New Mexico Early Childhood Education & Care Department | Family Support and Early Intervention Division
FAMILY INFANT TODDLER (FIT) PROGRAM

CENTER FOR DEVELOPMENT & DISABILITY

Early Childhood Evaluation Program – Technical Assistance & Consultation
Continuing Education series for NM FIT Providers

Motivational Interviewing in Early Intervention: Engaging Families in Services

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Introductions and Housekeeping

- Today's ECEP Team
- We want to see you - cameras on if you can!
- We want to hear you
  - Please use the chat or jump in with comments, ideas, and questions.
  - Goal is to share experiences and knowledge.



Objectives

- Understand the foundational principles of Motivational Interviewing (MI)
- Recognize the spirit and ethics of MI
- Identify and practice key MI skills
- Apply MI concepts in early intervention settings
- Find additional resources for learning MI



What Is Motivational Interviewing (MI)?

- Collaborative, goal-oriented style of communication
- "Guiding Style"
- Can be incorporated with other approaches
- Focuses on strengthening personal motivation for change
- Evidence-based
- Client-centered



History and Development of MI

- Developed by William R. Miller and Stephen Rollnick at UNM in 80s
- Originated in the context of addiction treatment
- Argues against typical confrontational approach used in treatment
- Now widely used in health, education, and social services across the world





Why Use MI in Early Intervention?



- Enhances family-provider partnerships
- Keeps families meaningfully engaged in services
- Encourages positive behavior change
- Reduces resistance (“discord”) through non-confrontational techniques, increased chance of follow-through with recommendations
- Effective with diverse and marginalized populations
- Adapts to brief encounters: Effective in sessions as short as 15 minutes
- Flexible across professions: Paraprofessionals, peer support workers, therapists, etc.
- A study involving SLPs found MI improved child outcomes by strengthening caregiver involvement and self-efficacy (McFarlane, L., 2012).

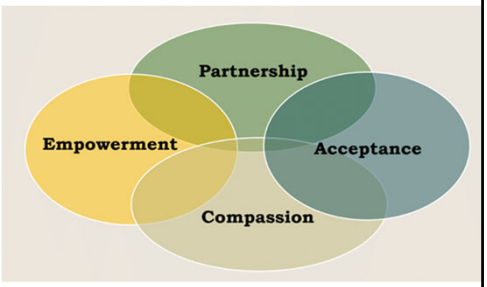
MI & Ambivalence



- Behavior change often involves ambivalence - wanting to change, but also wanting to stay the same
- Ambivalence can keep people stuck, esp. when working through it on own
- The more you move in one direction, the more tempting the other direction will look
- Logically - if you tell an ambivalent person to do one thing, the other option will look more attractive.
- People can talk themselves out of changing when faced with confrontation!
- By supporting families through ambivalence, you help them move toward decisions that fit their values and goals

The Spirit of MI (PACE)

- Partnership: Working collaboratively with clients
- Acceptance: Respecting client autonomy and worth
- Compassion: Prioritizing client welfare
- Empowerment: Helping people recognize and use their own strengths



Partnership

- Building a collaborative relationship
- The provider is a "guide on the side" not a "sage on the stage
" fostering a relationship of shared power and mutual respect
- Collaboration: Provider and client work together as equals to explore goals and solutions
- Supportive, Not Persuasive: The provider supports and explores the client's ideas, avoiding persuasion or confrontation
- Sharing decision-making



Acceptance

- Absolute worth: Unconditional positive regard for each client
- Accurate empathy: Understanding client perspective (gained through reflective listening)
- Autonomy support: Honoring client's right to make own choices
- Affirmation: Recognizing and affirming the client's strengths and efforts



Compassion

- Acting in the client's best interest, with the goal of improving developmental outcomes and supporting positive growth
- Demonstrating genuine care and concern
- Focus on understanding the family's perspective, setting aside your own agenda
- Show care and concern by being present, patient, and supportive—avoiding "fixing reflex"



Empowerment

- Helping people realize and utilize their own strengths and abilities. It is not about giving clients something they lack, but about supporting them to appreciate and use what they already have
- Core Principle:
  "You already have what you need, and together we will find it."
  —William R. Miller
- Elicit and reinforce clients' own ideas, values, and solutions
- Builds self-efficacy and ownership of change.
- Leads to more sustainable and meaningful outcomes.



