Motivational Interviewing: A Primer for Child Welfare Professionals

Motivational interviewing (MI) is a strengths-based, evidence-based communication method professionals can use to support families involved in the child welfare system. Adolescents and parents involved with child welfare may be ambivalent or hesitant about working with the system because they became involved involuntarily, have negative perceptions, or have past traumatic experiences with the system.[1] MI may be a useful strategy for child welfare professionals seeking to better engage families.

MI was designed to help engage individuals and assist them in exploring and working through their ambivalence about change

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1 Ambivalence is a common term in the MI literature. It refers to the client's state of both wanting and not wanting to change or, in other words, having simultaneous conflicting motivations. For example, a client may see the negative consequences of their substance use impairing their ability to parent but at the same time continue using substances.

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within an atmosphere of collaboration and compassion. Its use can help change the way workers interact with families and guide them through complex processes with the intention of increasing permanency, safety, and well-being. This factsheet provides child welfare professionals with an overview of MI, describes circumstances when it can be applied, and highlights some basics of the method. It also provides links to additional resources.

OVERVIEW

Motivational interviewing was developed by W. R. Miller and S. Rollnick. It was first introduced in the 1980s as a method to engage and support adults coping with substance use issues and has since grown to meet the needs of other helping disciplines, such as child welfare, criminal justice, and health. Miller and Rollnick (2013, p. 29) define MI as follows:

> Motivational interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

In a child welfare context, MI is primarily used with caregivers of children; however, it has also been used with adolescents (California Evidence-Based Clearinghouse for Child Welfare [CEBC], n.d.).[2] The method has been shown to help engage clients and enhance their motivation to use and complete services—including those related

to child welfare—that can lead to positive life changes (Shah et al., 2019). MI can also help decrease defensiveness, assist providers in more accurately assessing families' readiness to change, and assist families in better understanding the steps necessary for the successful navigation of complex child welfare processes. MI is an evidence-based practice and was awarded the highest rating ("well-supported by research evidence") by the CEBC and the Title IV-E Prevention Services Clearinghouse ("well-supported").

MI is a nondirective approach and does not prescribe a specific structure or tasks (Benson et al., 2025). As a strengths-based approach, it focuses instead on reaching, engaging, and empowering families. The MI process includes four overlapping stages—engaging, focusing, evoking, and planning—that are discussed in greater detail in the Basics of Motivational Interviewing section.

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[2] This publication primarily uses the term "parent" when referring to recipients of MI in child welfare contexts, but the information also applies to relatives, kin, and other caregivers. The term "clients" is used when discussing MI in broader contexts, which includes other disciplines and are not always referring to parents.

Federal Funding for Motivational Interviewing

The Family First Prevention Services Act (FFPSA) of 2018 allows State and Tribal title IV-E agencies to receive reimbursement for certain time-limited programs and services that support children and families and prevent entry into foster care. To be eligible for reimbursement, practices must be rated as well-supported, supported, or promising by the Title IV-E Prevention Services Clearinghouse. Because MI was given the highest evidentiary rating of well-supported, jurisdictions can include MI in their title IV-E prevention plans and receive reimbursement when using the intervention as an integrated component of case management practice to address needs related to substance use, mental health, and parenting. Since the passage of FFPSA, MI has become increasingly prominent in child welfare practice (Benson et al., 2025).

For agencies considering implementing MI, *Motivational Interviewing: A Guide to Family First Implementation*, provides a roadmap through the MI planning and implementation process, including sections on understanding the model, developing an implementation strategy, training and supporting the workforce, claiming reimbursement for MI expenses, and pursuing continuous quality improvement.

New York State and Michigan are examples of jurisdictions that included MI in their 5-year title IV-E prevention plan. The New York State Office of Children and Family Services' plan highlights the intervention as a family engagement approach that can be used in a variety of settings and contexts. The Michigan Department of Health and Human Services' prevention plan explores MI with a trauma-informed lens, outlining that all caseworkers who are trained in MI will also be trained in trauma-informed care.

WHEN TO USE MOTIVATIONAL INTERVIEWING

MI may be particularly useful to help people examine their situations and options when any of the following circumstances are present (Motivational Interviewing Network of Trainers, 2019b):

- Ambivalence is high, and people have mixed feelings about change.
- Confidence is low, and people doubt their abilities to change.
- Desire is low, and people are uncertain about whether they want to make a change.
- Importance is low, and people do not see the benefits of change nor the disadvantages of their current situation.

Families involved with child welfare often face challenges that create barriers to change, which may make them a good fit for MI. The child welfare system is also moving toward practices that engage families and focus on strengths, which are both major philosophies of MI. Additionally, MI incorporates self-

determination, which is one of the tenets of trauma-informed care. Research has shown that MI is particularly effective when paired with other evidence-based practices and treatments helpful in child welfare, such as cognitive behavioral therapy (Hall et al., 2019).

