

PARTICIPANT HANDOUTS

CWS5305W: Advanced Interviewing



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

WDS Workforce Development
and Support

HANDOUTS

ACTIVITIES A—K

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**Handout –
General** Resource Guide: Motivational Interviewing

COURSE AGENDA

DAY ONE

- | | |
|------------|---|
| Activity A | Conversations for Change |
| Activity B | Engagement and the Strengths Perspective |
| Activity C | Motivational Principles and the Stages of Change |
| Activity D | Understanding Ambivalence in Our Clients and Ourselves |
| Activity E | Motivational Interviewing—Strategies at the Precontemplation Stage |
| Activity F | Motivational Interviewing—Eliciting Self-Motivational Statements at the Contemplation Stage |

DAY TWO

- | | |
|------------|---|
| Activity G | Motivational Interviewing—Strategies for Moving Clients Toward Action |
| Activity H | Solution-Focused Interviewing—Getting Started |
| Activity I | Solution-Focused Interviewing—Understanding the Process and Applying the Techniques |
| Activity J | Solution-Focused Interviewing—Understanding the Process and Applying the Techniques (Continued) |
| Activity K | Solution-Focused Interviewing—Closure |

**CWS5305W: Advanced Interviewing: Motivating Families for Change —
COURSE GOALS AND BELIEF SETS**

GOALS:

1. To provide a framework that addresses both the seriousness of abuse/neglect while maximizing the possibility of collaboration between families and workers.*
2. To learn how to assess a client's readiness to change and the strategies for sustaining motivation and commitment to change.
3. To acknowledge that the worker must gather information about past harm, potential harm, and family deficiencies; but, *to balance the picture, acknowledge that it is also vital to obtain information regarding past, existing, and potential safety, competencies, and strengths.**

BELIEF SETS NEEDED:

- Families have capacities, visions, values, and hopes, however distorted these may have become through circumstances or trauma. * *
- Families have the capacity for positive change and can collaborate in building their own solutions.
- Engagement is a two-way street. Client resistance is powerfully determined by worker style. If resistance occurs, the worker needs to change strategies.

* Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection* (pp. 28, 49). New York: W.W. Norton & Company.

* * Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions (p. 297). *Social Work, 41*(3), 296-305. Copyright 1996 by the National Association of Social Workers, Inc., Social Work. Reprinted with permission from the NASW. All printed material is copyrighted.

COURSE COMPETENCIES

1. The trainee understands the strengths-based approach to engaging families in a collaborative partnership.
2. The trainee can identify a client's stage of change and thus assess what factors are needed to encourage and sustain movement through the change process.
3. The trainee can identify and apply motivational interviewing techniques that effectively engage and internally motivate families to change.
4. The trainee can identify and apply solution-focused techniques that effectively assess the family's past, existing, and potential safety, competencies, and strengths.

COURSE LEARNING OBJECTIVES

Trainees will be able to:

- A. Illustrate their understanding of the strengths perspective as it applies to child welfare families.
- B. Identify and explain the core principles that provide a framework for the stages of change and motivational interviewing.
- C. Explain the stages through which people pass in the course of changing problem behavior.
- D. Demonstrate understanding of the stages of change framework by application to client statements.
- E. Gain insight into the factors that influence client ambivalence through the use of personal application of developing discrepancy.
- F. Identify and apply opening strategies in motivational interviewing which have proven effective in motivating clients at the precontemplation stage of change.
- G. Identify and apply strategies in motivational interviewing which have proven effective in eliciting self-motivational statements and normalizing ambivalence at the contemplation stage of change.
- H. Identify strategies in motivational interviewing which help the client to determine the best course of action to take in seeking change at the determination/preparation stage of change.

- I. Demonstrate understanding of the contemplation and determination/preparation stages of change framework by application to case scenarios.
- J. Explain strategies in motivational interviewing which help the client take steps toward change and sustain the change accomplished at the action and maintenance stages of change.
- K. Explain the solution-focused approach to engaging families.
- L. Practice identification of solution-focused techniques and demonstrate understanding of their effectiveness in motivating clients to frame their own solutions using a permanency case example.
- M. Demonstrate ability to identify use of solution-focused and motivational techniques in a child protective services case example.
- N. Practice application of solution-focused techniques.
- O. Review a solution-focused protocol useful when ending an interview or at the time of case closure.



Virginia Children's Services Practice Model

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services. The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.
 - We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help

children and families achieve success in life; safety; life in the community; family based placements; and life-long family connections.

- We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Accessible from the VDSS Web site at: <http://www.dss.virginia.gov/division/famserv/index.html>, or from the Children's Services System Transformation Web site at: <http://www.vafamilyconnections.org/>

Note that Web sites and the information contained therein are continually subject to change.