Core Skills of MI (OARS)

- **O**pen-ended questions
- **A**ffirmations
- **R**eflections
- **S**ummaries





Open-ended question

Why would you want to ask an open-ended question instead of a close-ended one?



Open-Ended Questions

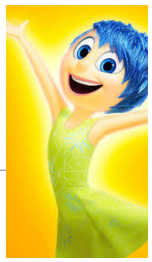
- Avoids yes/no answers
- Encourage elaboration and exploration
- Encourage deeper conversation
- Helps build rapport as it demonstrates genuine interest in the client's perspective
- Open-ended questions help identify areas where the client may be ready or willing to make changes, guiding the conversation toward positive outcomes

Practice Activity: Changing Close-Ended Questions to Open-Ended Questions

1) "What time does your child go to sleep at night and wake up in the morning?"

2) "Are you concerned about your child's development?"

Affirmations



- Statements that recognize and acknowledge a caregiver's strengths, efforts, or positive behaviors—no matter how big or small
- Ex: "You are under a lot of stress - and you have really prioritized our appointment today. That shows how dedicated you are to your child and getting him extra support."
- Help caregiver connect with their inner abilities and build confidence in their capacity for change
- Reinforces constructive steps and encourage further positive action
- Support self-worth and empowerment, especially for those who have experienced setbacks or trauma
- Families may not used to be given affirmations!

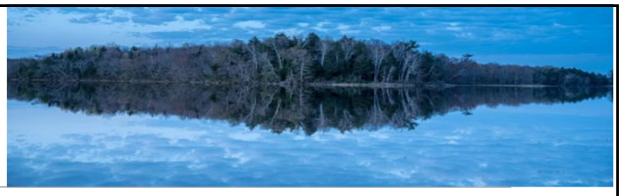
How to Give Effective Affirmations

- Be specific and genuine—focus on particular strengths or actions, not just general praise ("You worked really hard to get here today" vs. "Good job")
- Use "you" statements to center the caregiver's experience and ownership ("You showed a lot of patience with your child" not "I am proud of you").
- Recognize effort, intention, and resilience, not just outcomes ("You kept trying even when things got tough")
- Avoid sounding judgmental or patronizing—affirmations are not the same as praise

Examples of Affirmations

- “You are clearly a very resourceful person.”
- “You handled yourself really well in that situation.”
- “It was really courageous of you to ask for help.”
- “You’ve shown a lot of determination in working toward your goals.”

Reflections



- Reflections are statements that mirror or paraphrase what a caregiver has said, showing you are listening and seeking to understand their perspective.
- A core skill of “active listening”
- They go beyond simply repeating words—they capture the underlying meaning, feelings, or intentions behind what is shared.
- Demonstrate empathy and validate the family’s experience.
- Encourage caregivers to explore their thoughts and feelings more deeply.
- These can be powerful. You hear more of whatever you reflect

Types of Reflections

- Simple Reflection: Restates what the client said in similar words.

Example:
Caregiver: "I'm not sure I can handle all these changes."
Provider: "You're feeling uncertain about managing everything."

- Complex Reflection: Adds meaning or emphasis, reflecting feelings or underlying values.

Example:
Caregiver: "I want to help my child, but I'm overwhelmed."
Provider: "You care deeply about your child, and it's hard to know where to start when things feel so overwhelming."

Double – Sided Reflection

- Acknowledge both sides of ambivalence

  Example:

  Caregiver: "I want him to speak better, but I don't have the energy to practice these exercises with him every day."

  Provider: "On one hand, making changes feels daunting, and on the other, you want his speech to improve."

- End on what you want to hear more of

Practice Activity: Reflections

1) *"I try so hard to follow all the routines you suggested, but sometimes I just feel overwhelmed and like I'm not doing enough for my child."*

2) "Sometimes I wonder if all these strategies are really making a difference—maybe my child just needs more time to catch up."

