

Using Motivational Interviewing to Engage, Retain, and Improve Successful Reunification Outcomes for African American Families Involved with CPS

By: Dee-Dee Stout,
MA, CADC-II; member of MINT

Motivational Interviewing is a counseling strategy that guides clients toward healthier behaviors by exploring and resolving their ambivalence for change

There is no simple explanation as to why African American children are overrepresented in our child welfare system, a phenomenon first noted in *Children of the Storm: Black Children and American Child Welfare* (Billingsly & Giovannonia, 1972). But in a recent Los Angeles Daily News article (6/29/08), Trish Ploehn, LA's Director of Children & Family Services, said, "It's an issue that's becoming extremely visible and is taking on a life of its own as far as child welfare professionals focusing on this, starting to do research and craft solutions." The article went on to state that nearly 90 percent of all children in Los Angeles County's foster-care system are minorities and, in San Francisco -, where African American children are only 11 percent of the total population -, they are an astounding 70 percent of the out-of-homecare population (*Inner City Family Resource Network, Inc., 2004*).

Unfortunately, these trends mirror national figures which show children of color entering foster care at rates that are disproportionate to their presence in the general population. Furthermore, African American children remain in foster care longer, have significantly worse outcomes, and more than half are never reunited with their biological families (*National Center for Children and Poverty, 2000*). So is it any wonder that child welfare workers are viewed with high levels of mistrust and skepticism within the African American community?

Also well documented is the fact that African Americans enter treatment via referrals from

other systems: for men it's criminal justice and for women it's child welfare. Front-line investigators believe that after poverty, drug abuse is the most common precipitating factor for involvement (*Sagatun, 1995*). Some California counties estimate that 85-90 percent of the families involved with child welfare are also struggling with substance abuse, so learning to work with families struggling with addiction issues is an important competency for child welfare staff. "Failure to identify AOD issues leads to incorrect problem analysis and inappropriate intervention with individuals, families and communities," explains Sue McVean, LCSW, an instructor for the MSW program at California State University, Chico.

Fortunately, there is an evidence-based counseling style widely used in substance abuse treatment that is also showing promise in various health, social, and behavioral settings. *Motivational Interviewing* (MI), is a client-centered, goal-oriented method of *guiding* individuals toward healthier behaviors by exploring and resolving their ambivalence for change, based on their personal goals (intrinsic reasons) and values (*Miller and Rollnick, 2002*).

The basic guidelines of Motivational Interviewing are:

- Ask open-ended questions in order to explore the client's intrinsic motivation(s) for change

- Affirm the client's change-related statements (Change Talk) and efforts to change
- Establish rapport with the client through reflective listening
- Elicit client's recognition of the discrepancy between their current behavior and their stated life goals
- Ask permission before providing information or advice
- Respond to resistance without direct confrontation (rolling with resistance) since resistance is interpreted as a signal to the clinicians to change their approach with the client
- Encourage and develop a client's self-efficacy for change
- Develop a "Change Plan" based on mutually agreed upon goals and methods for change, one the client is willing to commit to

In 2007, MI was rated as the number one scientific best practice by the California Evidence-Based Clearinghouse for Child Welfare, meaning it has been shown to be a well-supported, effective practice for reducing parental substance abuse, and increasing successful completion of reunification plans (Hohman & Salisbury, 2008; manuscript under review).

In this same article, Hohman, et al, describe three studies to date on the use of MI in child welfare systems. In one study, MI was found to help engage parents in substance abuse treatment, as well as increasing their rates of attendance. The second study, using an adaptation of MI via computer-based treatment with postpartum mothers who self-reported illicit drug use during pregnancy, found that the group receiving the MI-adapted treatment decreased their use of substances.

Another study (Mullins, Suarez, Ondersma, & Page, 2004) pointed to the *ineffectiveness* of

MI on substance abuse treatment retention with women involved with child welfare. The authors believe this negative result is likely due to two aspects of this study: 1) all of the clients were mandated to treatment and seemed concerned with discussing their ambivalence regarding their drug use with clinicians, and 2) this distrust, plus fear of child removal led them to withhold information regarding their current drug use.

