Child Risk and Parental Resistance: Can Motivational Interviewing Improve the Practice of Child and Family Social Workers in Working with Parental Alcohol Misuse?

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Motivational Interviewing (MI) is a client-centred, directive counselling method. This study evaluates the effectiveness of a two-day workshop in MI for forty social workers
in changing self-reported practice over a three-month period, the levels of skills achieved, and factors associated with acquired skills, including the impact of post-workshop supervision. The focus of training was alcohol misuse but participants were encouraged to explore the use of MI with other issues. A multi-method pre and post-design was used, utilizing both quantitative and qualitative data and employing an embedded randomized controlled trial of the impact of supervision. The two-day workshop had a modest positive impact on evaluations of simulated practice, on some measures of attitudes to working with problem drinkers and in qualitative accounts of practice. Despite this, three months post-workshop, workers generally had not reached a skilful level of MI practice as measured in ratings of an interview with a simulated client. Offer of post-workshop supervision had little impact on skill, with take-up being low. There was a significant difference between participants in the two workshops, despite identical programmes and trainers. Qualitative data suggested that participants had found the training useful and many reported a positive impact on their practice.

**Keywords:** alcohol misuse, Motivational Interviewing, child protection, training

**Introduction**

Child and family social work is often characterized by resistance from parents, whether this manifests itself in passive non-co-operation, active disagreement or threatening behaviour. Few areas exemplify these issues better than work with parents who have alcohol problems. Challenges around ‘denial’ or ‘minimization’ are well known even amongst problem drinkers seeking help; they are likely to be even more common where parents have been referred around concerns for their children. Work with parental alcohol misuse therefore provides an exemplar for issues of resistance and engagement that is both important in its own right and likely to have wider implications for social work practice more generally.

For around a quarter of children known to social services in Britain, parental alcohol misuse is an issue (Cleaver et al., 1999; Forrester and Harwin, 2006). The harm that problem drinking can cause children is well documented (Cleaver et al., 1999; Velleman and Orford, 1999); however, there has been little research on social work and parental alcohol problems. What research there is has consistently identified that social workers receive little preparation for working with such issues. Kearney et al. (2000) evaluated training needs in relation to alcohol, drugs and mental health problems in families. They found ‘little evidence of specific alcohol training’ (p. 26) and a general lack of confidence amongst workers in dealing with parental substance misuse. Harwin and Forrester (2002) interviewed fifty-nine social workers who had been allocated a case involving parental substance misuse. Most interviewees reported receiving ‘little or no’ training on substance misuse in their qualifying course, and limited input after qualification.

In light of this, it is perhaps unsurprising that social workers report that they encounter serious challenges in working with parents who misuse alcohol.
Kroll and Taylor (2003) identified problems in dealing with parental ‘denial’ in forty interviews with workers from a range of agencies that dealt with parents who misused drugs or alcohol. They characterized mistrust and denial as pervasive in work with parental substance misuse. Similarly, Harwin and Forrester (2002) found that the social workers they interviewed often reported becoming ‘stuck’ in working with families. The most common reason given for this was that the parent was ‘denying’ or ‘minimizing’ their alcohol misuse, which led to workers anxiously monitoring the situation and waiting for something to go wrong (Harwin and Forrester, 2002).

This study attempts to address this gap in the preparation of social workers for working with alcohol misuse by examining the impact of training social workers in Motivational Interviewing (MI). MI is a client-centred and directive counseling style originally developed in work with problem drinkers (Miller, 1983). It emphasizes the creation of a constructive and empathic relationship that helps the client to evaluate for themselves problem behaviours—such as alcohol misuse—within the context of their own goals and values. It particularly seeks to explore and resolve ambivalence about personal behaviour and seeks to encourage thinking about, and to support, change (Miller and Rollnick, 2002). Prominent in the literature on MI is the conceptualization of resistance as a product of client–worker interaction that may be influenced by practitioner behaviour.

