



How can **motivational interviewing** be used in child protection?

Parents who come to the attention of child protection agencies experience tremendous stressors and a range of emotions that may include fear, hopelessness, and a reluctance to engage with a system that is threatening to remove – or has removed – their children. As a result, child welfare agencies must be diligent about [meaningful family engagement](#). Not only is it a [best practice](#) and something that [families say they need and want](#), but successfully engaging caregivers in child welfare services has been shown to promote critical case outcomes such as fewer placements in out-of-home care and lower risk of repeat maltreatment.¹

One evidence-based approach to facilitate engagement is [motivational interviewing \(MI\)](#). Originally designed to support adults coping with substance use issues, MI has since been successfully [adapted for other fields](#) as an effective method for engaging non-voluntary or reluctant clients in making positive life changes by exploring and resolving their ambivalence toward change.

The Title IV-E Prevention Services Clearinghouse now rates MI as a [“well-supported” program](#) in the category of “substance abuse programs and services. As a result, states can receive reimbursement for MI as part of their service array under the [Family First Prevention Services Act](#). While MI’s effect on child welfare outcomes has yet to be studied extensively, its theoretical



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alignment with child welfare practice and proven effectiveness for substance use make it a promising approach for the field.

Essential elements

MI focuses on helping clients assess their willingness and motivation to work toward change. It is based on clear principles of engagement — often referred to as the “[spirit](#)” of MI — that include:

- An authentic **partnership** between the practitioner and the client.
- A nonjudgmental and respectful approach to signal the practitioner’s **acceptance** of the client.
- **Compassion** for and prioritizing the client and his/her well-being.
- **Evocation** of the client’s own desire to work toward change.

To facilitate conversation and foster an authentic engagement between the practitioner and the client, MI includes four key processes:

- **Engaging** in a working relationship through listening and understanding.
- **Focusing** on a shared purpose about what needs to change.
- **Evoking** clients’ ideas and motivations to explore ambivalence and understand the “why” of behavior change.
- **Planning** for change, led by clients in a way that highlights their strengths and expertise.

These processes generally occur in this order, but they may overlap and/or recur.²

Use in child welfare

MI is a [promising tool for child welfare practice](#), given what is known about the importance of engaging families and focusing on their strengths.³ In addition, the social work profession places great importance on the dignity and worth of each person, and [MI fits within the principles and standards outlined in the National Association of Social Workers \(NASW\) Code of](#)

COMMUNICATION STRATEGIES

PRACTITIONERS USE IN MI:

- Asking open-ended questions
- Affirming strengths and past successes
- Reflective listening and showing empathy
- Summarizing
- Encouraging conversation about change
- Exchanging information

[Ethics](#). When MI is used successfully, non-voluntary or resistant clients feel supported and valued during their interactions with caseworkers.

MI may help parents involved with the child welfare system feel more understood, which could lead to increased confidence and desire for behavior change. Ideally, parents 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 caseworkers and clients may feel contentious, and strategies for change may originate with the caseworker, which can lead to resentment, decreased desire to change, and lower probability of success.⁴

[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.

In addition to the [significant number of child welfare cases in which substance use is a factor](#), research indicates that MI may have positive effects in the following circumstances:

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- Evidence supports the use of MI in combination with other evidence-based practices, such as [Parent-Child Interaction Therapy](#).⁵ Benefits may include higher enrollment, engagement, retention, and readiness to change.⁶ Some studies suggest that these effects may be lessened, or even reversed, in clients who show higher initial motivation. Therefore, it may be helpful to assess clients' readiness for change before employing MI.
- Research also suggests the value of MI as a technique for engaging families in home visiting. In one study, families whose home visitor was trained in MI completed more referrals for services and remained with the program for a longer period of time.⁷
- The non-confrontational approach employed by [MI has proven effective in reducing some high-risk behaviors in adolescents](#) and may prove beneficial when working with older youth involved with child welfare.