Therefore, it appears that when the stakes are high and there are legally-binding reporting issues such as child custody and/or other criminal cases, building rapport may be more challenging due to the client's likely mistrust of systems and even well-trained clinicians. Because rapport-building is a core component of effective MI, this could reasonably be a casual factor in these unusual results.

Criminal justice systems, such as child protection services, often re-traumatize people. African-Americans involved in these systems often have histories of drug abuse or dependency and even outright violence, which may contribute to a greater susceptibility to re-traumatization – another area where MI techniques shows promising outcomes (Najavits, 2002).

In terms of the effectiveness of MI in the reunification of African-American families - there are a few general studies (Hohman, Kleinpeter, & Loughran, 2005) and only two specific studies; one, still in progress, is showing promising results. (Lofgren, 2008; study in progress).

The *in-progress* study is being conducted within African-American Family Services (AAFS), a community-based behavioral health organization in Minneapolis, Minnesota, shows promise incorporating MI and Integrated Dual Diagnosis Treatment (IDDT) services in its Family Preservation/Case Management program. AAFS serves more than 500

Hennepin County Family Court and Child Protection families a year, and another 2,500 families and individuals are consumers within the continuum of services at AAFS¹ (70% of families in AAFS family case management services are African American and another 5% are of African descent).

In Minnesota, the statistics of African-American families involved in the child welfare system are of even greater disproportion than the national averages, as are poor reunification outcomes. Traditional cases revolve around educational neglect, child endangerment, child neglect, and physical and sexual child abuse.

Prior to funding cuts, County child protection workers (CPW's) and AAFS family case managers would make the initial family contact together; completing the screening processes, and collaboratively making the determination to enroll the family in AAFS case management services. Now under the new funding, the CPW makes the initial contact, screens, and makes referrals as they see appropriate, or maintain the family on traditional supervision.

Families referred into AAFS are interviewed using MI, which, due in part to the collaborative nature of this interpersonal style, promotes engagement and relationship building. (Hohman, et al; 2005 also found that trust was needed in order to facilitate behavior changes in parents). A strengths-based needs assessment is administered, and appropriate family members (usually parents and sometimes adolescents) are given the Global Appraisal of Individualized Needs Short Screening (GAIN-SS) to identify substance abuse, mental health, and anger/criminality

¹ The Mission of AAFS is to help the African American individual, family, and community reach a greater state of well-being by providing culturally specific, community-based chemical health, mental health, and family preservation services.

problems, suicide risk, and child mental health status.

This engagement and assessment process leads to a family services plan where specific goals and objectives are developed collaboratively and clients are able to identify their own intrinsic reasons for change and begin to address their ambivalence. The challenge seen here was in the *cultural shift* required by the agencies, from one of “experts” to one of “collaborators,” as well as by workers and parents alike to move from a “deficit” to a “strengths-based” model another tenet of MI.

Hohman, et al, discuss a study in 1996 by Tohn and Oshlag which found that families approached in a respectful, cooperative manner – as characterized by the *spirit* of MI, are more likely to both participate and engage with CPS workers. Also, when family goals are set by both the family and the worker, rather than by the worker alone, parents are more likely to be invested in the changes they see as necessary for their own family's welfare (*Lofgren, personal communication, June 2008. See Hubberstay, 2001; Littell & Tajima; Rooney, 1992*).

It is clear that these studies indicate a specific need to build rapport and trust with parents involved in reunification cases, where African American parents have valid reasons to distrust various systems of power. This is particularly true for single black mothers, who are plagued by prejudicial perceptions regarding the realities of their everyday lives (Hall, 1993) – a reality that must be acknowledged and appreciated, another principle of MI. This sense of appreciation for the complex and confusing system into which these parents often find themselves is again a needed building block to rapport and trust.