There is a large and rapidly growing literature on the effectiveness of MI, with seventy-two trials included in a recent review (Hettema et al., 2005). There is strong evidence for its effectiveness in work with alcohol problems, and promising results with a range of other problem behaviours, including, for example, dietary change, drug problems and medication adherence (Hettema et al., 2005). Furthermore, the client-centred values of MI appear consistent with those of social work. There are therefore theoretical and empirical reasons for believing that MI may be an appropriate approach for use by child and family social workers (Hohman, 1998).

There are, however, potential challenges involved in using MI in this setting. It is important that the focus remains on the child while engaging the parent. It may require highly sophisticated practice to remain empathic whilst also addressing unacceptable behaviour. Furthermore, the increasing emphasis on tight timescales and rapid turnover in carrying out assessments in social work may make using any person-centred style of work difficult. One aim of the current study is therefore to investigate the challenges and opportunities associated with using MI in child and family social work by training workers in MI and exploring with them their experiences of using the approach.

Doing this requires training social workers. Yet, it is not known what training and professional development support is required to provide social workers with the skills to use MI in their practice. Indeed, there is remarkably little literature evaluating the effectiveness of social work training more generally (Dickson and Bamford, 1995; Carpenter, 2005). A two-day workshop is perhaps the most common format for training MI (Miller and Mount, 2001). However, what research there is, both in relation to MI and social work skills, points to the importance of
follow-up support focused on putting the skills into practice being particularly crucial (Gregoire et al., 1998; Antle, 2003; Miller et al., 2004; Walters et al., 2005). The current study aims to make a contribution to this more general social work training literature through systematically exploring the impact of a two-day training workshop and post-training supervision and consultation.

The objectives of the study were therefore to:

1. Evaluate the impact of a two-day training workshop in MI.
2. Establish the level of skill in MI achieved by participants post-training.
3. Identify factors associated with variations in the level of skill in MI three months post-workshop, including the impact of additional input.

**Method**

**Study design**

The study combines quantitative and qualitative data in order to examine both processes and outcomes. Data were collected through research interviews pre-training and three months post-training. These were complemented by contemporaneous collection of information on the process of training and follow-up provision. To investigate the impact of post-workshop input, participants were cluster randomized (with teams allocated together) to either a ‘workshop only’ \((n = 20)\) or a ‘workshop plus’ \((n = 20)\) study condition.

**Practice development programme**

A pilot study was carried out that provided two days of training on working with alcohol misuse plus two on using MI. There was great difficulty recruiting to four days of training, and feedback indicated that the alcohol training added little. All participants therefore completed a two-day training workshop on MI. The workshop used a combination of didactic and experiential learning methods. There was a focus on participants practising MI skills through role-plays and other exercises. Although the study focus was on the use of MI with parental alcohol misuse, participants were also encouraged to use MI more widely in their practice. The first day of the workshop covered the following areas:

- resistance as an understandable response and one that can be influenced by practitioner behaviour;
- listening skills—particularly reflective listening and summaries;
- the use of affirmations.

In the second day of the workshop, practice examples and discussion centred specifically on applications in child and family settings. There was a focus on using MI skills in challenging situations, such as child protection investigations.
Two separate workshops were arranged, one week apart, with participants randomized to each workshop. The ‘workshop plus’ participants (who may have attended either workshop) were additionally offered three individual telephone supervision sessions of approximately twenty minutes’ duration plus two group consultations of two hours’ duration in the three months following the training workshop.

Recruitment

Forty-two individuals from seven London local authorities volunteered to participate in the training following advertisement and discussions with social services departments. Participants were provided with information about the study and signed consent forms. The post-training data were collected for forty participants (95 per cent), and the results reported here relate to these individuals. The participants were primarily social workers \((n = 30)\), though five were senior practitioners (combining supervision of staff and a caseload) and five were team managers (only supervising staff). Thirteen participants came from one local authority (‘North Borough’) in which each team had been told by senior management to send participants, but those who attended were volunteers from the team; the remaining participants were volunteers contacted through emails sent to six local authorities. Participants were encouraged to attend with their supervisor. Of the thirty-five practitioners, twelve attended with their line manager and twenty-three did not.

