Welcome to the Florida Institute for Child Welfare Podcast. This series is Child Protection Caseworker Support. I am Jessica Pryce, your host, on each episode we will explore topics that are relevant to child welfare professionals, we will directly from people who work every day to make a difference in the lives of children and families. It is our goal that this podcast is accessible, informative, and supportive. So, if you know someone who works in child welfare, be sure to share this podcast with them.

Today on the Florida Institute for Child Welfare Podcast we are discussing family engagement through motivational interviewing, also known as MI. On this episode, we will discuss how child welfare workers can use motivational interviewing to bring about positive change with the families on their caseload. Our Guests today are Dr. Therese Kemper and Necia Little. Dr. Kemper is a clinical psychologist over at FSU and she specializes in motivational interviewing. Necia Little is the operations manager for the Department of Children and Families here in Tallahassee. Let’s get started.

Pryce — So, again, thank you both for being here. So, to our listeners, we’re going to talk about a very interesting topic today. How do you engage a family toward positive change? And in this field, there is some levels of mistrust, levels of fear, and we were gonna talk about that today and how do we really move a family toward again, positive change and, just strengthening that family.

So, can we start with Dr. Kemper, motivational interviewing is the you know, the buzz term I feel like over the last decade; maybe I’ve been hearing about it a lot. Can you define it for us and tell us a little bit about what it is?

Kemper— Sure. Put very simply, MI (Motivational Interviewing) is a goal-oriented, collaborative, conversation about change. It is most useful when people are ambivalent. That is, they want to change, they have reasons to change, and simultaneously, they don’t want to change, and change is difficult and they see reasons not to change. So, it’s interesting that you say it’s kind of a hot bed issue and it’s very popular. It is not something that is always needed, that is always useful. It’s not for everybody all the time. And so, it’s really important to keep in mind that it really does have a specific purpose for having conversations about change when people are ambivalent.

Pryce — Necia, is MI something that’s used by your PI’s (Protective Investigators) and case managers?

Little — Yes, we, we utilize it throughout our entire system of care. Kind of like Dr. Kemper said is that typically, with more ambivalent clients and customers and families, that’s where the training is focused for us. And investigators, they have a short life with a family you would say, but they definitely receive the training. We have experts that we bring in, and we kind of thread it through everything that we
do throughout the training criteria from CPI (Child Protective Investigator) to case management.

| 00:03:23 Pryce – So, I was in a meeting about three weeks ago and they talked about family-team meetings. And I’m sure the term is different state to state. At that point I was in Minneapolis, and they said, “It’s important not to have a staffing of all professionals and invite a parent in and make it seem like- well we’re already here discussing your case.” So, for the sake of having a family member at the table, you can sit in and let us know what your thoughts are. And they it’s that is a little bit, it’s not very helpful, it’s more of, you should be at the front end of this, we shouldn’t be bringing you in at the back end- it sounds like you were hitting on that. |
| **Little** – Right and you know, you previously said that through the years in child welfare we have learned and there’s been a variety of models used and part of that just day-to-day, how you interact with a family. For example, if you’re gonna have a meeting and the family’s gonna participate, don’t have a meeting before, and then have them come in the room. You know, it really- every little interaction that you have with them and how you pose that setting, that meeting, that discussion, all of those things really sends the message to the family whether or not they are truly being heard, are they included. And you know, there’s a lot of challenges around making that happen every single time. You know, and its very time consuming so, that that’s one of the huge challenges when you talk about workload and the volume of the families that we serve. So, having them participate early on, coming in the room with them, allowing them to include who they identify as their family as well. And, letting that family member, you know it could be a friend, it could be an aunt, whomever they identify as their family to participate in that meeting around what their needs are. |
| **Pryce** – No, I love what you said about not having a pre-meeting. You know, not having the door shut, a meeting and then, “now you can come in,” you know, something like that. Love that. |
| 00:05:32 Pryce – Dr. Kemper, do you work with families that are going through the department of children and families over at Florida State? Kemper – We... It’s not a primary area of focus. If a family happens to come to our clinic and, they are involved with various systems, state systems or state organizations or support systems then we will see them, but it’s not a primary area of focus. Pryce – Got it. So, I did have a question about day one, someone comes into your office and you are about to implement MI, motivational Interviewing. What happens in that first session? Kemper – Interesting. The first step, really what you’re talking about Necia, and what we do in the psychology clinic with any family and any client is about...
engagement. And this can be a fast process that takes just a couple of minutes, or it can be a week’s, days, weeks, long process. And the key is that the therapist, the caseworker, the practitioner, whoever’s having this conversation is attune to whether or not the client is engaged. And so, in a first session, what we would talk about is what are the client’s goals. What are the things that are important to that client. Does the client have hope or optimism that things can change, that things can get better? And then do those goals between the therapist, the case worker, align with what the caseworker or the therapist can actually provide. So, we want to make sure that there’s a match between what the client is looking for and what we can provide.