As MI seeks to build collaboration - and autonomy - these core MI goals are the exact

ingredients needed to foster trust and rapport, leading to better communication, agreement and compliance to court orders for parents. MI may also assist in modeling good communication skills for parents, leading to greater trust and closer bonds with their children, a desired outcome of any intervention with this much-abused population, where many families seem to suffer from a lack of skills and resources rather than intent to harm their children. (Spear, 2007)

The fact that MI is proving effective within family preservation and case management services at AAFS is attributed in part to the extensive training obtained by the staff. All case managers were provided MI Level 1 Skills Training in Motivational Interviewing Network of Trainers (MINT) co-facilitated training sessions. Six (6) coaching sessions, one (1) per month were provided after the initial training. MI Level 2 training will be provided this fall, followed by six (6) monthly audio-taped sessions, one (1) per month, coded by MINT members that are trained in the MITI 3.0. There will also be telephone and face-to-face coaching. A follow-up evaluation will be conducted and twelve (12) month data will be analyzed to measure case manager competence in MI, case management engagement of families, service utilization (IDDT & Family Case Management), parenting competency of consumers, new child protection cases, and unification/reunification status.²

These studies would seem to indicate that at the very least Motivational Interviewing deserves more study as to the possible effectiveness and

challenges of using MI in the area of reunification in African-American families. As the principles of MI, and the promotion of a strengths-based world view has already shown promise in other areas of trauma treatment and behavior change, it would seem consistent that MI would ultimately be found to be helpful in developing better rapport with those African-American families involved with CPS, other traumas and even criminal justice cases. (Although criminal justice is one of the current settings for study and training in MI, there have been few empirical studies at this point due to the infancy of this intervention in the criminal justice setting).

A two-year investigation by a special California panel recommended that courts, child welfare, and social service agencies work together to examine and address the disparities in the child protective system and improve foster care outcomes. But we need not wait for a perfect understanding of the causes of this problem before actively seeking solutions in our everyday work. In the meantime, we can advocate for better communication and collaboration to bridge the gaps between service delivery systems and, most importantly, we should strive to understand and respect the cultures of those we serve, recognizing the strengths that reside in all families. Motivational Interviewing is certain to help us accomplish these complicated tasks.

² 100% of the case workers received Level 1 MI training; 50% received 6 sessions of group coaching (2 hours/per session). Engagement of clients rose immediately upon implementing MI (around 20%), meaning families choose to participate or stay on traditional Child Protection Supervision (J. Lofgren, personal communication; June 2008).

Dee-Dee Stout, is an internationally recognized MI trainer and practitioner. She is an Adjunct Professor at San Francisco State University, the University of California at Davis, and Faculty at City College of San Francisco. She is also the Clinical Program Manager for Project Pride, a community-based treatment program for perinatal women, and female inmates and their children, in Oakland. Her book, “Coming to Harm Reduction Kicking and Screaming: Looking for Harm Reduction in a 12-Step World” is due out this fall.

Support for this report and the African American Treatment & Recovery TA & Training Project has been provided by the State of California, Department of Alcohol & Drug Programs. The opinions, findings and conclusions herein stated are those of the authors and not necessarily those of the Department.

The African American TA & Training Project is managed by ONTRACK Program Resources, Inc. ONTRACK offers cost-free consulting services and training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for African Americans. For more information on available services visit: www.getontrack.org