Data collection and procedure

Information was collected pre-training, during training and three months post-training. The following data were collected in a pre-training research interview:

- Basic socio-demographic and practice information on participants was collected through a brief questionnaire and follow-up interview questions.
- The full Alcohol and Alcohol Problems Perceptions Questionnaire (AAPPQ)—a thirty-item measure of the commitment of generic practitioners to working with problem drinkers—comprised six sub-scales (Cartwright, 1980) and the Situational Constraints Questionnaire—an eighteen-item measure of organizational support for this (Lightfoot and Orford, 1986)—were completed by participants.
- Vignettes evaluating assessment of risk to child were self-completed.
- Helpful Responses Questionnaire (HRQ, Miller et al., 1991), adapted for social work, was completed by participants. The HRQ provides various client statements as prompts and asks participants to write down how they would respond. This was rated using a five-level measure of ‘empathy’
used in research with counsellors and social workers (Carkhuff, 1969; Nerdrum and Lundquist, 1995).

- Parental Resistance Scenario (PRS) vignettes focused on types of resistance commonly found in social work with parents with alcohol problems. Two scenarios were developed and assigned in random order for the first and second interviews. For each scenario during the interview, social workers were provided with three different ‘resistance’ comments that the parent might make and asked for their response to each. Responses were taped and coded on a four-level response (Imposing own agenda/Negotiating own agenda/Exploring client’s agenda/Exploring emotional content). Examples of the resistance comments and some responses prior to training are provided in Forrester et al. (forthcoming).

Information was also gathered on the content and process of the training and follow-up supervision and consultations through contemporaneous note-taking by a participant–observer and immediate post-training workshop discussion and note-taking.

At the interview three months post-training, the measures from the pre-training interview were repeated and, in addition:

- Participants completed an interview with a standardized, simulated client. Four ‘clients’ were constructed, and simulated by social work students trained for the task. Scenarios were randomly assigned equivalently within each group. These sessions were audio-recorded and analysed using an adapted version of an existing process measure for MI-consistent practice (Moyers et al., 2003).

- A semi-structured interview investigated perceptions of the impact of the training on practice, factors that supported or hindered change in practice, and experiences of using MI-related skills in their work.

Data analysis

Quantitative data were entered onto SPSS (ver. 13). For both the HRQ and PRS, a sub-sample of twelve was independently rated by a second researcher. For both measures, satisfactory reliability (Rho > 0.78 and \( p < 0.002 \)) was established for all questions. For the MI skill ratings, all tapes were independently rated by two researchers, with the mean score used. Any transcript in which there was a difference of greater than two on any sub-scale was rated by a third rater and a score agreed. One sub-scale (‘giving information’) proved problematic for reliability and is excluded from the analysis.

The post-training interviews were analysed qualitatively, with data entered onto NVivo. A thematic analysis was carried out to identify commonalities across respondents in the areas of research interest (Searle, 2004). Key research questions shaping the interview and the analysis were:
• How did the training impact on the practice of workers?
• What helped or hindered them in developing their use of MI?
• In what situations did they find MI useful?
• What challenges were there in using MI?

The most important types of response (themes) in relation to these research questions were agreed by two researchers after independent reading of twelve transcripts and discussion. All transcripts were then rated by one researcher. A further sample of fourteen transcripts were independently read and rated. No new themes emerged and there was a high degree of agreement in the identification of themes.

Results

1. What was the reported impact of the two-day training workshop?

Quantitative data

There was no significant change in overall AAPPQ score; however, there was a significant increase in scores for the sub-scale relating to self-rated knowledge about alcohol (from 4.1 to 4.6; \( t = -2.82; p = 0.008 \)). The workshop had no significant impact on the Situational Constraints questionnaire, nor on how participants responded to the vignettes assessing risk.