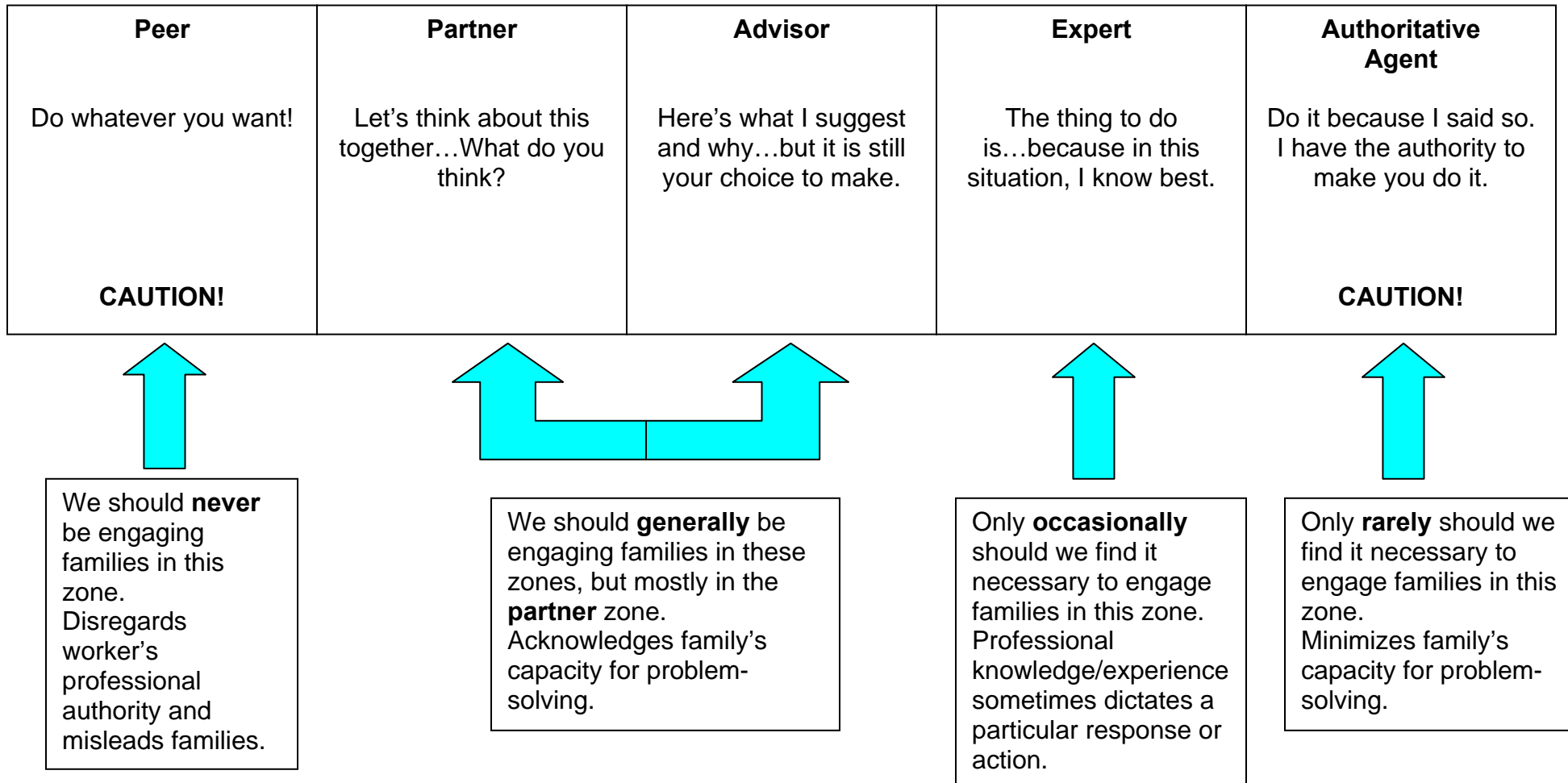
COMPARISON OF PATHOLOGIES AND STRENGTHS

The Situation	Pathology (Deficits)	Possibilities (Strengths)
"Bill is a real problem case. There is really something wrong with him. I'd love to know his diagnosis."	Person is a "case" or "diagnosis."	Person is unique with competencies and visions for the future.
"I don't have to ask Sam what the problem is—I've seen this happen a hundred times before. He obviously has started drinking again."	The expert interprets the personal account to arrive at a diagnosis.	The worker explores the situation through listening to the client's personal narrative.
"I know that because Kira has been abused, she will definitely be traumatized for life."	Childhood trauma predicts later pathology.	Childhood trauma is not predictive. It may weaken or strengthen the individual.
"I am going to develop a great case plan for this family. It will really straighten them out."	The worker is the expert on the clients' lives and develops a plan for them instead of with them.	Clients' goals and solutions are the focus of work to be done. Individuals, families, and communities are the experts.
"Karen can't make good choices or commit to anything because of her substance abuse."	Choice, control, commitment, and personal development are limited by pathology.	Choice, control, commitment, and potential for personal growth are always present and must be honored.
"None of the resources Tamika wanted to try will work. I will start calling my contacts."	Resources are the knowledge and skills of the worker.	Resources are the strengths, capacities, and adaptive skills of the individual, family, and community...as well as the knowledge and skills of the worker.

Adapted from: Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions (p. 298). *Social Work*, 41(3), 296-305. Copyright 1996 by the National Association of Social Workers, Inc., *Social Work*. Reprinted with permission from NASW. All printed material is copyrighted.

FAMILY ENGAGEMENT ZONES

The relationship that you develop with a family is greatly influenced by the way that you engage the family, or the “zone” *in which you choose to engage the family*. Each zone reflects a different degree of **authority** that you demonstrate in relation to family members. Each zone also demonstrates a different degree of **potential collaboration** with the family. There is minimal collaboration on either end of the continuum.



**GUIDELINES FOR PRACTICE:
ENGAGEMENT AND THE STRENGTHS PERSPECTIVE**

The following guidelines are designed to facilitate the engagement process:

1. **Understand the position (strongly held beliefs, values and meanings) of each family member, approaching the family from a position of respect and cooperation.** This helps the worker respond to the uniqueness of each case and establish collaboration.
2. **Focus on family strengths and resources** (including culture, traditions, values) as building blocks for services. This prevents problems from overwhelming everyone involved.
3. **Explain the agency's concern and the reason for involvement, reinforcing client responsibility and need to develop internal controls in the face of external ones.** Discuss maltreatment/consequences/timeline issues.
4. **Engage the family around a concern for the child's safety.** Scale safety and progress, which allows clear comparisons with worker's judgments.

Adapted from:

Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection* (p. 51). New York: W.W. Norton & Company.

U.S. Department of Health and Human Services. (2000). *Rethinking child welfare practice under the Adoption and Safe Families Act of 1997: A resource guide* (p. 32). Washington, DC: U.S. Government Printing Office.

5. **Help the family achieve a clear understanding of the safety and risk issues for the child while finding exceptions to the maltreatment.** Finding exceptions creates hope for workers and families by demonstrating that the problem does not always exist. Exceptions may also indicate solutions that have worked in the past (e.g., "Have there been any times when you have been in a rage but resisted the urge to hit your daughter?"). Where no exceptions exist, the worker may be alerted to a more serious problem.
6. **Focus on goals while helping the family define what it can do for itself and where help is needed.** Use the family's ideas wherever possible. If the family is not able to suggest any constructive goals, danger to the child is probably increased.
7. **Assess willingness, confidence, and capacity to carry out plans before trying to implement them.**

A STRENGTHS APPROACH TO ETHNICALLY SENSITIVE PRACTICE

Case Planning Phase: Attitudes

- To what extent do I believe goals and objectives should be ethnically specific to this family?
- To what extent do ethnic differences influence how I approach the contracting process with this family?
 - Do ethnic differences make me more authoritarian or indifferent?
 - Do I assume ethnic differences influence the level of the family's understanding, resistance, or effort?
 - Do ethnic differences influence whom I involve in the contracting process?
- To what extent does fear of being perceived as racist influence me to become less involved in the planning process with this family?
- To what extent do I value the involvement of this family in defining outcomes?
- To what extent do I expect to invest special (often additional) effort to locate ethnically appropriate resources and provide appropriate services for this family?

Case Planning Phase: Knowledge

- Are the goals and objectives for this family ethnically sensitive? Do they support its values and practices within the requirements of the law?

Adapted from: Leung, P., Cheung, K. F., & Stevenson, K. M. (1994). A strengths approach to ethnically sensitive practice for child protective service workers (pp. 713, 715, 717-719), *Social Work*, 73(6), 707-721. Copyright 1994 by the Child Welfare League of America. Used with permission.