Recent literature reviews have concluded that more research is needed to determine whether and how MI impacts other child welfare-specific outcomes, such as family functioning, reunification, child maltreatment, and recidivism.⁸

Training

Both on-site and online [training in MI](#) are available, as well as follow-up coaching and a manual that includes fidelity measures. No minimum education is required to receive MI training; however, caseworkers' ability to use MI effectively is often dependent on their access to follow-up training and coaching. In order

[Florida's Child Welfare Practice Model](#)

recommends that workers integrate MI into conversations with parents whose children are safe but deemed to be at high or very high risk of future maltreatment. Use of MI is intended to encourage parents to take active steps to protect their children.

for caseworkers to hone their skills and continue to improve their engagement techniques, coaching and skill-building should include opportunities for ongoing feedback and modeling.⁹

The [Northern California Training Academy](#), which provides training, research, evaluation, and consultation to public child welfare agencies in 28 California counties and two tribes, offers MI courses for child protection social workers and supervisors. In addition, the academy has a team of MI field trainers who can provide [online learning and ongoing coaching](#).

Jurisdictional example: Washington, D.C.¹⁰

Washington, D.C.'s Child and Family Services Agency (CFSA) views case management as a critical intervention, central to effectively engaging and supporting families. To leverage MI as a tool to better engage families, CFSA included it in its Title IV-E Prevention Program Five Year Plan, [Putting Families First in DC](#). Approved by the Children's Bureau, the plan includes MI as a cross-cutting intervention to be delivered to all families, not just those for which

You can have the best evidence-based practices, but if you haven't engaged families and built a relationship with trust, then it doesn't matter. We have many families we can serve just by understanding what their needs are and what their assets are.

— BRENDA DONALD,
DIRECTOR, DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY

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substance use is an issue, in an effort to increase family engagement and completion of case goals.

CFSA was thoughtful in its approach to proposing MI as part of Putting Families First in DC. The plan cited both empirical evidence that MI brings about family and personal-level changes, as well as lessons learned from the agency's Title IV-E waiver evaluation where a lack of client engagement undermined the potential of some of the waiver interventions. CFSA outlined MI's alignment with its long-standing vision and goals, and a clear plan for the integration of MI within the agency's existing practice model to bring about those desired goals.

Following a CFSA investigation, all children served through in-home services or D.C.'s [neighborhood collaboratives](#) are eligible as candidates and will receive the services of MI as an integral part of their day-to-day

case management. There are two primary ways MI will be incorporated. First, it can be used as a discrete, stand-alone service within case management as a method of counseling to clarify goals, address barriers to achieving goals, and facilitate personal change. Second, for families where additional evidence-based practices (EBPs) are appropriate, MI will be leveraged through case management as a mechanism to improve the selection of additional EBPs and to promote and sustain participation, ultimately boosting the reach and impact of preventive services along CFSA's continuum of care.

Training in MI requires a few days and will be provided to all public agency and private provider staff. In addition, MI is included in CFSA's existing [continuous quality improvement plan](#), which allows for ongoing evaluation and assessment.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

- 1 Hall, M. T., Sears, J., & Walton, M. T. (2019). Motivational interviewing in child welfare services: A systematic review. *Child Maltreatment* [EPub]. <https://doi.org/10.1177/1077559519893471>
- 2 Boyle, S., Vseteckova, J., & Higgins, M. (2019). Impact of motivational interviewing by social workers on service users: A systematic review. *Research on Social Work Practice, 29*(8), 863-875.
- 3 Snyder, E. H., Lawrence, C. N., Weatherholt, T. N., & Nagy, P. (2012). The benefits of motivational interviewing and coaching for improving the practice of comprehensive family assessments in child welfare. *Child Welfare, 91*(5), 9.
- 4 Hall, Sears, & Walton. (2019).
- 5 Chaffin, M., et al. (2009). A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreatment, 14*(4), 356--368.
- 6 Shah et al. (2019). Partnering with parents: Reviewing the evidence for motivational interviewing in child welfare. *Families in Society, 100* (1), 52-67.
- 7 Biggs, J., Sprague-Jones, J., Garstka, T., & Richardson, D. (2018). Brief motivational interviewing training for home visitors: Results for caregiver retention and referral engagement. *Children and Youth Services Review, 94*, 56-64.
- 8 Shah et al. (2019), Hall, Sears, & Walton (2019).
- 9 Snyder, E. H., Lawrence, C. N., Weatherholt, T. N., & Nagy, P. (2012). The benefits of motivational interviewing and coaching for improving the practice of comprehensive family assessments in child welfare. *Child Welfare, 91*(5), 9.
- 10 Based on presentations given by staff at Washington, D.C.'s Child and Family Services Agency to the Family First Learning Collaborative hosted by Casey Family Programs on August 13, 2020, and September 24, 2020.

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