to remember a basic approach used in Motivational Interviewing.

Open Ended Questions, Affirmations, Reflective Listening, and Summaries are core techniques employed to move the process forward by establishing a collaborative alliance and eliciting discussion about change. Each element is described below:

***Refer participants to the OARS handout as you deliver the following key points, (PG page 13).*

- **Open Ended Questions:** Those inviting elaboration and thinking more deeply about an issue. Although closed questions have their place and are at times valuable, open ended questions create forward momentum to help the caregiver explore the reasons for and the possibility of change.
- **Affirmations:** Statements that recognize caregiver strengths. The use of affirmations can help caregivers feel that change is possible even when previous efforts have been unsuccessful.
- **Reflective Listening:** **The most crucial skill in MI** Careful listening and reflective responses allow the caregiver to feel that the CPI recognizes the family's issues from their own perspective.
- **Summaries:** The recap of information that has been collected throughout the conversation. Summaries communicate interest, understanding, and call attention to important elements of the discussion. Summaries also highlight both sides of a caregiver's ambivalence about change.

The above techniques, when utilized, may result in "Change Talk"

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



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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


L

"Change Talk"

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

Handout Help

- Review each step with participants. This handout will be helpful for the upcoming activity.



- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Persuading with logic, arguing, or lecturing
- Telling people what they should do, moralizing
- Giving advice, making suggestions, or providing solutions
- Withdrawing, distracting, humoring, or changing the subject
- Reassuring, sympathizing, or consoling
- Shaming, ridiculing, or labeling
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, praising
- Interpreting or analyzing
- Questioning or probing

OARS Roadblocks

Handout Help

- Attend to these attitudes/approaches carefully when reviewing with participants.
- These are to be avoided if MI is going to be successful.





Activity #1

Are You “Open” to This Technique?

Purpose: To practice using open ended questions as an interview technique.



The point of this activity is to practice converting closed questions into open ended questions. This practice is necessary as staff often ask a majority of questions in a closed manner, frequently limiting information collection. It is crucial for staff to learn and practice a more inviting way to obtain information during interviews and assessments.

Directions to Trainer:

- Divide participants into small groups.
- Refer participants to the list of questions per domain on pages 16–21 in their PG.
- Each individual in the group will develop a “counter question” that demonstrates how to turn the closed question into an open ended question to gather relevant information about that domain.
- Note how direct/blunt/abrasive many of these questions sound when reading them aloud. This is intentional within this activity, as it helps draw attention to the importance of engagement through open ended questioning/conversational approaches versus a check-list style of questioning.

Trainer Example:

- Maltreatment: Did you hit your child? ---**Tell me how the bruising happened?**
- Nature of Maltreatment: Is this normal for your family? ---**Describe for me how your family generally gets along?**
- Child Functioning: Is your child generally happy or sad? ---**Tell me about the general mood and attitude of your child?**
- Adult Functioning: Do you have any domestic violence history? ---**Tell me about your relationship with your partner/previous partners?**
- General Parenting: Are you satisfied being a parent? ---**What’s the best thing about being a parent? What’s the most challenging part about being a parent?**



- **Discipline/behavior management:** Were you physically disciplined when you were a child? ---How were you punished as a child? Give me an example of a time when you had to punish your child and how?

Directions to Participants:

- In your groups, look at your assigned domain and the questions provided.
- Look at the way questions are asked in your domain that are closed.
- Develop an open ended question that seeks to obtain the same information as the closed question.
- This will be “practiced” in your group until all questions are utilized and “transformed” into open ended interview questions.



*** This activity is designed for the purpose of allowing a free flow of ideas between participants about their assigned domain and the concept of what information they must learn and collect about families.

*** Allow groups latitude in coming up with open ended questions as long as it meets the criteria.

Closed questions per domain:

Maltreatment:

- 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?

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 tell me about previous incidents?
- Is this normal for your family?
- Was this a serious argument?
- Has this situation been causing stress in the family recently?
- Do you think this will happen again?

Child Functioning:

- How old is your child?
- Is your child generally happy or sad?
- Is your child on target developmentally?
- What grade are you in?
- Does your baby sleep through the night?
- What is your favorite subject in school?
- Do you feel safe at home?
- How do you get to school? Do you take the bus or does someone drive you?
- Do you have friends at school?
- Do you get along with your siblings?

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?

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?

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 than 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?



Trainer Debrief:

- What were the challenges to this activity?
- What type of awareness did you discover about your own interview questioning style when you were participating in this activity?
- How did this activity help inform your information collection skills, as it pertains to adult functioning?