References

- Anderson, T. *Hospital staff more likely to screen minority mothers*, Los Angeles Daily News (6/29/08)
- Billingsly, A. & Giovannonia, J. *Children of the Storm: Black Children and American Child Welfare*, Harcourt, Brace, Jovanich, 1972
- Brown, A.W. & Bailey,-Etta, B. *An out-of-home care system in crisis; Implications for African American children in the child welfare system* Child Welfare, (76)1, 65-83, 1997
- California’s Evidence-Based Clearinghouse for Child Welfare, Chadwick Center for Children and Families – Rady Children’s Hospital, San Diego, 2007
www.cachildwelfareclearinghouse.org
- De-Gruy-Leary, J. *Post Traumatic Slave Syndrome: America's Legacy of Enduring Injury and Healing*, Uptone Press, 2005
- Disproportionate Representation in the Child Welfare System: Emerging Promising Practices Survey*, National Association of Public Child Welfare Administrators, 2006
- Family Group Decision Making in Child Welfare: Purpose, Values and Processes*, American Humane, 2008
- Fostering the Future: Safety, Permanence and Well-being for Children in Foster Care*, The Pew Commission on Children in Foster Care, 2004
- Freundlich, M., Morris, L., Hernandez, C., “*Kinship Care: Meeting the Needs of Children and Families of Color*,” A Position Paper of the Race Matters Consortium, 2006

Hall, J. *What really worked? A case analysis and discussion of confrontational interventions for substance abuse in marginalized women.* Archives of Psychiatric Nursing, 7(6), 322-327.

Hill, Robert B., Ph.D., “*Synthesis of Research on Disproportionality in Child Welfare: An Update,*” Prepared for the Casey-Center for the Study of Social Policy Alliance for Racial Equity, *Race Matters Consortium*, 2006

Hohman, M., Kleinpeter, C., & Loughran, H. “*Enhancing Motivation, Strengths, and Skills of Parents in the Child Welfare System*” In J. Corcoran (Ed). *Building Strengths and Skills*, 268-292, Oxford Press, 2005

Hohman, M., Butt, R., *How soon is too soon? Addiction Recovery and Family Reunification.* Journal of Child Welfare, Vol. 80(1) 53-67, 2001

Lofgren, Jonathan. Personal communication. June 2008.

Mayo-Smith, S. *Working with Child Welfare Clients: Challenges Facing Staff in Substance Abuse Treatment Programs.* Northern California Training Academy, The Center for Human Services, UC Davis Extension, Reaching Out, 2006

Mick, K. & Mayo-Smith, S. *Social Workers Have Options for AOD Education.* Northern California Training Academy, The Center for Human Services, UC Davis Extension, Reaching Out, 2006

Miller, W.R., & Rollnick, S. *Motivational Interviewing* (second edition). The Guilford Press, 2002

Morgenstern, J., & Riordan, A., McCrady, B., McVeigh, K., Blancard, Irwin, T., *Intensive Case Management Improves Welfare Clients’ Rates of Entry and Retention in Substance Abuse Treatment*, 2001

Mullins, S.M., Suarez, M., Ondersma, S.J., & Page, M.C. “*The Impact of Motivational Interviewing on Substance Abuse Treatment Retention: A Randomized Control Trial of Women Involved with Child Welfare.*” Journal of Substance Abuse Treatment 27 51-58. Elsevier Inc., 2004

Najavits, L. *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse.* The Guilford Press, 2002

Places to Watch: Promising Practices to Address Racial Disproportionality in Child Welfare Services, The Casey - CSSP Alliance for Racial Equity and the Center for the Study of Social Policy, 2006

Shillington, A.M., Hohman, M., & Jones, L. *Women in Substance Abuse Treatment: Are Those Involved with Child Welfare Services Different?* Journal of Social Work & Addictions, 1(4), 2003

Spear, Donna Sue, *Recovering Together Program Curriculum Guide: Substance Abuse Treatment for Women and Their Children*, Rocky Mountain Quality Improvement Center, with funding from the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, US Department of Health & Human Services, 2007

Substance Abuse and Mental Health Services Administration (SAMHSA) – Center for Substance Abuse Treatment (CSAT), *Alcohol & Other Drug Treatment: Policy Choices in Welfare Reform. Report in collaboration with NASADAD, 1996*

The Disproportionality Project, Raising Our Children Together: A Report on the Recommendations for Reducing the Disproportionality of African American Children in San Francisco's Child Welfare System, Inner-City Family Resource Network, Inc., 2004

Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S., *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)*. DHHS Pub. No. (SMA) 07-4261. Substance Abuse and Mental Health Services Administration, 2007