- As I review my list of problems and my assessment, to what extent have I targeted ethnically specific services?
- To what extent have I sought out ethnically specific resources in both formal and informal support systems of the family?
- Have I selected instruments or strategies that are ethnically appropriate and sensitive in measuring this family's progress toward identified goals and objectives?

Case Planning Phase: Skills

- To what extent have I considered ethnically sensitive strategies in formulating a contract with the family?
 - Who will be included?
 - What roles do each family member play?
 - Who might be brought in from the outside to support, monitor, or teach?
 - How do I go about getting an appropriate and accurate interpreter?
- Are goals and objectives stated in language and behaviors that are understandable to this family?
 - Do goals and objectives build on the particular strengths of the family's ethnic context?
 - Are desired outcomes stated in ways that can be achieved within the ethnic framework of the family?
 - Are there potential ethnic barriers to achieving the goals and objectives in the case plan?

- To what extent have I explained monitoring and evaluation procedures so that the family understands the reasons for the methods used and the unexpected outcomes of those procedures within its ethnic context?

Intervention Phase: Attitudes

- To what extent am I willing to adjust the planned intervention to the ethnic needs of this family?
- To what extent do I assume the parents' motivation is limited by their culture or ethnicity?
- To what extent will I go beyond my personal beliefs and reactions if or when the parents express unwillingness to work with me because of my own ethnicity?
- How does my past experience with clients of this family's ethnicity affect my perception of the functioning of this family?

Intervention Phase: Knowledge

- What intervention strategies are most appropriate for people of this ethnic group? On what basis do I decide on interventions?
- How flexible am I in adapting a general CPS intervention approach to work with ethnic considerations in this family?
- To what extent does my knowledge about this ethnic group affect the intervention plan positively or negatively?
- To what extent do current CPS policies affect the choice of interventions related to this ethnic group?

Intervention Phase: Skills

- To what extent do I tailor the intervention to the ethnic context of this family?
- To what extent are the tasks consonant with the ethnicity of this family?
- How do I communicate the nature of the intervention in a way consonant with the family's ethnic values and beliefs?

Evaluation Phase: Attitudes

- To what extent do I expect methods of evaluating outcomes to be ethnically specific?
- To what extent am I willing to consider the family's own evaluation of goal achievement within the context of its ethnicity?
- To what extent do my beliefs affect data collection or selection for evaluation? Does my ethnic sensitivity lessen or increase my expectations of this family?

Evaluation Phase: Knowledge

- To what extent is the information collected for outcome evaluation ethnically specific and pertinent?
- To what extent am I able to identify ethnically specific strengths in this family?
- To what extent can I identify the ethnic characteristics of this family that may have contributed to the effectiveness of the intervention?

Evaluation Phase: Skills

- How ethnically sensitive am I in communicating with family members when objectives are not being adequately achieved?
- Given the clients' ethnic values, how do I help them understand the importance of outcome measures?
- How do I gain the confidence of clients so that they feel comfortable sharing ethnically pertinent information with me to evaluate the effectiveness of the intervention?
- How do I evaluate the effectiveness and appropriateness of involving the client's informal support network during the course of intervention? What techniques do I use in working with people in this network if I am of a different ethnic background?
- Given that the extended family may be an important consideration for the parent (either as a resource or a constraint), how can I obtain evaluative information from these family members in an ethnically sensitive way?

Termination Phase: Attitudes

- Am I able to identify and discuss family members' verbal and nonverbal reactions to termination that might reflect ethnically specific meanings?
- At the time of termination, how comfortable am I when family members ask personal questions that might be culturally meaningful to them but not to me?
- If there is hostility at the time of termination, to what extent are my reactions influenced by the family's ethnicity?

Termination Phase: Knowledge

- How does my knowledge about the family's ethnic context help me prepare the family for termination?
- What aspects of the family's ethnic context would help me communicate with the family about termination?
- How do I know whether the family's reactions to termination are based on its ethnic values and customs rather than the family's needs?

Termination Phase: Skills

- How do I use examples of metaphors from the family's ethnic context to discuss termination?
- What ethnically pertinent methods might be used to encourage family members to talk about their feelings?
- How do I validate the parents' experience with the intervention and summarize information that is appropriate to their culture?
- To what extent are ethnically appropriate resources identified and used to sustain the achievement of goals following termination?

WHEN WE ENGAGE FAMILIES

Check the statements on the list that you believe are likely true.

When we **engage** families, family members...

___ feel respected, even if there is conflict.

___ feel heard, even if the worker disagrees with what has been said.

___ feel their positions and beliefs have been acknowledged and seriously considered, even if some are problematic.

___ feel less anxious and less defensive.

___ feel they are partners with the worker, sharing a common goal of protecting the child and supporting the family unit.

___ feel more inclined to collaborate than resist—although resistance is a normal reaction that must be managed in the process of developing a relationship.

___ feel acknowledged as experts on their own family. Their input is seen as valuable and essential to resolving problems.

___ feel invested in developing solutions that allow them to maintain a sense of respect and authority in their own family. We know that when family members help develop a solution, instead of having one forced on them, they are more likely to actually accomplish the required tasks.

___ feel the worker trusts them and they, in turn, develop trust in the worker.

HANDOUT C-1

SCALING MOTIVATIONAL FACTORS

For each of the scales below, circle the number that best reflects where you fall between the anchor points on the ends *based on your opinions*.

0 1 2 3 4 5 6 7 8 9 10

Ambivalence is abnormal and a sign of poor motivation

Ambivalence is normal and an acceptable attitude

0 1 2 3 4 5 6 7 8 9 10

Worker's style has no influence on client's motivation to change

Worker's style is a powerful determinant of client's motivation to change

0 1 2 3 4 5 6 7 8 9 10

Confrontation is a necessary way to approach a client to motivate change

Confrontation is never a necessary way to approach a client to motivate change

0 1 2 3 4 5 6 7 8 9 10

Resistance reflects only the client's lack of motivation to change

Resistance results from the worker using inappropriate strategies to motivate clients who are ambivalent about change

MOTIVATION: PIECES OF THE PUZZLE – GOAL AND PRINCIPLES

The goal of motivational interviewing is to develop internally motivated desires for change in clients to increase the likelihood that the client will follow a recommended course of action toward change.