Evidence of impact of training was strongest in relation to participants’ direct work with parents. The responses to the HRQ and PRS indicated statistically significant shifts toward more empathic listening and less overt confrontation. The difference in average HRQ score was highly significant (moving from 1.74 to 2.26; \( t = 6.539; p < 0.001 \)). Practitioners did not, however, demonstrate high-quality listening skills post-training. The shift was away from ‘obstruction of listening’ (level 1; down from 47 per cent of all responses pre-training to 23 per cent post-training) toward ‘minimal listening’ (level 3; up from 18 per cent of all responses pre-training to 44 per cent post-training).

Similarly, the PRS showed a very significant shift away from imposition of the social work agenda toward more engagement with the points raised by the client in the vignette (total score of 4.7 rising to 6.1; \( t = 3.994; p < 0.001 \)). While ‘imposing own agenda’ remained the most common response, the total number of responses categorized as ‘exploring client’s agenda’ and ‘explore client’s emotions’ rose considerably, from six to twenty, and from one to eleven, respectively.

Qualitative accounts of the impact of the training

Thirty-two participants identified positive changes in their practice following the training. The most common change identified was the use of reflective
listening (twenty participants). The next most common (fifteen) was a more general change toward letting the client take the lead. A related change, noted by ten participants, was a move toward letting clients find their own solutions, with eight workers identifying this as being part of a move toward being less authoritarian. Nine participants mentioned using affirmations and moving from a focus on problems as being important changes. A further common positive from the training, mentioned by twelve participants, was the reconceptualization of resistance as an understandable response to a situation.

Participants described using MI with a wide range of different issues; however, the three most common were parental alcohol misuse (thirteen families), domestic violence (eight) and ‘difficult to engage’ teenagers (thirteen). In addition, there were a further thirty-eight examples of times at which MI had been used, including discussing contact arrangements with parents, negotiating the accommodation of a young person into care, working on parenting skills, undertaking assessments, working with neglect cases and disputes with neighbours.

Eighteen participants gave examples of the impact that the training had had on their relationship with clients. All of these were positive. Participants identified MI skills as leading to better engagement with clients:

It was incredible, she just totally opened up; we had a phone call for half an hour . . . and at end of telephone call, mum said she now felt able to cope . . . the conversation turned around differently when I stopped trying to give her all the answers, when I just let her talk.

And, as a result, participants often talked of better relationships with clients following the training:

I think she really appreciated it, as a teenager she complained but I was asking her to really reflect on things and tell me her feelings and I was summarising all this, and she found it difficult to do because she’s not used to it, but the relationship between me and her has really developed, and I’ve developed a good relationship with her, I’ve an understanding of what her triggers are now.

A key aspect of this, mentioned by twelve participants, was that they thought clients felt listened to and heard:

And so feeding back, so he was actually understanding that I had heard what he was saying because I was feeding back to him in a different way. So he could leave that point and move on . . . . Rather than getting himself stuck on one point until he felt he had won that point, or trying to change my mind or something.

A feature of MI identified by eight workers was that it had had an impact on their experience of being a social worker. These workers talked about enjoying their work more and feeling less stressed. A key aspect of this was that they felt under less pressure to resolve their client’s problems.
2. What level of skill in MI were practitioners able to demonstrate?

Thirty-four interviews with simulated clients were undertaken (85 per cent of participants). These were taped and rated for skill in MI. Observed skill ratings are presented in Table 1. A picture emerges of some level of skill in relation to the basic listening involved in expressing empathy, using open questions and avoiding non-MI behaviour. However, there was considerably less evidence of competence in the more complex skills involved in using reflections, exploring important issues and managing the interview. Indeed, half the participants were rated as having low skills in these areas. An overall level of MI skill for each individual was calculated as the mean of the dimensions rated for individuals.

