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# A Taste of Motivational Interviewing: Engaging Families in Home Visiting Services

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# Objectives

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- 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 home visiting settings
- Review additional resources for learning MI



# What Is Motivational Interviewing (MI)?

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- 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

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- 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



# Components of MI



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# Why Use MI in Home Visiting?

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- 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.

# MI & Ambivalence

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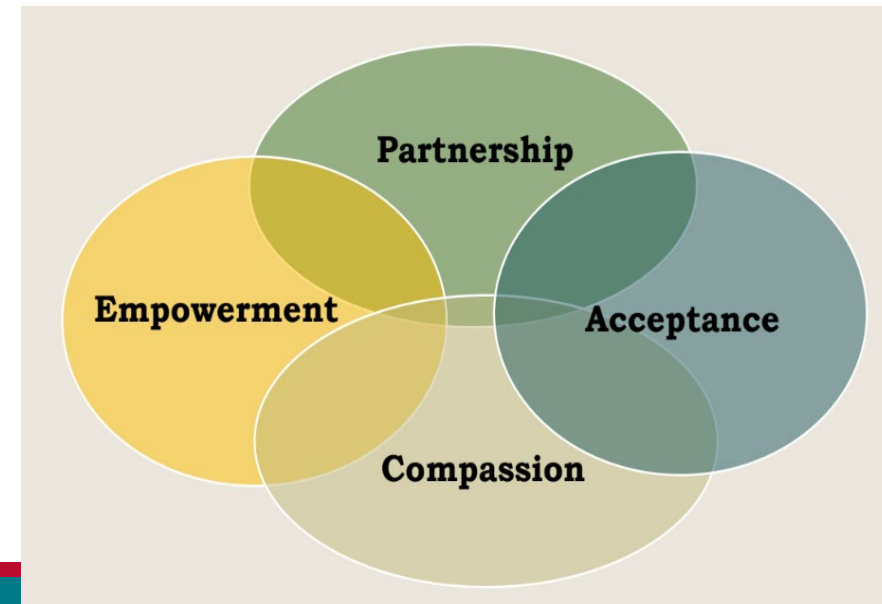


- Behavior change often involves ambivalence - wanting to change, but also wanting to stay the same
- Ambivalence can keep people stuck, esp. when working through it on own
- The more you move in one direction, the more tempting the other direction will look
- Logically - if you tell an ambivalent person 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)

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



# Partnership

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- 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 family 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

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- 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

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- Acting in the client's best interest, with the goal of improving family well-being 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

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- 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)

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



# Open-ended question

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



# Open-Ended Questions

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- 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

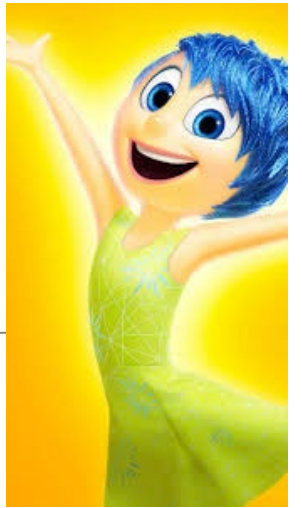
# Practice Activity: Changing Close-Ended Questions to Open-Ended Questions

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- 1) “What time does your child go to sleep at night and wake up in the morning?”
- 2) “Have things been going well since we last met?”

# Affirmations

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- 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 family and getting 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 be used to receiving affirmations!

# How to Give Effective Affirmations

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- 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

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- “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

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- 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

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- 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 changes.”

- 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

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- Acknowledge both sides of ambivalence

*Example:*

Caregiver: “I know it would be good for my child if we stick to a bedtime routine .”

Provider: “On one hand, sticking to the routine feels challenging, and on the other, you want bedtimes to go more smoothly and for his sleep to improve.”

- End on what you want to hear more of! (Change Talk)

# Practice Activity: Reflections

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- 1) *“I know I should go to individual therapy, but I am afraid to trust a new person.”*
- 2) *“I want to spend more time reading and playing with my son, but at the end of the day, I’m exhausted”*

# Summaries: Bouquets

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- 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

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- Client statements favoring change “I’m thinking about enrolling 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 (DARNCAT Framework)

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- Desire: “I want my family to eat healthier food.”
- Ability: “I think I could try meal prepping on Sundays.”
- Reasons: “If I follow through with the routines, my mornings might go smoother.”
- Need: “I need to do something different to take better care of myself.”
- 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

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- 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?”)
- 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

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1) *“I know spanking doesn’t help and I see that he is starting to be afraid when I raise my voice.”*

2) *“If I started taking walks outside with him or taking him to the park, I might feel less isolated and he would probably have fun too.”*

# Sustain Talk

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- 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

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- 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 trying to talk to my baby more and I notice he likes the sound of my voice!”
- 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

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- 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?”
  - “Can we think together about some strategies 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*



What MI CAN Do	What MI CAN'T Do
Increase motivation to change	<b>Force change</b> against the parent's will or readiness
Enhance parent motivation to set short and long-term goals	Solve <b>immediate safety emergencies</b> (directive action may be required)
Support parents in exploring and becoming more open to specialized referrals	<b>Replace</b> specialized interventions for mental health or developmental issues
Strengthen <b>engagement and retention</b> in home visiting programs	Provide a <b>quick fix</b> for deeply-rooted or complex behavioral issues
Help parents <b>name, reflect, and strategize</b> about their experiences with power, privilege, and oppression	<b>Dismantle</b> systems of oppression

# Video Example:

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<https://vimeo.com/457308021>

# Come back for the main dish!

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- Spring 2026 – 2 day MI introduction intensive (*More details TBA*)



# Conclusion

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- 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

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<https://motivationalinterviewing.org/>

<https://www.nmmitc.com/>

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

Motivational Interviewing: Helping People Change and Grow: [William R. Miller](#); [Stephen Rollnick](#)

MI Videos at the Change Company

# Questions? Reflections?

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