6 Domains

1. Maltreatment: What is the extent of maltreatment?

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

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

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

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
- Reasonable/Acceptable Emotion
- Age-Appropriate Maturity
- Communicates/Interacts with Adults in Acceptable Ways
- Assertive
- Appropriate Emotional Response
- Satisfying Per Interaction
- Relaxed/Calm
- Communicates Effectively
- Acceptable School Performance
- Reasonably Independent
- Healthy
- Robust

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

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

Handout Help

For activity and practice model reference.



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 |
| • Managers 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-Reveling | | |
| • 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 | | |

Handout Help

- Beneficial handout for Activities



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

Handout Help

For activity and practice model reference.





Activity #2 O.A.R.S. Option

Purpose: To practice how to utilize the OARS technique within Motivational Interviewing when collecting information.



The following allegation narrative summary will be used by participants for this activity.

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.



Motivational Interviewing Workshop



- The point of this activity is to allow group participants to “practice” hearing themselves ask questions, affirm, and summarize.
- Because it is highly structured and in small groups, the participants are able to learn by hearing peers “rehearse.” Groups will struggle individually as well as collectively to think “on the spot” about what to say and how to say it.

***** Your role, as a trainer and facilitator of this activity, is to make the activity “safe” to try and “safe” to succeed and/or experience challenges in developing this skill.**

Directions to Trainer: Refer the class to the allegation narrative summary in their Participant Guides on page 23.

- Instruct the class that they will practice how to develop and demonstrate asking questions for the Adult Functioning domain, with a focus on utilizing the OARS strategy: **Open-Ended Questions, Affirmations, Reflective Listening and Summaries**.
 - Divide participants into small groups. These groups should contain different participants from the previous activity.
 - Groups need to consider how they would ask relevant questions to obtain knowledge about Adult Functioning. Handouts in the PG are provided to assist participants. Refer groups to page 24 for the OARS handout and page 27 for Adult Functioning consideration.
 - All individual members within groups will play the role of the mother in the case scenario and all individuals will have a turn asking questions of the person playing the role of the mother, practicing their adult functioning information collection using the OARS technique.
- ❖ The following examples are sample trainer answers. They are NOT found in the participant guide and are NOT specifically stated in the sample allegation narrative.
 - ❖ These sample trainer answers are “POSSIBLE” responses the person playing the role of the mother in the scenario could have provided about her own life.
 - Use these sample answers for clarification purposes and group facilitation support if groups are struggling to begin this exercise.



Motivational Interviewing Workshop

Trainer Examples: In seeking information about Adult Functioning, it is important to broaden questioning that goes beyond the “incident.” The goal for participants is to gather information about this caregiver, **as an adult**. *Possible* examples for each are provided below. The information in these examples is not specifically reflected in the allegation narrative that is provided so participants’ conversations/answers will vary.

- **Open-Ended Question:** Two possible open-ended questions a group member could ask the mother; **“Tell me about the adults in your life you turn to when you are frustrated or upset?” “Who do you consider to be your support system and why?”**
 - The mother contacted the grandmother to care for Austin prior to being arrested so the grandmother offers some kind of support for the mother.
- **Affirmation:** Possible affirmation statement one group member could say to the mother; **“Sounds like you were concerned enough about your son to make quick arrangements with your mother just prior to your arrest. That must have been a difficult decision for you since you and your mother have not been getting along recently.”**
 - Example depicts a “possible” response the interviewer provided the mother after she made statements that she is not getting along with the grandmother as of late and there is a strain in their current relationship. *Participant answers will vary however.*
- **Reflective Listening:** Possible reflective listening statement one group member might say to the mother after statements she made during role play. **“It seems like this is a frustrating time for you and you are feeling alone.”**
 - Example takes into account “possible” statements by the mother that she does not have a good support system and is frustrated by the fact that she feels she cannot rely on many other adults for support in her life.
- **Summary:** Possible summary statements used by the interviewer. **“I’m going to be involved with your family for a little while and it’s important that I understand how you’re feeling and what you are going through. Let me make sure I’ve heard you correctly. I’m hearing you say you don’t feel supported by other adults in your life. While you haven’t been getting along with your mother, you knew you needed her support in your life right now. Thank you**



for sharing this information, it is important for me to know so I can understand your family.”

- This is an example of how to summarize some of the statements the mother provided during the conversation with the interviewer.
 - *Remember this exercise is specific to Adult Functioning so make sure summary efforts are not too exhaustive or incident focused.*
- ❖ Refer participants to the “Roadblocks” handout on page 23 in the PG to ensure those attitudes/approached are avoided because they are *roadblocks* to success in Motivational Interviewing.
- ❖ Encourage groups to provide feedback to each other after the “round robins” and to openly discuss with each other which parts of the activity were challenging.