Pryce – Got it. No, that’s really interesting, and a lot of that is happening in a different setting. You’re in a room at a university. So, our settings are a bit different when we’re dealing with DCF, and I was curious Necia, what can a case manager do when they’re knocking on that door for the first time with a family if they’re interested in implementing MI?

Little – Whenever investigators or case managers are first working with a family, you know- first of all, be respectful. You know, Identify yourself. Allow the family an opportunity to have an understanding of who you are, why you’re there, so you like wanna keep families fully informed very early on. And I always have a saying on our office of “say what you mean and mean what you say.” And, so with that, that really means being honest. Child welfare and child protective investigations you know, at from the initiation of that, it’s very intrusive just by nature. And so, it’s okay to let them know what it going to happen. You know, the all of the potential outcomes, this is what it’s gonna look like and that’s really how you kinda start to engage them because you have fully informed them, they have an understanding. And then along the way of having that conversation initially with them, checking in with them and then asking them like, is that okay? Is this okay? Because there are certain things by law that we have to do, but then it’s all in how you do it and asking that family too. Like you know, for example, we have to complete contacts on cases for children that have like medical neglect. So, we would need to speak to someone that sees that child in a medical setting. Their doctor, a nurse, or something like that. You know, and so, having that instead of approaching that family member as “here, I need you to sign this release because I must speak with your doctor.”

Pryce – Right.

Little – You know, tell me about tell me about your child’s physician, where do they go to the doctor? And so, it becomes more conversational and you know, do you have any challenges around medical care? And then, would it be okay if I reached out to them? You know? So, giving them the opportunity first to be a part of it.
Pryce – No, I love what you’re saying, and one part about my job when I was in the field was, we sometimes had to look in kitchen cabinets and walk through rooms and it was a little bit awkward for me. So, I like what you said because we were trained when I was there to say things like “well we usually walk through the home to see if there are any needs or ways we can help you. Can you walk me through your kitchen...” and you know things like that. Not, “I need to go to your kitchen right now and look through your cabinets,” so it makes a big difference what you’re saying.

Little – Right! Right.

Pryce – Right. And these are all kind of the pre-work I feel like, for engagement. And it could be pre-engagement it sounds like. I think sometimes it seems that this is not engaging a family but setting that repour and being respectful and things like that.

Little – Right.

Pryce – It definitely seems like it’s going to improve engagement long term.

So, Doctor Kemper, you’re up next. I wanted to ask about some components of MI. I know we can’t take the listeners through a full training, but I know that you mentioned when we chatted before, spirit and method. Can you talk us a little bit about that?

Kemper – So, I’ll describe the spirit first. The MI spirit is really the set of heart and mind with which one practices motivational interviewing. And it has four components that can be remembered with the acronym PACE. And that’s Partnership, Acceptance, Compassion, and Evocation. Partnership in the MI spirit means that MI is not done to or on somebody, it’s done for and with somebody. This is a collaborative relationship and very importantly, the caseworker, the therapist are equals with the clients. So, that’s the partnership piece. Acceptance means that we as MI practitioners accept that change is difficult. We are non-judgmental and really believe that people are doing the best that they can. And we accept client autonomy. People have the right and the capacity for self-direction. They can choose if they want to change, they can choose how they want to change, and that is completely up to them. So, we have partnership, we have acceptance, the third component of the MI spirit is compassion, and this is not a feeling, an emotional experience of compassion for somebody. What compassion means in Motivational interviewing is that we prioritize the client’s needs and welfare. So, the goals, the needs the priorities of the practitioner or the case worker are not primary. We really really focus on what is best for the client, what is in their best interest. So, that’s the compassion piece. And finally, evocation in the motivational interviewing spirit is, or it means that this is a strengths-based approach. So, we look for and identify strengths in individuals and in families that will facilitate change. And we don’t go poking around for deficits that need all kinds of remediation. So, it’s a strengths-based approach, we build on those
strengths, we use those strengths to facilitate change. And evocation means that we draw out or evoke reasons for change, goals for change from the clients. And so together, Partnership, Acceptance, Compassion, and Evocation, make up the MI spirit.

Pryce – Thank you for that acronym, I think it will be helpful to remember it that way. I did have a question about when you said, you all kind of come in with the mindset that they are doing their very best. And I think that’s amazing, and I’m curious, do you have any advice or thoughts about how to work with the client when you know that they could perhaps do better. Because I know MI isn’t about pushing.