The process measure from which this instrument has been derived is rated from 1 (low or no skill in MI) through to 7 (expert), with a score of 5 identified as the threshold level for MI competence (Moyers et al., 2003). However, we considered it important to take account of the fact that the scenario (a first meeting with a mother during care proceedings) is one in which using MI may be more challenging than a typical counselling situation. The following categories were therefore used to define participants’ MI competence:

- **5 plus: threshold for competence for MI practice**—few closed questions; relatively little non-MI adherent behaviour; simple and complex reflections used; strategic management of conversation;
- **4 plus: borderline competence in MI in social work setting**—indications of ability to use MI skills appropriately; some passages of skilled practice; generally good listening; use of reflections; some strategic management of conversation;
- **2 to 4: elements of competence**—some listening skills, but not practising MI. More open than closed questions; some reflections; generally empathic;

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<td>Low skill (&lt;2)</td>
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<td>Empathy/understanding</td>
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<td>MI adherent behaviours</td>
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<td>Overall MI-quality judgement</td>
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often some passages of less skilled practice combined with some of listening
skills;

- **less than 2: low or no listening skills demonstrated**—few open questions;
generally no reflections; often characterized by an attempt to impose own
agenda; little evidence of empathy or attempt to elicit client’s view; little
management of interview.

Using these categorizations, two participants achieved threshold competence
and a further eight were regarded as being borderline competent in MI. How-
ever, most of the sample was not skilled in MI, and a surprising finding was that
almost a third (nine) struggled to provide any evidence of MI and related
listening skills in the simulated interview.

3. What factors were associated with different levels of MI skill
at post-training?

*Impact of follow-up supervisions and consultations*

There were no statistically significant differences between the ‘workshop only’
and the ‘workshop plus’ groups on baseline measures. Post-training, there
remained no differences between the groups. Most importantly, there was no
significant difference in either overall MI skill or any of the components of MI
between those who received follow-up input and those who did not. However,
there was a general tendency, though this did not reach a statistically significant
level, for the follow-up group to have higher skill levels (see Table 2).

One factor to be considered is that participation in the ‘workshop plus’ activ-
ities was much lower than anticipated. If consultations attended and telephone
supervisions are added for a total number of post-workshop inputs, no partici-
pant received more than three inputs (out of a possible five), five received only
one and two received none.

| Table 2 Comparison of ‘workshop plus’ and ‘workshop only’ groups in MI skilfulness |
|-----------------------------------------------|--------|--------|------|--------|------------------|
| Follow-up?                                   |        |        |      |        |                  |
|                                               | Yes    | No     | T    | df    | Sig. (two-tailed) |
| Empathy/understanding                         | 3.76   | 3.59   | 0.361| 32    | 0.721            |
| Spirit MI adherent behaviours                 | 3.29   | 3.12   | 0.391| 32    | 0.698            |
| MI non-adherent behaviour*                    | 4.12   | 3.94   | −0.290| 32   | 0.774            |
| Open questions                                | 3.76   | 3.29   | 0.981| 32    | 0.334            |
| Reflections                                   | 2.82   | 2.06   | 1.452| 32    | 0.156            |
| Exploration of issues of substance (engagement)| 2.65  | 2.06   | 1.463| 31    | 0.154            |
| Management                                    | 2.59   | 2.18   | 1.066| 32    | 0.294            |
| Overall quality judgement                     | 2.59   | 2.18   | 1.066| 32    | 0.294            |
| Overall MI skill (average score)              | 3.29   | 2.89   | 0.966| 32    | 0.341            |

Transposed: high = good MI.
The qualitative data were helpful in explaining lack of participation in follow-up. In particular, the telephone supervision sessions often appeared to have had a low priority for respondents, who reported finding it difficult to focus on the conversation in a busy office, and also finding it difficult to make time to attend group consultations. Overall, while participants reported positively on the follow-up, they were rarely able to specify ways in which it had helped them to improve their use of MI skills in practice. However, a potentially important caveat is that the three individuals with the highest overall MI skill scores were all in the ‘workshop plus’ group, and all talked positively about the impact of the follow-up input. It is therefore possible that while the follow-up input did not have a general effect, it did make a difference for those most interested in developing skills in MI.