Principles	Assumptions
1. Expect Ambivalence	<ul style="list-style-type: none"> • View ambivalence as normal, not pathological. • It is the worker's handling of ambivalence that influences the degree of resistance and change.
2. Express "Accurate Empathy"	<ul style="list-style-type: none"> • The worker's style is a powerful determinant of client resistance and change. • Three critical conditions needed to prepare for natural change: warmth, genuineness, and "accurate empathy" (seeking to understand the client's feelings and perspectives without judging, criticizing, or blaming).
3. Managing Confrontation for Success	<ul style="list-style-type: none"> • Arguments are counterproductive and breed defensiveness and resistance. • Confrontation is an internal goal for the client, who is struggling to confront his or her problems; it is not the worker's approach to the client.
4. Roll With Resistance	<ul style="list-style-type: none"> • If resistance is encountered, you need to shift strategies. • Resistance and reluctance are not opposed, but are acknowledged as natural. • New perspectives are invited but not imposed.
5. Support Self-Efficacy	<ul style="list-style-type: none"> • Hope and faith by the client and worker are powerful elements of change. • Increase the client's perceptions of his or her capability to cope with obstacles. • Emphasize client's personal responsibility.
6. Develop Discrepancy	<ul style="list-style-type: none"> • A discrepancy between present behavior and important goals will motivate change. • The client should present the arguments for change. • Awareness of consequences is important.

Adapted from: Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (pp. 19, 56, 57, 59, 60, 61). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

FOUR TYPES OF CLIENT RESISTANCE

ARGUING – The client contests the accuracy, expertise, or integrity of the worker.

- ❑ *Challenging.* The client directly challenges the accuracy of what the worker has said.
- ❑ *Discounting.* The client questions the worker's personal authority and expertise.
- ❑ *Hostility.* The client expresses direct hostility toward the worker.

INTERRUPTING – The client breaks in and interrupts the worker in a defensive manner.

- ❑ *Talking over.* The client speaks while the worker is still talking, without waiting for an appropriate pause or silence.
- ❑ *Cutting off.* The client breaks in with words obviously intended to cut the worker off. (E.g., "Now wait a minute. I've heard about enough.")

DENYING – The client expresses unwillingness to recognize problems, cooperate, accept responsibility, or take advice.

- ❑ *Blaming.* The client blames other people for problems.
- ❑ *Disagreeing.* The client disagrees with a suggestion that the worker has made, offering no constructive alternative. This includes the familiar "yes, but..." which explains what is wrong with suggestions that are made.
- ❑ *Excusing.* The client makes excuses for his or her behavior.

Adapted from: The Institute for Families. (July, 2003). *Motivational interviewing: A model for understanding the change process for substance abusing clients and families* [Trainee Manual, Handout 14]. Denver, CO: University of Denver. Copyright 2003 by The Institute for Families. Used with permission.

Also see: Chamberlain, P., Patterson, G., Reid, J., Kavanaugh, K., & Forgatch, M. (1984). Observation of client resistance. *Behavioral Therapy*, 15, 144-155.

- ❑ *Claiming impunity.* The client claims that he or she is not in any danger.
- ❑ *Minimizing.* The client suggests that the worker is exaggerating risks or dangers and that it really isn't so bad.
- ❑ *Pessimism.* The client makes statements about himself or herself, or about others, that are pessimistic, defeatist, or negative in tone.
- ❑ *Reluctance.* The client expresses reservations and reluctance about information or advice given.
- ❑ *Unwillingness to change.* The client expresses a lack of desire or an unwillingness to change.

IGNORING – The client shows evidence of ignoring or not following the worker.

- ❑ *Inattention.* The client's response indicates that she or he has not been paying attention to the worker.
- ❑ *Non-answer.* In answering a worker's query, the client gives a response that is not an answer to a question.
- ❑ *No response.* The client gives no audible verbal or clear nonverbal reply to the worker's query.
- ❑ *Sidetracking.* The client changes the direction of the conversation that the worker has been pursuing.

**DEVELOPING DISCREPANCY:
WEIGHING THE COSTS/BENEFITS OF CHANGING BEHAVIOR**

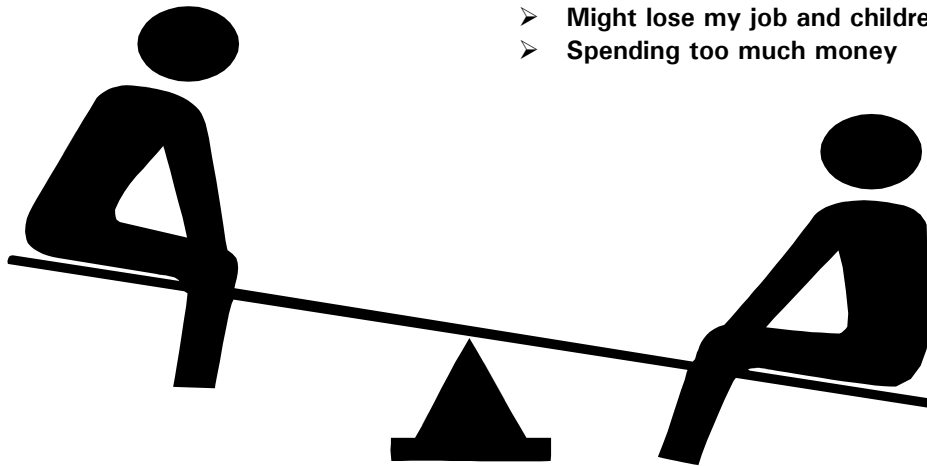
Continuing to Drink as Before

Benefits

- Helps me relax
- Like getting high

Costs

- Could lose my marriage
- Bad example for children
- Damaging my health
- Might lose my job and children
- Spending too much money



Making a Change in My Drinking

Benefits

- Happier marriage
- Feel better
- More time with family
- Won't lose my job and kids
- Helps money problems

Costs

- What to do about friends
- Won't have a way to relax

What are the good things (benefits, pros) about continuing to drink?

What are the not so good things (costs, cons) about continuing to drink?