Kemper – Right. And that comes with some of the basic method and some of the skills within MI, but it really is drawing out from the person. So, they may be doing the best they can at any given moment. And the question is, what would you like to be better? To the client, what would you like to have changed in your life? How would things be different for you if you participated in the parenting class or if you stopped smoking? What would that be like? How would that be for you? So, it really is like giving them the opportunity to think for themselves about what they would like to change, how things could be better, and how they might go about doing it.

Pryce – That makes a lot of sense. And when I think about, you know, something that I read, in your writing Dr. Kemper, you said it doesn’t really matter, the goals of the provider. And I think about you know, as a previous PI, I might have my own goals that I want this family to accomplish because by law, you have to accomplish them for us to move forward with your case. But you said very poignantly in your writing, it really doesn’t matter what the provider wants.

Kemper – Well, it’s hard to think about I think in terms in situations where the child’s safety is involved. And child well-being, family well-being, is involved. But really, if we as providers come in with an agenda, try to steamroll and force people to do what they, what we think they should do. We’re actually moving farther from accomplishing their goal than we were initially because people push back when they’re told what to do. So, my agenda doesn’t matter at all except unless I’m willing to engage the client with that agenda. So, I know a lot of times case workers do have things that they need to ask, they do have points that they need to cover, or information that they have to share. And, that can be done collaboratively. For example, just like Necia said, I have some things that I would like to get through today. I have to get through these things, here they are. What would you like to add to that agenda? Or how can I be helpful for you today? And then, both of you are able to get what you want. And then that increases client engagement, and it keeps you on the same playing field, there’s not a power differential then. Then the practitioner and the client have equal say in what’s going on and they can work together to meet those goals.
**Pryce** – Absolutely. So, I also wanted to ask you both if you would mind taking us through relatively briefly – a case study. Someone you’ve worked with even when you were in the field, Necia I know you have this high-level oversight, but when you were in the field or even now with some clients you’ve worked with. A component of their change, you know what were they dealing with, how did you take them to the next level using MI?

**Little** – And so, again so, for case managers and investigators they are not in a therapeutic setting, right? Which is also great because that actual opportunity for change, we will refer families to a therapist that they can then have that more confidential relationship with and you know, help set those priorities and goals that are probably even bigger than what we’ve previously discussed with the family. But just an example of of a case that we’ve been working on, recently and I have been consulting on with one of our investigators is a fifteen-year-old mother who is the victim of human trafficking. And unfortunately, she has a three-month-old out of her being trafficked. So, she obviously comes in with her own family history and just a lot for trauma in her life, right? And so, when we, the Department of Children and Families gets a report involving her, she has her own set of behaviors around her being a fifteen-year-old with the trauma that she has. And then, but now she’s also a mother. And, having to engage her at so many levels becomes very challenging and, primarily for her we know she sees us and because of her own family history all she thinks is that we’re gonna remove her baby from her because that’s what she’s experienced as a child and that’s what she’s seen happen to every single one of her siblings, right? She’s also still very connected to her biological mother, which often times we also see that, but so the investigator in trying to help this fifteen year-old keep your baby safe you know- The fifteen year-old mom does things like: “I’ll meet you at 2PM,” she’s not at the address where she says she’s gonna be, and then we can’t get her on the phone, and then hours later she sends us a text “oh, I’ll meet you in thirty minutes,” she’s not there. So, it’s kind of like this cat-and-mouse game we play with her for a little while. And, then times when you do see her and you do have a conversation with her about intervention, she is is not happy to see you she does not use very endearing terms towards you. And it makes it very difficult for the investigator to determine “is this little baby safe, or not?” And that’s really all, it’s really where they’re at that stage and- so, we just continue to talk about ways this is just early on engagement how do we how do we keep talking to her, how do we keep engaging her? And so, my investigator was at a place where you know, “I can’t ensure the safety of this baby. Necia, I think it’s time we just take a more intrusive action.” And I’m like, “Let’s just give it one more shot.

**Pryce** – No, I really appreciate that example, it’s a great example of pre-work and pre-engagement. Because I- I mean I used to be in the field, and I know some investigators that would have pulled that kid already. So, I love that you’re having your staff and your investigators doing that engagement and pre-work because it is hard work, and it’s frustrating. And sometimes you wonder how long can we do
this, how long are we gonna play cat-and-mouse? So, that was a great example, and I appreciate it.