What factors were associated with MI skill post-training?

The following variables were entered into a multiple regression model (with MI skill as the dependent variable): self-rated skills and knowledge prior to training, baseline ratings for HRQ and Parental Resistance responses, worker/manager, years of experience, gender, whether attended workshop with manager, number of students supervised, which training workshop was attended, whether in workshop plus group. Following stepwise backward removal of uncorrelated variables, the only significant predictor of MI skill was which workshop the participant had attended: mean MI skill score for workshop one = 3.66; workshop two = 2.64 (Beta = −0.445; \( p = 0.002 \)).

The contemporaneous qualitative data collected by the participant observer indicated a striking difference between the two workshops, which was also apparent to the trainers. In the first workshop, a number of participants found the ideas of MI particularly attractive at an early point in the workshop and went on to become ‘champions’ for the approach within the group. The failure of this to be reproduced was immediately obvious in the second workshop. The second training session also had more people attending it (twenty-four compared with eighteen). This was due, in part, to some individuals booked onto the workshop not attending and, in part, individual requests. There appeared to be no pattern to these or grounds for believing that they contributed to the variation. The second workshop was also carried out in a larger room. There was less discussion within the group in the second workshop and it was recorded immediately post-workshop by all facilitators and observers that the second group were less well engaged by the workshop.

Qualitative account of factors helping or hindering skills development

By far the most common reason given for having difficulties in putting MI into practice was limited time (thirty participants). In particular, the pressure to
process cases rapidly and to obtain specific information as set out in the Assessment Framework forms was perceived by most participants as making the use of a client-centred approach difficult:

[Current practice] is focussed on following procedures and obtaining facts; it doesn’t really focus on the way people think and feel. MI gives you a much more holistic picture of the situation. If you could employ it throughout practice, it would make for better quality... I think unfortunately time constraints and organizational structure prevent workers from using it.

Seven participants felt that the training had not had much impact on them because they already practised using the skills of MI. Interestingly, there was a tendency for these individuals to have, in fact, rather low skills in MI.

It was also striking that no worker reported strong support in skills development—whether in MI or other areas. Skills and professional development were rarely covered in supervision. There was very little linkage between supervision and training—even when the manager had attended the same workshop. There were no instances of supervisors carrying out live supervision, observing practice or working with recorded practice.

Qualitative account of the use of MI

To explore the use of MI, the responses of the ten participants who achieved borderline competence are further considered. The most commonly identified tension in using MI for this group was between a focus on being positive and supportive and a child protection requirement to be clear and, if necessary, confront certain forms of parental behaviour. This was especially acute at the ‘heavy end’ of child protection, and in initial engagement with parents. However, several of those in the high skill group had tried out various ways of using MI skills while trying to be clear about such concerns. It was striking that in the higher skill group—in contrast to several members of the lower skill group—there was nobody who talked about avoiding confronting difficult issues. Instead, participants talked about strategies for (i) minimizing the resistance caused by raising difficult issues through the way in which concerns were raised and (ii) using MI skills in dealing with resistance produced by raising such issues.