MI may also be beneficial when supporting youth involved with child welfare who are exhibiting maladaptive coping behaviors. Adolescents often feel they are being judged or told what to do by treatment or service providers, which is not effective. Instead, a nonconfrontational and nonjudgmental approach such as MI can help youth explore ways to feel better, use healthier coping behaviors, and make safer choices (Hohman et al., 2012).

Child welfare professionals should be aware of power differentials and families' values when using MI. The power differential between a child welfare professional and a parent—or youth—can create negative reactions from the parent or youth (Mirick, 2013). While traditional child welfare approaches may amplify this power imbalance (e.g., a child welfare professional may inform a parent that their child is at risk of entering foster care and direct them to participate in services), MI approaches aim to create more of a partnership by inviting the parent to be part of the conversation and weigh the pros and cons of engaging in services and come to decisions on their own (Hall et al., 2019). Additionally, it is important for child welfare professionals to help parents and youth determine what changes are consistent with the parent's or youth's goals and values (Hall et al., 2019).

The following are examples of when MI may not be the best approach (M. Hodorowicz, personal communication, May 25, 2023):

- There is no or low ambivalence.
- There is high motivation.
- There is an immediate, eminent risk of safety or harm.
- An individual does not have the capacity for logical reasoning or realistic forward thinking (e.g., a caregiver is in a noticeably altered mental state due to substance use).

BASICS OF MOTIVATIONAL INTERVIEWING

This section summarizes the basics of MI. This information is not intended as training for child welfare professionals on using MI. Refer to the Training and Additional Resources sections for more information about becoming trained in MI.

FOUNDATION

Distinguishing motivation from manipulation is an important foundation of MI. MI is not persuading someone to do something that does not align with their values, goals, or best interests. To align with this partnership approach, MI has foundational components often called the "spirit" of MI: compassion, collaboration, acceptance, and evocation (i.e., helping bring forth what is needed for change from the client) (Miller & Rollnick, 2013).

Key Concepts

MI focuses on helping people move toward positive change, so it is important for interviewers and other child welfare professionals to look for signs that an individual may be interested in changing their ways. Patterns of speech, including "change talk" and "sustain talk" are important, since the way that someone phrases a statement may indicate their feelings toward change and help a professional identify how to help them.

Change talk: The person expresses interest in change. For example, "I want to quit smoking, but it's difficult."

Sustain talk: The person does not express interest in change. For example, "I could never quit smoking. It's a big part of my life."

PROCESS

Rather than occurring in distinct stages, MI progresses through four processes to guide overall change:

- **Engaging:** The provider and client develop a rapport for a working relationship.
- **Focusing:** The provider and client develop and maintain focus on the client achieving a particular change goal.
- **Evoking:** The provider helps the client to express their motivation for change.
- **Planning:** The provider works with the client to cultivate the client's commitment to change and how that change will occur.

It sometimes helps to think of the processes as a map. There are many paths to get from a starting point to a destination. The client is in control of the destination and the overall journey. The order of the processes varies depending on the discussion and client needs (Miller & Rollnick, 2013).

SKILLS

MI relies on four core communication skills to cultivate change talk and support realistic progress toward a goal or desired change (Miller & Rollnick, 2013):

- **Asking open-ended questions:** Open-ended questions allow clients to share their thoughts, ideas, and experiences in their own ways using their own words. Examples of open-ended questions include "What brought you to speak with me today?" or "How has this issue affected your family?" Open-ended questions can also include open-ended prompts, such as "Share with me what a typical day looks like for your family." or "Tell me a bit about your recent experiences with the child welfare system." Open-ended questions are generally preferred over closed-ended questions (such as "Do you want to change your behavior?" or "Is this issue affecting your family?") because closed-ended questions can be answered with yes, no, or one-word answers.
- **Affirming:** These statements acknowledge specific client strengths and are encouraging. Affirmations are useful in several ways, including strengthening provider-client relationships, reducing defensiveness, and facilitating change. An example of an affirming statement is "You've been working very hard to attend all the sessions of your parenting class."

- **Reflecting**: These statements help show clients that you understand them. They repeat or rephrase what the client has said. Reflective statements can encourage the client to further explore an issue. MI utilizes several types of reflections, each of which has a particular purpose in helping guide the conversation and client exploration. For example, a simple reflection provides nearly the exact meaning intended by the client and helps show that the provider understands what the client has said. (Client: "It's been very difficult to meet all the court requirements." Provider: "You've had a lot of difficulty meeting the court requirements.") A complex reflection, on the other hand, is a restatement of what the client said with some additional meaning inferred by the provider. (Client: "It's been very difficult to meet all the court requirements." Provider: "The difficulty meeting the court requirements is probably pretty stressful and frustrating.")