I also wanted to ask you about - you know, MI is great, and I know their science say it works, but what can someone do, particularly in your field Dr. Kemper, that might produce disengagement. What are some things that you may not do well in MI or some traps that people may fall into with MI?

| 00:20:21 Kemper – Eh Sure, and even these traps that people fall into can be traps in any helping relationship, you know whether or not we’re using MI, Any, any kind of therapeutic relationship, runs the risk of someone falling into these traps. So, one of the first traps is not being consistent with the MI spirit, and so, if we are not partners with our clients, if we do not accept them or are judgmental, we can fall into these traps and people will not be engaged with us. A specific trap that, again helping professionals fall into often is called the writing reflex. And this is the tendency, again, intentions are good, we want to help people, and this is the tendency to try to fix things for people or to fix people. And so, a caseworker or practitioner might have ideas about, “I know what the problem is, I know what the solution is. And if this client would just do what I say, then everything would be grand.” And like I mentioned earlier, people don’t like being told what to do and that promotes disengagement. A second trap that we can fall into as helping professionals is similar, but it’s called the expert trap. And so, people might fall back on, “well I’ve been trained to do this, I have years of experience. Trust me, and everything will be fine.” And again, that really creates an imbalance in the relationship. |

| 00:22:24 Pryce – So, Dr. Kemper, we’ve been talking a lot about the most appropriate and helpful language, and I was curious if you could talk about the problem with the term “resistance” and perhaps what’s a better term. Kemper – So, this has been a debate in the world of motivational interviewing for a while. And the problem hat people saw with the term is that it placed the blame entirely on the client. “This client is resistant, again, if only they’d listen to me and do what I say. They don’t see how bad things are. And they clearly don’t want what’s best for them, or they don’t know what’s best for them.” And so, that was placing the blame solely on the client, when in fact, there could be a couple things going on. Providers, by falling into some of those traps I mentioned, can fuel that “resistance” and it’s a two-way street. So, there are things that providers can do to reduce “resistance” and there are things they can do to increase it. So, having that term that blamed the client solely really didn’t sit well with a lot of people in the MI world, again because we’re partners with our clients. And so, after a lot of discussion, we tend now to divide it into two pieces: sustained talk and discord. Sustained talk is really just statements that favor the status quo. So, when people say, “I don’t want to change, I really like smoking. There’s nothing really wrong with the way I’m parenting my kids.” That’s sustained talk. And that’s not really a problem because it’s a normal part of the change process, it’s a normal part of
ambivalence. People move from not wanting to change to that “er I do and I don’t.” and in that I do-and-I-don’t you’ll hear some sustained talk, and then they’ll move towards wanting to change. So, that’s one piece of it, we don’t need to panic about it. The second piece of kind of the- pulled apart resistance is discord, and this is a problem in the relationship between the provider the caseworker and the client. And the client may not like the caseworker or therapist or what the person represents, and the provider may have fallen into one of those traps and is pushing too hard, forging forward without the client, and the client doesn’t like it. And so, that pro- those problems in the relationship, we can also address through being consistent with the MI spirit and with some specific MI strategies that are specifically for having a conversation about discord.

00:25:03 Pryce – Wow, that is really interesting. So, thank you both for hanging in there on this podcast, I have one last question. Because our work is so important, especially when we connect with other partners. And I don’t know how collaborative you are in your space with outside, but I know that DCF is very collaborative with outside partners. How has that relationship been, I’ll start with you Necia, working with other people especially if other entities don’t share the same vision?

Little – Through the years of our transitions and child welfare and obviously all works with families and every organization has strived for improvements and better outcomes as we learn more we have started to become more inclusive of families and providers. So, we really do try to bring others in for families to meet with, to engage with, and kind of come to the table to see if there is anything that they can offer the family to assist them in whatever goals that they have identified. So, some of the challenges when we started doing that is that not all agencies have the same visions and values. And, that is not always a bad thing, for example, domestic violence programs, right? They are very victim central, and so they should be. And, initially we, actually we have a program where we have victim’s advocates co-located with our child protective investigators now. And that was one of the ways for us as two different organizations with two different visions and values to come together to work collaboratively and it’s okay to say, “I have a different vision, and I have a different value, but here is how I can help.”

Pryce – Got it. Thank you that was an excellent example of how kinda overcame that with the co-location, and we have another podcast about IPV and child welfare and how those worlds, merge.

Little – Right, right.

Pryce – Sometimes seamlessly, sometimes not. So, thank you for that example.

00:27:21 Pryce – Thank you again to our guests. Such a great discussion about how to engage and effectively bring about change with the families we work with. If you are a child welfare professional, I end every podcast with a thank you. We appreciate your commitment to this work, and we hope the podcast was helpful. To learn more about the Florida Institute for Child Welfare and to read more
about our guest, please visit WWW.FICW.FSU.EDU. In addition, there are resources and information about motivational interviewing on our website. I want to acknowledge Aaron Kudja, our podcast engineer, and Marianna Tutwiler, the producer of this series. Until next time, I am Jessica Pryce, and we are strengthening child protection by providing caseworker support.