Amongst those in the higher skill group, there was a universal feeling that MI-related skills had been helpful in reducing resistance and increasing parental engagement. As one participant stated:

I do actually feel parents aren’t as resistant any more. I think maybe the way I worked previously has caused more resistance rather than parents actually being resistant... [now] the amount of confrontation I am coming into with parents, it is still there but it is minimal, it is minimal, it has been drastically reduced.
Discussion
Limitations and strengths

The study has a number of limitations. The study uses measures based on simulated practice. Simulated practice is not real practice. There are likely to be performance effects related to attempts to be seen to do what is ‘right’, and these will be amplified following training that made explicit the interests of the research team. These may have contributed to the changes in the HRQ and PRS scores and, therefore, it cannot be assumed that there would be the same level of change in actual practice. The semi-structured interviews post-training may have been influenced by similar considerations. Furthermore, the HRQ was repeated and so there may be practice effects. In addition, for the whole-group pre/post-training comparisons, there is no control group. It is possible that there might have been some positive changes without any input, or that a general alcohol awareness workshop might have had a positive impact on subsequent alcohol-related practice.

The sample is small, particularly for the between-groups comparisons. It is also London-based and a different picture might be obtained elsewhere. In addition, the sample is composed of volunteers, who might be expected to be interested and motivated compared with other workers. An additional difficulty is that there is no validated standard for, nor means of measuring, effective social work practice and the study does not provide evidence on client outcomes. The qualitative accounts from social workers may be inaccurate, for a variety of reasons.

On the other hand, the study has a variety of strengths. The study design (i.e. a pre- and post-training study of change in skills with an embedded randomized controlled trial of additional post-training input) and the different types of data collected (i.e. validated instruments, a range of measures of simulated practice and qualitative information from interviews and from observations) have allowed a rich data-set to be collected. Thus, the scores in simulated practice situations can be triangulated with other outcome data (e.g. HRQ, PRS and MI scores) and other data sources (such as contemporaneous notes on the process of the workshops).

What was the impact of the two-day training workshop?

First, the training showed modest evidence of contributing to improved practice three months post-training. Changes in the AAPPO sub-scale for knowledge of alcohol use and from the interviews suggested a move toward greater confidence and less stress in working with parental alcohol misuse. However, most striking was that the workshops moved most workers toward less confrontational approaches and more listening to parents. This shift was supported by evidence from simulated practice and from social workers’ own accounts of
their practice. Taken together, these are impressive outcomes three months after a two-day training workshop. They also compare favourably to other studies that have used similar (though not identical) outcome measures. For instance, Nerdrum and Lundquist’s study—which provided considerably more input than the two-day workshop of the current study (fifty hours over ten weeks)—found a change in HRQ score of +0.33 (compared with +0.52 in the current study) (Nerdrum and Lundquist, 1995).

Second, there was qualitative evidence that this less confrontational approach was having a positive impact. There were indications that it had generally had a positive impact on participants’ relationships with parents, with young people and, in some instances, for the social worker themselves in terms of less stress and more job satisfaction. Evidence from the interviews and the risk assessment vignette suggested that the benefits of a less confrontational approach were achieved without a reduction in focus on the child. This evidence was more substantial amongst those who achieved higher skill levels.

**What level of skill in MI did practitioners achieve?**

Despite the positive changes associated with the workshop, the overall level of skill in MI was relatively low. Only ten practitioners achieved relative competence, and the majority did not achieve even borderline competence in MI. A two-day workshop thus does not appear to be sufficient to facilitate a style of work that is MI-consistent, at least for most practitioners in this setting.

The combination of significant change and few participants achieving skill in MI might appear contradictory. In reality, both results are likely to be related to an unexpected finding from the research, namely that social workers in child and family settings appear to use a high level of confrontation and a relatively low level of listening in their work with parents. We explore this issue in greater depth elsewhere (Forrester et al., forthcoming); however, it provides a vital context for understanding the combination of significant change and comparatively low overall skill levels post-training. In effect, the starting point for the use of listening skills was far lower than we had anticipated. As a result, we found that a two-day workshop made a significant positive difference, but it was much more difficult than originally anticipated to help participants to achieve actual competence in MI.