- **Summarizing**: Summaries are essentially reflections that tie together several of the client's statements, which can provide clients with an opportunity to hear a retelling of their experiences and their thoughts about change.

WORKING TOWARD CHANGE

MI is focused on helping people consider their readiness and willingness to change to improve their lives and, particularly in child welfare, the lives of their family members. MI is not about persuading a client to change; instead, it focuses on empowering clients and helping them develop their own motivation to change. It is important for child welfare professionals to recognize change talk that indicates a person is willing to change (e.g., "I really want to stop using, even when

challenging circumstances make it difficult so that I can get my kids back.") and help evoke additional change talk and make a plan for how to achieve that change. When change talk does occur, child welfare professionals can help parents or youth progress toward actual change by asking questions or making statements about the desires, abilities, reasons, needs, and commitments being shared by the parent or youth.

MI also includes a variety of techniques to help evoke change talk if the person is more focused on sustain talk (i.e., statements that support not changing). For example, a child welfare professional can ask the parent how important something is for them (e.g., "On a scale from 0 to 10, how important is it for you to ensure your children are safe at home?") and then ask a follow-up question based on the response to initiate change talk (e.g., "Why are you at a 3 and not a 0?", "What would it take to go from a 3 to a 7?"). Another method is to ask questions regarding the extremes of their concerns, such as "What would be the best/worst outcome if you changed the way you discipline your children?"

Child welfare professionals may also encounter discord when working with families. Discord is a natural response when a professional ventures into someone's life journey or change process, especially uninvited. Within the context of MI, discord occurs when the client-provider relationship is not optimal (e.g., the parent perceives the provider as judgmental or pushing them toward change), which could be a sign that the provider has veered from the fundamentals of MI (Hall et al., 2019). Signals of possible discord include defensiveness, oppositional statements, interrupting, and withdrawal (Miller & Rollnick, 2013). It is important for

child welfare professionals to be aware of their own contributions to discord and respond accordingly, perhaps through reflections, an apology, or even shifting the focus.

Family Engagement

MI is a family engagement approach. Family engagement is a key element of child welfare practice that involves partnering with families throughout their involvement with child welfare and recognizing them as experts on their respective situations. Successful family engagement can lead to family preservation, improved interpersonal relationships, increased family buy-in, improved quality of child welfare professionals' visits, and youth empowerment.

TRAINING

Training in MI and ongoing coaching are essential to helping practitioners ensure they properly utilize techniques and progress their skills to support the best possible outcomes for clients (Motivational Interviewing Network of Trainers, 2019a). While it is possible for competency in MI to be reached within months, developing proficiency or expertise may take several years of practice.

The following resources provide information about MI training:

- Motivational Interviewing Network of Trainers: Provides details about upcoming training as well as other educational materials
- Psychwire: Offers an asynchronous online MI foundational course facilitated by the founders of the approach, Miller and Rollnick
- Certificate of Intensive Training in Motivational Interviewing (University of Massachusetts Medical School): Provides certification following completion of a semester-long, intensive online course
- Motivational Interviewing Certificate Program (University of Maryland School of Social Work): Emphasizes skill development through experiential learning activities, feedback, and coaching

In addition to initial and booster training courses, it is important to provide ongoing worker development strategies, such as ongoing learning communities, individual study, and regular coaching from supervisors.

CONCLUSION

With the increasing focus on family engagement and family involvement in decision-making in child welfare, MI makes a strong addition to child welfare professionals' practice toolboxes. MI can help child welfare professionals engage both parents and youth in the change process by helping them focus on their strengths. With its proven effectiveness as a practice to effectively engage and keep families together, MI has the potential to greatly improve how child welfare professionals interact with families. This can

be very empowering and support families in overcoming barriers to change. Child welfare professionals who are interested in incorporating MI into their casework practice should speak with their supervisors about training and coaching opportunities within their agencies or the community. In addition, jurisdictions and agencies should explore integrating MI in their work will all children and families, especially with Federal funds available to support the practice.

For a more detailed discussion of MI, refer to the book *Motivational Interviewing: Helping People Change* (3rd edition) by W. R. Miller and S. Rollick.

ADDITIONAL RESOURCES

- "Motivational Interviewing Techniques in Child Welfare" [video] (Center for Advanced Studies in Child Welfare)
- "Motivational Interviewing as a Practice Innovation in Child Welfare" [video] (National Child Welfare Workforce Institute)
- *Motivational Interviewing in Child Welfare Services* (Northern California Training Academy)
- *Encouraging Motivation to Change: Am I Doing this Right?* (Center for Evidence-Based Practice)

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