Directions to Participants:



- Read the allegation narrative summary on page 23 of your PG.
- As a group, develop some ideas about what information you would need to know for adult functioning. Make sure you have a scribe who captures and documents the group’s list of what information is needed.
- After your group decides what information must be obtained, each participant takes a turn asking their question to a participant playing the role of the mother in the scenario.
- Role play by “the mother” will have to provide enough self-disclosing information for all techniques to be effectively performed by all group members. Each group member role playing as the mother can have varying responses so questions within this technique will also vary.
- Continue “round robin” style in your group, asking questions until each group member has used all elements of the OARS technique to elicit information, affirm information, use reflective listening, and summarize. Handout on page 24 of your PG should be used to assist in formulating your questions.



Trainer Debrief:

- What were the challenges to this activity?
- What type of awareness did you discover about your own interview questioning style when you were participating in this activity?
- How did this activity help inform your information collection skills, as it pertains to adult functioning?



<p>2</p>	 <p>Learning Objectives</p>	<p>Demonstrate techniques and skills from MI, specific to Child Welfare, which evoke “Change Talk” with families.</p>
		<p>“Change Talk”</p> <ul style="list-style-type: none"> • As indicated in the above sections, there are a variety of strategies and techniques to work with families to facilitate what is known in MI as “Change Talk.” In earlier sections, the information about how conflict is experienced through ambivalence, what type of basic principles to keep in mind related to MI, and the skill to operationalize these principles all assist in helping families get to “change talk.” • Change Talk is observed in individuals when they are struggling to make the decision to take action steps to make changes that will result in new outcomes. • Assisting with “change talk” is the result of assisting others to see the discrepancies in their current actions and evoking this dialogue through use of questions, as well as reinforcing the ability of the individual to articulate their reasons for change. • In child welfare work, as in most other disciplines, it is not until individuals see the need for their own behavior to change that they will take action to do so.





Activity #3 Thinking On Your Feet

Purpose: To think on your feet and formulate responses to unexpected statements.



The point of this activity is to look at how we respond during interviews with individuals and families and how it is necessary to “think on your feet,” as you formulate questions in response to *unexpected statements* and/or information that may be significant to child safety decision making.

Directions to Trainer:

- Review “Change Talk Strategies” handout on the next page with participants (PG page 31).
- Go through each strategy with class participants and work through as a large group. (See **Handout Help** box on the next page for Trainer only. Participants will not have the provided examples). Each strategy has a correlating power point slide to present to the class as you go.
- Trainer should first ask for responses from the large group as each slide is presented. If no volunteers or class is struggling, offer the corresponding sample response from the **Handout Help** box on the following page.
- After facilitating examples aloud with the group, proceed with activity directions to participants.



“Change Talk” Strategies

Asking Evocative Questions	<ul style="list-style-type: none"> • Open ended
Use the Importance Ruler	<ul style="list-style-type: none"> • On scale from 1 to 10...
Elaborating	<ul style="list-style-type: none"> • Asking for Clarification • Asking for a Specific Example
Querying Extremes	<ul style="list-style-type: none"> • Ask people to describe extremes of their concerns.
Looking Back	<ul style="list-style-type: none"> • Recalls a time before problems emerged. • Highlight both discrepancy with how things are now and possibility of life getting better.
Looking Forward	<ul style="list-style-type: none"> • Asking for realistic appraisal of a future unchanged or his/her realistic hopes for a future change.
Exploring Goals & Values	<ul style="list-style-type: none"> • Discover ways in which current behavior is inconsistent with important values & goals for the person.

Handout Help

Trainer Examples:

What happened yesterday? What do you like about your child?

From 1 to 10 with 1 being very unstable how would you rate the current stability of your relationship?

In what ways? What does that mean? What else?

What's the worst type of behavior demonstrated by your child requiring discipline? What is the best part about being a parent?

Tell me about your relationship when you first starting dating. Looking back, what did you do as a couple that you remember as being a happier time in your life?

What would have to happen for your children to live in a home without violence?

How do you think your recent arrest will impact your goal of one day becoming a Certified Nursing Assistant?

*** Examples provided in the **Handout Help** box are NOT available to participants. Use the provided examples to facilitate class discussion, along with corresponding PowerPoint slides, as you go over the “Change Talk Strategies” handout. ***



Motivational Interviewing Workshop

Directions to Participants:






- Partner up with your assigned interview partner.
- Find some space in class to either stand or sit facing each other.
- Take turns reading the “statements” with your partner on page 30 of your PG.
 - One partner reads one of the provided statements from a family member. The other partner looks at the “Change Talk Strategies” handout on Page 31 in your PG. Select a change talk strategy method to develop a question that would elicit more information about the statement.
 - Switch partners and select another statement so your partner has a turn asking their question using a different strategy.
 - Use as many strategies as possible as you alternate turns.
 - Repeat activity until all statements and strategies are used or Trainer calls time.

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.