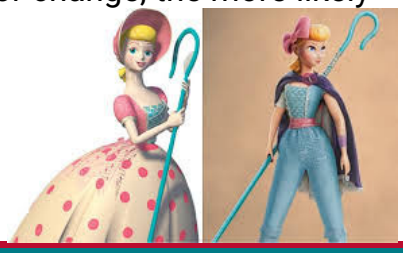
Summaries: Bouquets

- Pull together and highlight important points from the conversation
- Picking the flowers from the weeds
- Reinforce that you're listening and understand the client's perspective
- Help clients hear their own "change talk" and clarify ambivalence
- Can shift direction, transition topics, or wrap up sessions
- Invite clients to correct or add to your understanding
  "Did I get that right?" or "What would you add?"



Change Talk

- Client statements favoring change “I want to enroll him in EI”
- Must tune your ears to recognize “change talk”!
- Eliciting and reinforcing change talk is crucial because it predicts movement toward change.
- The more families verbalize arguments for change, the more likely they are to act on them!



Types of Change Talk (DARN-CAT Framework)

- Desire: “I want to help my child communicate better.”
- Ability: “I think I could try using more visual supports.”
- Reasons: “If I follow through with the routines, my mornings might go smoother.”
- Need: “I need to do something different for my child’s development.”
- Commitment: “I am going to start using the strategies we discussed.”
- Activation: “I’m ready to make these changes.”
- Taking Steps: “I started reading to my child every night this week.”



How to Elicit Change Talk

- If you hear change talk - ask for more! Use your OARS
- Ask open-ended, evocative questions ("What would be different if you made this change?")
- Explore pros and cons of change and status quo
- Use readiness rulers ("On a scale of 1–10, how important is this change to you? Why is it a 7 and not a 4?")
- Reflect and affirm any change-oriented statements

Practice: Increasing Change Talk

1) *"I see signs that he may have autism and I want him to get the services he needs, but I'm not sure I want him to get an evaluation."*

2) *"I've started using some of the strategies you showed me, and I think they're beginning to help."*

3) "If I stick with these routines, maybe my mornings won't be so stressful."

Sustain Talk



- Client statements favoring the status quo

"I always lose my tail. There's no point in trying to change that."

- Avoid confrontation!
- Recognize and respond without judgment
  - Use Reflections, open ended questions,
- Emphasize autonomy

Ex: "My doctor told me to limit my child's screen time, but I don't see any reason for this."

Provider: "At the end of the day, it is your choice how much screen time you are ok with."

Or "You don't see any harm in letting him have screen time."

Practice Activity: Change Talk vs. Sustain Talk

1) "My child is 2 and always wants his pacifier in his mouth - I think it's fine even though the SLP had concerns."

2) "Even though sometimes I forget, I've been using baby signs with him and he has really been picking them up!"

3) "I haven't had time to try to vary his diet, he's such a picky eater, I just don't have the energy."

Ask-Offer-Ask Principle in MI

- Ask: Start by exploring what the family already knows or feels about the topic
  - "What are your thoughts on this?"
  - "What have you tried so far?"
- Offer: With permission, share information or suggestions in a supportive, concise way
  - "Would it be okay if I shared an idea?"
  - "Here's something that might help…"
- Ask: Check back in to see how the information fits for them
  - "What do you think about that?"
  - "How does this sound to you?"

Respects autonomy, builds trust, and encourages engagement

Video Example:

https://vimeo.com/457308021

Conclusion

- Your “way of being” with a caregivers and families truly matters
- People are the experts in their own lives – no one knows what strategies will work for them better than themselves
- What you say matters! You can increase or decrease caregiver change talk – which is directly related to behavior change
- What the caregiver says matters – people believe what they say and can talk themselves into (or out of) change
- MI is a skill that requires ongoing learning and practice to develop proficiency

Further Resources

https://motivationalinterviewing.org/

https://www.nmmitc.com/

https://centerofinnovationnm.org/project/motivational-interviewing/

- upcoming virtual training late June

Motivational Interviewing: Helping People Change and Grow: William R. Miller; Stephen Rollnick

MI Videos at the Change Company