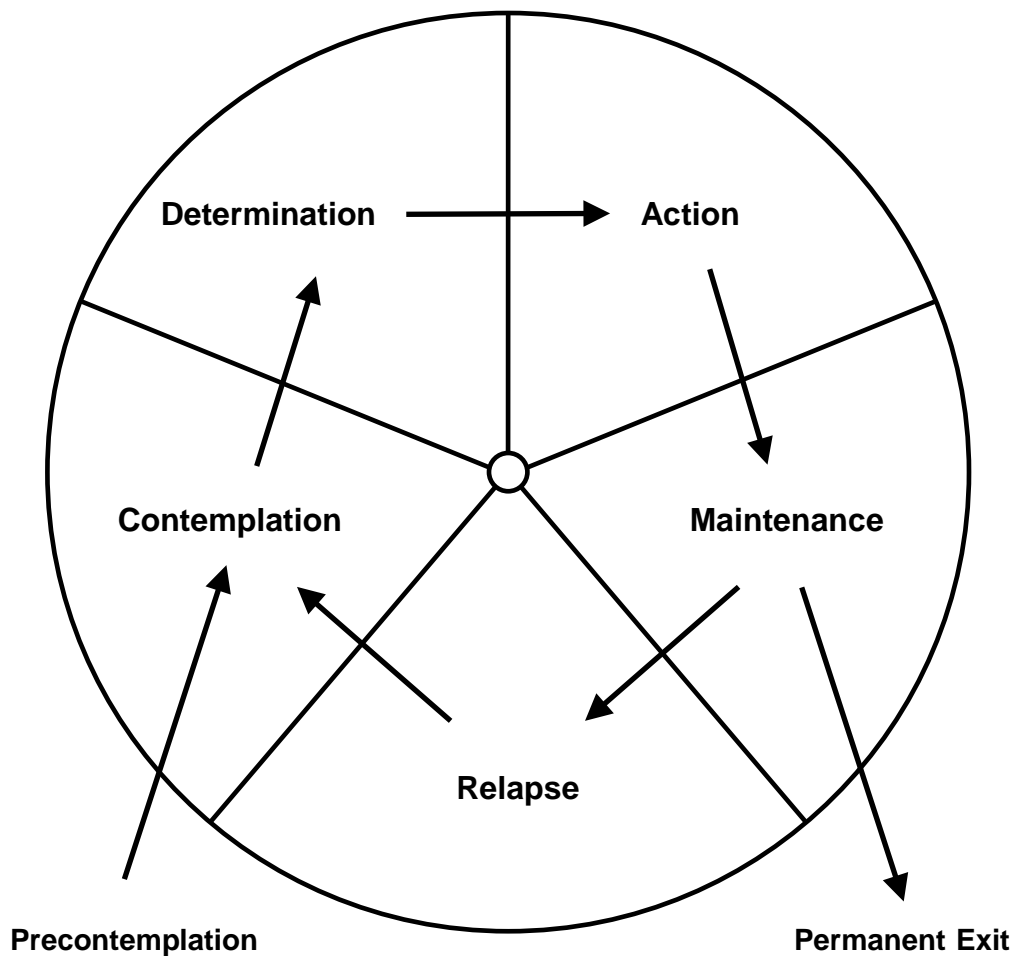
What are the good things about making a change in your drinking?

What are the not so good things about making a change in your drinking?

Adapted from: Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (p. 42). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

STAGES OF CHANGE GRAPHIC

Motivation is a person's present stage of readiness or eagerness to change. **Internal factors** are the basis for change, but **external factors** are the conditions for change.
 – Prochaska & DiClemente



Adapted from:

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (pp. 14-15). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(1), 1102-1114.

THE STAGES OF CHANGE

STAGE	DESCRIPTION	MOVEMENT FACTORS
Pre-Contemplation	<p>Sees no need to change. <i>"I'm not even considering changing."</i> This is the stage where denial, minimization, blaming, and resistance are most commonly present.</p>	<p>Client gains: Information and Awareness Worker's Task: Raise doubt— increase the client's perception of risks and problems with current behavior.</p>
Contemplation	<p>Considers change but also rejects it. <i>"I'm considering making a change, but I am not committed to a decision."</i> Characterized by ambivalence—going back and forth between reasons for concern and justification for existing behavior. Client feels stuck.</p>	<p>Client gains: Increased confidence in ability to change; increased intrinsic motivation Worker's Task: Tip the balance— evoke reasons to change, risks of not changing— assist client to develop discrepancy (remember See Saw).</p>
Determination (Preparation)	<p>Wants to do something about the problem. <i>"I'm beginning to plan to change."</i> At this stage, there is a window of opportunity for change.</p>	<p>Client gains: Resolves ambivalence; commits to action plan Worker's Task: Provide realistic and achievable steps to take in seeking change.</p>
Action	<p>Takes steps to change. <i>"I'm changing my behaviors in order to make a change."</i></p>	<p>Client gains: Skill acquisition; social support Worker's Task: Help the client take steps toward change.</p>
Maintenance	<p>Maintains goal achievement. <i>"I need to sustain my change and be aware of potential relapse."</i> Making the change does not guarantee that the change will be maintained.</p>	<p>Client gains: Self-efficacy for sustaining the change accomplished. Maintaining change may require a different set of skills than making the change. Worker's Task: Help the client identify and use strategies to prevent relapse.</p>
Relapse	<p>Person returns to pattern of behavior he/she has begun to change. Returns to one of the first three stages.</p>	<p>Worker's Task: Help client renew first three stages without becoming stuck.</p>

Table adapted from:

DePanfilis, D., & Salus, M. K. (2003). *Child protective services: A guide for caseworkers* [Child Abuse and Neglect User Manual Series, p. 23]. Washington, DC: U.S. Department of Health and Human Services.

Northwest Institute for Children and Families (2000). *Training 2000: Motivational interviewing* [Facilitators Guidebook]. Seattle, WA: School of Social Work, University of Washington. Copyright 2000 by NICF. Used with permission. Contact Kevin Haggerty: nwicf@u.washington.edu.

Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (p. 18). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

See also: Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47,(9) 1102-1114.

CLIENT STATEMENT EXERCISE

Decide what stage of change the following statements reflect. It is possible for a statement to reflect movement between two stages (e.g., Determination/Action).

1. "I don't know, but I think this whole drug thing is starting to be a lot more trouble than it's worth."

STAGE:

2. "I stopped hitting her for two days a couple of months ago—it was OK. I didn't think I could actually do that."

STAGE:

3. "My mom and I have talked a lot about going into therapy together. We've called a couple of places."

STAGE:

4. "I can't stay clean if I stay in this relationship—I've got to find a way to get out on my own."

STAGE:

Adapted from: Northwest Institute for Children and Families (2000). *Training 2000: Motivational interviewing* [Facilitators Guidebook, p. 5]. Seattle, WA: School of Social Work, University of Washington. Copyright 2000 by NICF. Used with permission. Contact: nwcf@u.washington.edu.

5. "I'm just barely hanging on, but I'm learning how to do my life differently. I have a good counselor—I don't know what I'd do without him."

STAGE:

6. "All everyone does is nag at me about my drinking and drugging. If people would just leave me alone, I'd be fine."

STAGE:

7. "I'm a good mother even though I drink a lot—but I'm scared of my kids turning out like me—I don't want them to see me like this."

STAGE:

8. "I've tried so many times—I do OK for a while—but it's too late for me—I hit her last night. I love my family—but it's just too late."

STAGE:

TIPPING THE BALANCE WORKSHEET

Think about a behavior change you have made in your life in the last year, or one that you are currently attempting to change. (Choose a behavior that you are willing to share with the group.)

Describe the behavior:

Try on the “fit” of the stages of change model by trying to identify the following:

- a) What stage are you currently in with regard to the Stages of Change wheel?

- b) What feelings do you identify with your particular stage?

Adapted from: The Institute for Families. (July, 2003). *Motivational interviewing: A model for understanding the change process for substance abusing clients and families* [Trainee Manual, Handout 12]. Denver, CO: University of Denver. Copyright 2003 by The Institute for Families. Used with permission.

c) What are the costs/benefits of maintaining your current stage?