Motivational Interviewing Workshop

	<p>Trainer Example:</p> <ul style="list-style-type: none"> • A family member provides the following statement during an interview, “My child lies all the time.” • The following examples are questions the interviewer might ask the parent in response to what has been said. <ul style="list-style-type: none"> ▪ Elaborating: The interviewer might ask, “Under what circumstances does your child lie?” ▪ Querying Extremes: The interviewer might ask, “What’s the worst type of behavior demonstrated by your child requiring discipline?” Or, “What is the best part about being a parent?” • Participant answers may vary as long as they meet the criteria.
	<p>Trainer Debrief:</p> <ul style="list-style-type: none"> • What were the challenges to this activity? • What did you learn about your own ability to use change talk techniques?
	<p>Post-Test: After post-test, Trainer may verbally review answers with class if time permits.</p>
<p>Closing: “What’s Your Motivation for Change?”</p>	
	<p>Have participants discuss in small groups something they learned today that has motivated them to make changes in their interview practices.</p>
	<p>What Stuck?</p> <ul style="list-style-type: none"> ▪ Lessons Learned? ▪ Ah Ha Moments?



Pre/Post-Test: Communication Contemplation

Name: _____

Date: _____

1. If someone is ambivalent, they are?

- A) In a state of denial.
- B) Struggling with competing motivations.
- C) Ready to make a life changing decision.
- D) Avoiding the inevitable.

2. Motivational Interviewing is?

- A) A fast way of gathering information.
- B) Interviewing about someone's goals in life.
- C) The style of interview that takes place only after children are removed.
- D) A style, technique and approach serving to engage with others in a non-adversarial way, allowing for changes in behaviors.

3. Which acronym best reflects the principle in motivation interviewing which strives to express empathy, support self-efficacy, develop discrepancy and roll with resistance.

- A) OARS
- B) ROLL
- C) RULE
- D) ESDR

4. The spirit of motivational interviewing can be best described in this number of principles?

- A) 4
- B) 6
- C) 3
- D) 2



5. When individuals are struggling to make the decision to take action steps to make changes resulting in new outcomes, this is known as?
- A) Affirmation
 - B) Rolling with resistance
 - C) OARS
 - D) Change Talk
6. Empathy statements are best expressed through which interviewing technique?
- A) Open ended questioning
 - B) Reflective listening
 - C) Change talk
 - D) Affirmations
7. Shaming, ridiculing, or labeling when interviewing is consistent with what?
- A) Honesty when interviewing.
 - B) A technique to gather specific information from sources.
 - C) OARS roadblocks.
 - D) A successful approach to interviewing if you know the family very well.
8. Which of the following is *NOT* a change talk strategy?
- A) Summarizing
 - B) Elaborating
 - C) Using the importance ruler
 - D) Querying extremes



Workshop Agenda:

9am–4pm



9:00am	Introductions
9:15am	Pre-test followed by “A Little Test”
9:45am	What is Motivational Interviewing?
10:45am	Break
11:00am	Activity 1 (Are You “Open” to This Technique?) and Debrief
12–1pm	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	Post-test and Wrap up with “What Stuck”



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

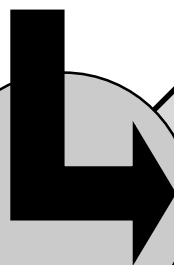
Reflective Listening

- 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



"Change Talk"

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

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





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6 Domains

1. **Maltreatment: What is the extent of maltreatment?**

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

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

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

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
- Reasonable/Acceptable Emotion
- Age-Appropriate Maturity
- Communicates/Interacts with Adults in Acceptable Ways
- Assertive
- Appropriate Emotional Response
- Satisfying Per Interaction
- Relaxed/Calm
- Communicates Effectively
- Acceptable School Performance
- Reasonably Independent
- Healthy
- Robust

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

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

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

Examples of Negative Safety Related Information

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

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

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Examples of Positive Safety Related Information

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- Aware of Parenting Style/Approach
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6. Parenting Discipline: What are the disciplinary approaches used by the parent, including the typical context?

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- 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

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- Uncreative in disciplining
- Inconsistent
- Self-Righteous
- Threaten Child
- Unrealistic, inappropriate behavioral expectations for child

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Motivational Interviewing Workshop

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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“Change Talk” Strategies

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Exploring Goals & Values	<ul style="list-style-type: none"> • Discover ways in which current behavior is inconsistent with important values & goals for the person.

Handout Help

Trainer Examples:

What happened yesterday? What do you like about your child?

From 1 to 10 with 1 being very unstable how would you rate the current stability of your relationship?

In what ways? What does that mean? What else?

What's the worst type of behavior demonstrated by your child requiring discipline? What is the best part about being a parent?

Tell me about your relationship when you first starting dating. Looking back, what did you do as a couple that you remember as being a happier time in your life?

What would have to happen for your children to live in a home without violence?

How do you think your recent arrest will impact your goal of one day becoming a Certified Nursing Assistant?

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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.