**What factors were associated with variations in level of MI skill?**

One of the hypotheses that guided the study was that additional input post-training with a focus on putting skills into practice would improve outcomes. Our finding that such input made little difference was therefore disappointing. Participation rates in the follow-up provision were low and even the bald figures exaggerate the level of participation, as some of the telephone supervisions
were brief, with workers not being prepared for the sessions. Although apparently small, the differences reported in Table 1 would reach statistical significance if they were replicated in a study with a larger sample size. For example, a study designed with 80 per cent power to detect the difference in overall MI skill observed here would reach statistical significance at the conventional 5 per cent level if there were 140 practitioners in each group (total sample size, 280). Using the same assumptions, the observed difference in the central MI micro-skill of reflective listening would be statistically significant with a total sample size of 130 (sixty-five practitioners in each group).

A surprising finding was the significant difference between the two workshops. It was more important than a range of other factors that might have been expected to have shaped MI skill levels, such as previous experience, pre-training levels of listening skill or post-training input. Given that the workshops had the same trainers and identical planned formats, this appears initially surprising. This finding is strengthened by contemporaneous qualitative data collection and highlights the importance of creating a learning environment within the workshop conducive to both practitioner motivational enhancement and skills acquisition.

Conclusion

This study started out with a clear rationale. Resistance is a big problem within child and family social work. A key feature of MI is that it provides an understanding of resistance and the skills likely to reduce it. The study therefore proposed to train social workers in MI and explore the impact on their practice. Parental alcohol misuse was chosen as an exemplar for some of these issues.

The findings provide indications that MI may be a useful approach when used by child and family social workers. First, there was no evidence that training workers in MI resulted in a loss of focus on the child. A new way of working should ‘do no harm’. For MI, perhaps the most obvious source of harm would be a loss of focus on the child’s needs if the practitioner were to become more ‘parent-centred’. This did not appear to happen. Second, even where workers did not achieve skill in MI, the effects of the training appeared to be positive, albeit modestly so. At worst, the training achieved no change. For many, it increased their listening skills even if it did not result in skilled use of MI. Third, the comparatively small number of participants who demonstrated relatively skilled use of MI appeared able to use MI to undertake complex and challenging interviews around a range of issues. Care needs to be taken in drawing firm conclusions, given the small numbers who achieved ‘borderline competence’ or above. Nonetheless, it appeared possible to use MI with a wide range of issues. Furthermore, skilled participants were able to combine both the person-centred and the directive components of the approach. Taken together, these findings provide a strong rationale for further work in developing and adapting MI for child and family social workers.
Yet, the results also point to research that is needed before we can be confident about the nature and usefulness of MI in social work settings. First, studies are needed exploring what the skilled use of MI in this setting looks like, how the challenges of child protection work can be addressed and identifying whether there are occasions on which MI may not be appropriate as an approach for social workers. Research using interviews with real clients carried out by practitioners skilled in MI would be essential for such a study.

Second, more comprehensive packages of skills development need to be developed and evaluated. Practitioners need more than a two-day workshop to become proficient at MI; however, it is important that additional follow-up input is designed to maximize participation. In part, this might be addressed by ensuring that participation in follow-up provision is an expectation. However, in addition, the motivation of practitioners to develop their own practice must be nurtured and enhanced, and may thus benefit from dedicated intervention (McCambridge et al., 2004).

Third, if studies in these areas continue to suggest that MI is a promising approach, then there is a need for research evaluating the impact of MI on outcomes for children and their parents. Ultimately, it is in its outcomes for parents and—in particular—for children, that MI or any other form of social work intervention should be evaluated.

Yet, while our findings suggest that MI may have potential as an approach for social work, they also identify the scale of the task ahead. The deeply engrained tendency toward a confrontational approach lacking in empathy, and the systemic lack of support for the development of communication skills within the profession, suggest that changing social work practice to be more congruent with MI will be a substantial task. Nonetheless, it would appear that MI offers great promise as a way forward for social work, for the issues of resistance, behaviour change and confrontation that it deals with go to the heart of social work with children and their families.

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