Costs:

Benefits:

d) What are the costs/benefits of moving to the next stage?

Costs:

Benefits:

e) What were the events or developments that tipped the balance related to your movement into the stage you are in?

f) If you aren't at the stage of change you'd like to be in, what do you think might be necessary to move you to that stage?

Take 5 minutes to discuss your personal experiences with your partner.

OARS



Open-ended questions

Affirm

Reflective Listening

Summarize

MOTIVATIONAL INTERVIEWING: WORKER'S TASKS AND STRATEGIES

STAGES	WORKER'S MOTIVATIONAL TASKS	MOTIVATIONAL STRATEGIES	CLIENT GAINS/ MOVEMENT FACTORS
Precontemplation	<ul style="list-style-type: none"> • Raise doubt— Increase the client's perception of the problems with current behavior. • Listen for self-motivational statements! 	<p>OARS: Open-ended questions Affirm Reflectively Listen Summarize</p> <ul style="list-style-type: none"> • Offer factual information & feedback about risks of continuing behavior and findings. • Express concern and keep the door open. 	<ul style="list-style-type: none"> • Information raises awareness of problem
Contemplation	<ul style="list-style-type: none"> • Tip the balance— develop discrepancy. Evoke reasons to change, risks of not changing; strengthen the client's self-efficacy for change of current behavior. • Elicit self-motivational statements! • Normalize ambivalence! 	<p>Continue OARS and Feedback strategies</p> <ul style="list-style-type: none"> • Ask evocative questions • Explore decisional balance pros and cons • Ask for elaboration • Imagine extremes • Look forward • Look back 	<ul style="list-style-type: none"> • Increased confidence in ability to change • Increased intrinsic motivation

Adapted from:

Northwest Institute for Children and Families (2000). *Training 2000: Motivational interviewing* [Facilitators Guidebook]. Seattle, WA: School of Social Work, University of Washington. Copyright 2000 by NICF. Used with permission. Contact Kevin Haggerty: nwicf@u.washington.edu.

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See also: Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47(9), 1102-1114.

STAGES	WORKER'S MOTIVATIONAL TASKS	MOTIVATIONAL STRATEGIES	CLIENT GAINS/ MOVEMENT FACTORS
Determination (Preparation)	<ul style="list-style-type: none"> • Seize the window of opportunity to provide realistic and achievable steps to change. Help the client to determine the best course of action. • Theme is "What is <u>your</u> next step?" 	<ul style="list-style-type: none"> • Recapitulation (concise summary) involves: <ul style="list-style-type: none"> • A summary of client's perceptions of the problem • Summing-up client's ambivalence • Reviewing objective evidence regarding risks • Restatement of any indications that client wants, intends, or plans to change • Providing your own assessment of client's situation • Present key questions—client envisioning • Provide information and advice • Develop a change plan—setting goals (looking forward) • Ask for commitment to the plan 	<ul style="list-style-type: none"> • Resolution of ambivalence • Commitment to action plan
Action	Help the client take steps toward change	Continue to: <ul style="list-style-type: none"> • Support/encourage client's efforts • Deal with ambivalence that may return • Resolve barriers to change plan • Identify high-risk situations • Assess strengths/social supports • Affirm self-efficacy 	<ul style="list-style-type: none"> • Skill acquisition • Social support

STAGES	WORKER'S MOTIVATIONAL TASKS	MOTIVATIONAL STRATEGIES	CLIENT GAINS/ MOVEMENT FACTORS
Maintenance	The challenge during this stage is to sustain the change accomplished.	Help the client identify and use coping strategies to prevent relapse.	<ul style="list-style-type: none">• Continued self-efficacy to sustain change
Relapse	<ul style="list-style-type: none">• Help the client avoid discouragement• Continue contemplating change• Renew determination• Resume action and maintenance efforts	See above strategies	

CLIENTS' SELF-MOTIVATIONAL STATEMENTS

Problem Recognition:

I guess there's more of a problem here than I thought.
This seems really serious!
Maybe I have been taking risks leaving him alone.
I can see now that my drug use may cause me to lose my kids.

Expression of Concern:

I'm really worried about this.
I feel pretty hopeless right now.
How can this happen to me? I don't deserve this!

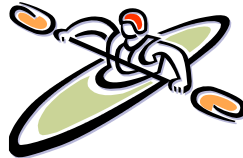
Intention to Change:

I think it's time that I quit drugging.
I've got to do something about this.
This isn't the way I want it to be. What can I do?
I don't know how I'm going to do it, but I've got to make a change.
How do people quit hitting their kids?

Optimism:

I know I can do it.
I'm going to overcome this problem, if you will help me.
I know that things can change for the better.

**MOTIVATIONAL INTERVIEWING:
STRATEGIES TO ELICIT SELF-MOTIVATIONAL STATEMENTS AT THE
PRECONTEMPLATION STAGE OF CHANGE:
OARS AND PROVIDING FEEDBACK**



Open-Ended Questions—do not elicit a yes/no answer—allow for client expression

"I understand that you have some concerns about our involvement. What are your concerns?"

Affirm—statements of appreciation and understanding

"I appreciate how hard it is to come here and talk with me."

Reflective Listening—acknowledges client's resistance, emotion, or perception in the form of a **statement** rather than a **question** (inflection goes down at the end of the sentence)

Simple: *"It sounds like you..." "It seems to you that..." "I can see how you..."*

Double-Sided: acknowledges both sides of ambivalence

"On the one hand you've told me how concerned you are that we might remove your kids, but on the other it seems like you are struggling with how to meet all the requirements of the court order."

(Can also be used as a summary)

Adapted from: Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (pp. 98-99). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

Summarize—captures positive & negative aspects of ambivalence simultaneously; emphasizes the drawing together of self-motivational statements

“I’d like to try to pull together what you’ve said so far, so we can see where we are and where we are going. You have said that you don’t think your drinking is a problem, but you also understand that it is the reason we are currently involved with your family and that the children’s safety is our primary goal. You also said that you realize this is serious.” (drawing in client’s self-motivational statement)

Information and Feedback—presents findings in a way that help clients understand complicated information and allows for feedback using a motivational style

The following information should be included:

- a) The factual information, assessment findings, and future risks that have emerged
- b) The client’s own reactions to the feedback

“What are your concerns about this situation?” “What do you intend to do to make a positive change that will make your home safer for the kids?”

NOTE: Reflective listening is an excellent way to respond to verbal/nonverbal reactions to feedback: *“I can tell that this is really difficult for you and it wasn’t what you expected to hear.”*

- c) An invitation for the client to add to or clarify the assessment of the situation by the worker.

*“Is there anything you want to add to what we have discussed?”
“Have I left anything out?”*

OARS EXAMPLE

(SMS = Self-Motivational Statement)

Worker: Can you tell me what worries you about the way you deal with your kids? (Open Question)

Client: I don't worry about what I do to the kids. I might lose my temper sometimes, but who doesn't?

Worker: It sounds like losing your temper, even if only sometimes, is a concern for you. (Simple Reflection Using Client's Own Language)

Client: Not really. I might take it out on the kids when I am really stressed, but it hasn't happened lately. (SMS—Problem Recognition)

Worker: So it seems that you have been trying to control your temper with them recently. (Simple Reflection) That's a great improvement! (Affirming) What have you been doing that has helped you control your anger? (Open-Question, Exception Question)

Client: I got my mom to come over yesterday to keep the kids while I went to talk to my worker about getting a part-time job and some day care. Just getting away for a few hours and thinking I might be able to get a job made me feel better. I don't know how, but something's got to change. (SMS—Intention to Change)

Worker: So, on the one hand you've told me that you really need to reduce your stress and you are looking at ways to make that happen, but on the other hand it seems like you are not sure how to change things. (Double-sided Reflection and Summary)

Client: You got it right.

**MOTIVATIONAL INTERVIEWING:
STRATEGIES AT THE CONTEMPLATION STAGE OF CHANGE**

1. ***Asking Questions to Evoke Self-Motivational Statements***
 - In what way do you think you or other people have been harmed by your behavior?
 - How much does this concern you?
 - What do you intend to do to make a change?
 - What makes you feel optimistic that you can change?
2. ***Exploring the Decisional Balance (Pros and Cons)***
 - What are the good things about the way you discipline your kids?
 - What are the not so good things about the way you discipline your kids?
 - Follow up with Double-sided Reflection (So, on the one hand... on the other hand...)
3. ***Asking for Elaboration***
 - How else does this affect you?
4. ***Imagining Extremes***
 - What is the worst thing that could happen if you don't make a change?
5. ***Looking Forward/Looking Back***
 - What would be the best thing that could happen if you make a change?
 - Do you remember a time when things were going well for you? What has changed?

Adapted from: Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (p. 82). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

HOW DO I ELICIT SELF-MOTIVATIONAL STATEMENTS AT THE CONTEMPLATION STAGE OF CHANGE?

1. ASKING QUESTIONS TO EVOKE SELF-MOTIVATIONAL STATEMENTS

Sample Questions to Evoke Self-Motivational Statements

a) Problem Recognition

- What things make you think that this is a problem?
- What difficulties have you had in relation to your drug use?
- In what ways do you think you or other people have been harmed by your drinking?
- In what ways has this been a problem for you?

b) Concern

- What worries you about your drug use? What can you imagine happening to you?
- How do you feel about your anger?
- How much does that concern you?
- What do you think will happen if you don't make a change?

c) Intention to Change

- What would be the advantages of making a change?
- I can see that you're feeling stuck right now. What's going to have to change?

d) Optimism

- What makes you think that if you did decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?

Adapted from: Miller, W. R., & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (pp. 82-85). New York: The Guilford Press. Copyright 1991 by The Guilford Press. Used with permission.

2. EXPLORING THE DECISIONAL BALANCE (PROS AND CONS)

It can be helpful to have clients discuss the positive as well as the negative aspects of their present behavior. For example, they may be asked to say what they like about their situation as a preface to inquiring about the negative side. This has the advantage of getting clients talking and feeling comfortable as well as clarifying both sides of the ambivalence.

Often, simply talking about the negative side of the issue leads directly to *expressions of concern* (self-motivational statements) about it.

Example:

Worker (Pros) – *What are the things you think are positive about the way you discipline your kids?*

Client will provide a verbal listing of positive things.

Reflect back by summarizing what you feel the meaning is behind what was just said by the client.

Then:

Worker (Cons) – *What are the not-so-good things about the way you discipline your kids?*

Client will provide this information.

Worker reflects and summarizes:

So, on the one hand, you feel a sense of control and the kids stop misbehaving for a little while when you use physical discipline, which gives you a few minutes of calm so you can regroup.

On the other hand, you are worried that you are not the kind of mother you would like to be, and that you may lose control at some point and really hurt your kids. Is that a fair summary? What have I left out?

3. ASKING FOR ELABORATION

Once a motivational topic has been raised, it is useful to ask the client to elaborate. This helps to elicit further self-motivational statements. One way of doing this is to ask for specific examples, and for clarification as to why (how much, in what way) each one is a concern.

Example:

CLIENT: One place where I see a problem is money.

WORKER: *In what way is that a concern for you?*

C: Well, I've been spending a lot of money on beer and not paying my bills.

W: *Give me an example.*

C: Well, last week I went through a case of beer. I spent about \$20 that I didn't have knowing my electricity was going to be cut off.

W: *And it really adds up. How else does what you do affect your money?*

C: I do stupid things when I'm high.

W: *For example.....*

C: I lent \$200 to a friend that I knew wouldn't be good for it. And I buy things I don't need.

W: *So, how much does this money thing concern you?*

C: It's getting to be a big problem. I got people coming to my house, like you, telling me that I'm neglecting my kids, neighbors butting into my business. I guess I got to do something to straighten up.

W: *It sounds like your alcohol use is part of your money troubles, and also causing even bigger troubles for you.*

C: You got that right. What can I do to get you out of my life?

4. IMAGINING EXTREMES

Clients can be asked to describe the extremes of their concerns, to imagine worst consequences. Some questions of this type are:

What is the worst thing that could happen?

Let's imagine the worst thing that could happen if things continue as they are. What would that look like?

What concerns you the most?

What are the worst fears about what might happen if you don't make a change?

5. LOOKING FORWARD/LOOKING BACK

Sometimes it is useful to have the person remember times before the problem emerged, and to compare these with the present situation.

Some examples of **Looking Back** include:

Do you remember a time when things were going well for you? What has changed?

What were things like before you started drinking? What were you like back then?

What are the differences between the [name of client] of 5 years ago and the [name of client] of today?

Helping people envision a changed future is another approach for eliciting self-motivational statements. With this strategy, you ask the client to tell you how it might be after a change:

Some examples of **Looking Forward** include:

If you decide to make a change, what are your hopes for the future?

How would you like things to turn out for you?

I can see that you are feeling really frustrated right now. How would you like things to be different?

What are the options for you now? What could you do?

What would be the best results you could imagine if you make a change?

MOTIVATIONAL INTERVIEWING: VIDEO EXERCISE #1

As you watch the video segment, jot down questions or statements used by the worker that demonstrate motivational interviewing techniques. A list of possible techniques is provided below. Also, be listening for the client's self-motivational statement(s).

Questions/Statements from Video

List of Motivational Interviewing Techniques

- ☐ General Open Ended Statements/Questions
- ☐ Affirming
- ☐ Reflective Listening
- ☐ Summarizing
- ☐ Offering Factual Information & Feedback
- ☐ Asking Specific Questions to Evoke Self-Motivational Statements
- ☐ Exploring the Decisional Balance – Pros and Cons
- ☐ Asking for Elaboration
- ☐ Imagining Extremes
- ☐ Looking Forward/Looking Back

WAYS OF ASKING THE MIRACLE QUESTION

There are other ways to ask the Miracle Question:

If you had a crystal ball and could see the future, what would it look like if things were better/different?

If you had a magic wand, and something would change for good if you waved it, what thing would you change? How would that be different?

If you found a magic lamp and rubbed it and a genie appeared who offered you some wishes, what would your wishes be? (This one works really well with younger and older children.)

- What would be a wish about you?
- What would be a wish about your child?
- What would be a wish about your family?
- What would be a wish about your life?
- What would be a wish about something that has happened in your life?

CLOSURE



Before ending an interview...

- () Summarize the client's perception of the problem.
- () Review the solutions the client has formulated.
- () Reinforce solutions through complimenting what the client is doing to make the solution work.

And Most Important...

- () Reinforce what is working.

RESOURCE GUIDE: MOTIVATIONAL INTERVIEWING

PRECONTEMPLATION STAGE

Open-Ended Questions	<i>I understand that you have some concerns about our involvement. What are your concerns?</i>
Affirm	<i>I appreciate how hard it is to come here and talk with me.</i>
Reflective Listening	<i><u>Simple</u>: It sounds like you...; It seems to you that...; I can see how you... <u>Double-Sided</u>: On the one hand you've told me how concerned you are that we might remove your kids, but on the other it seems like you are struggling with how to meet all the requirements of the court order.</i>
Summarize	<i>I'd like to try to pull together what you've said so far, so we can see where we are and where we are going. You have said that you don't think your drinking is a problem, but you also understand that it is the reason we are currently involved with your family and that the children's safety is our primary goal. You also said that you realize this is serious... (drawing in client's self-motivational statement)</i>
Information/ Feedback	<i>How do you feel about what we have just discussed? Is this what you expected? Is there anything you want to add?</i>

CONTEMPLATION STAGE (Continue with Precontemplation Stage techniques)

Asking Questions to Evoke Self-Motivational Statements	<i>What are your concerns about this situation? What do you intend to do to make a positive change in the situation?</i>
Exploring the Decisional Balance (Pros and Cons)	<i>What are the good things (or not so good things) about the way you discipline your kids?</i>
Asking for Elaboration	<i>How else does this affect you?</i>
Imagining Extremes	<i>What is the worst thing that could happen if you don't make a change?</i>
Looking Forward/Looking Back	<i>What would be the best thing that could happen if you make a change? Do you remember when things were going well? What has changed?</i>

DETERMINATION/PREPARATION STAGE

Recapitulation (a concise summary)	<i>Let me try to summarize where we are, and you can tell me if I have left anything out. You are involved with our agency because ... You told me that you are under a lot of stress and aren't getting any help from anyone which makes you feel out of control at times. You also said ... Does this sound like a fair summary? My assessment of the situation is that this is a serious matter ... (continue with your own assessment of client's situation)</i>
Present Key Questions – Client Envisioning	<i>It must be hard for you now, hearing this ... What's the next step? What do you think has to change? It sounds like things can't stay the way they are now. What do you intend to do? What are your options?</i>
Generate Potential Solutions (consider a menu of options)	<i>Some people have (make suggestion). I wonder whether that would work for you? I don't know if this would work for you, but I can give you an idea of what has worked for some other people in your situation.</i>
Develop a Change Plan – Set Goals: Looking Forward	<i>You said you would like to get help from your family to reduce your stress. How do you think this would work? So that's your goal. What do you think is the first step?</i>
Commitment to the Plan	<i>Is this what you plan to do? (Make it public, e.g., to a spouse or family member, etc.)</i>

RESOURCE GUIDE: SOLUTION-FOCUSED INTERVIEWING

Questions to Explore Positions of Family Members	<p><u>Regarding the Problem:</u> How would you describe what is happening in your family as a result of this issue? How do you explain what happened?</p> <p><u>Position Regarding Agency:</u> For our involvement with your family to be useful to you, what would need to happen? What would change in your family? What do you think we need to see to close the case?</p> <p><u>Position Regarding Possible Solutions and Safety Goals:</u> Okay, we both see the need to make your child safe. What I'm really interested in are the ideas you have for doing this. How can we help you make things better and make your child safer? What do you suppose you, your partner, the child, and other family members can do to increase safety? In your opinion, what would it take to make your child safer? When we ask your son what would make him feel safer, what do you think he would say?</p>
Exception Questions	Have there been any times when you have been in a rage but resisted the urge to hit your daughter?
Open-Ended Questions/Statements to Elicit/Affirm Family Strengths and Resources	We have been talking about some very serious matters. To give me a more balanced picture, can you tell me some of the things that you feel are good about this family?
Coping Questions	I'm sure there are days when you feel like running away from it all. What stops you? What would your best friend (mother, children) say about how you are coping with so much?
The Miracle or Dream Question	Suppose that while you are sleeping tonight a miracle happens and your problem is suddenly solved, like magic. Because you are sleeping, you don't know that a miracle happened, but when you wake up tomorrow morning, you will be different. How will you know a miracle has happened?
Amplifying the Miracle/ Dream Question	What would you being safe look like?
Relationship Questions	Suppose you were no longer angry with your son. What would he notice you doing instead?
Scaling Safety	<p><u>Willingness:</u> On a scale of 0 to 10, where 10 means you are willing to do anything to make your child safer, and 0 means you are not willing to do anything, where would you place yourself on that scale?</p> <p><u>Confidence:</u> On a scale of 0 to 10, how confident are you that you (your family) can do things to make your child safer?</p> <p><u>Capacity:</u> On a scale of 0 to 10, how would you rate your ability to do something about these problems?</p> <p><u>Progress:</u> When you first came here, you stated your ability to control your anger was at a 1 and you wanted it to be at a 10. Where do you think you are today between 1 and 10?</p>
Amplified Scaling Questions	What would it take to move from a 5 to a 6 (one number up the scale)? What will be different?

Adapted from the following sources:

Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services* (pp. 97-98). New York: W.W. Norton & Company.

De Jong, P., & Berg, I. K. (2002). *Interviewing for solutions* (2nd Ed.) (p. 85). Pacific Grove, CA: Brooks/Cole.

Greene, J. G., Lee, M., Trask, R., & Rheinscheld, J. (1996). Client strengths and crisis intervention: A solution-focused approach (p. 50). *Crisis Intervention*, 3, 43-63.

Miller, W. R. & Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behavior* (pp. 117,120,123). New York: The Guilford Press.

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Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection* (pp. 55, 56, 65, 68, 80-81). New York: W.W. Norton & Company.