



Shining the Light
Leading the Change
Partners For Ohio's Families

Ohio Child Welfare Practice Profiles Module 6 – Implementing

(Patricia Hodgson)

Good morning. And welcome to Module 6 of the Ohio Child Welfare Practice Profiles webinar series. My name is Patricia Hodgson and I am here today with Lindsay Williams and Sonia Tillman. And we are all members of Ohio statewide CQI Community Committee. Today's topic is Implementing. So, if we can just go around and introduce ourselves, a little bit about ourselves, that would be great.

I am Patricia Hodgson. I am with Montgomery County Children's Services. I am a social program coordinator for Case Review Services and I head up SACWIS there.

(Lindsay Williams)

Great. Well, I am Lindsay Williams. I am officially the Rapid Safety Feedback Administrator here at Office of Families and Children. I also co-chair the statewide CQI subcommittee and I will pass it over to Sonia. Sorry, we are hearing a little bit of background noise here. I don't know if anybody can hear it or not. We are going to go around and see if we can ask the people in the adjoining rooms to quiet down.

(Sonia Tillman)

Good morning, everyone. This is Sonia Tillman. I am the Differential Response and Special Projects Manager with ODJFS. And I am celebrating my 25th year in service.

(Lindsay Williams)

Yay! Congratulations.

(Patricia Hodgson)

And actually Sonia Tillman will be fielding our questions today. So we want to remind everyone to submit the questions to us and we will also leave time at the end of the webinar today to answer all of your questions. And just as a housekeeping piece. Apparently, there are some difficulties on the network. So we have been told that there may be a time delay between us

changing the slides and them actually appearing on your screens clear. So just give us a little bit of time. Give us a little bit of a chance to clear it up and if there is any issues ongoing please submit those in the chat bar and we will see what we can do to fix that on our end.

Okay. So as we get started today we want to remind everyone how to access Ohio's practice profile differential response booklets. A complete guide can be found through the OFC Forms Central site. And actually, the Ohio practice profile guide, caseworker self-assessment and field tools and coaching and supervision tools can be found on Forms Central. You can use the links on the screen or find them by form number. The guide is JFS8301 and the caseworker toolkit is JFS1055 and the supervisor toolkit is JFS1056. And just as a reminder, ODJFS is no longer printing these booklets because the DR Leadership Council is in the process of updating the profiles to include a new worker skill set, dedicated to documenting and to integrate practices related to trauma informed care throughout all of the profiles. In addition, we are working on rebranding the profiles from the DR practice profiles to Ohio's practice profiles just to help with the understanding of the practice profiles, that they are universal skillsets that are applicable to all child welfare professionals and we should be demonstrating them throughout all avenues of our Ohio child welfare system regardless of your agency and role with the family. So we are going to review the practice profiles that are built upon these principals. And these are located in the booklets. So we will take a brief look at it.

(Lindsay Williams)

We will kind of skip through these.

(Patricia Hodgson)

Some child welfare professionals are very familiar with these worker skill sets. So this presentation will serve as a refresher. Others may be hearing the information for the first time and it is our hope that we are able to provide not only information regarding ideal practice but practical tips for impacting your current practice. In applying the practice profiles through a continuous quality improvement lens, these profiles are not just in random order. We start engaging and connecting with the family, then assessing their strengths and needs, then the partnering process, which begins that respectful collaboration piece. Next, as we learned about last month in the planning process, we continue with that respectful collaboration as we join with the family to develop strategies and outline tasks to accomplish your goals that were derived through the engaging, assessing and partnering process. Today we are going to arrive at our policy of the month, which is implementing.

(Lindsay Williams)

Alright. And here is our definition of implementing. And so implementing a change plan is an important part of the work that we do. And it is also one of the most challenging and frustrating parts. I want to be a little bit interactive today and kind of explore this notion with everyone a little bit further. So I would like you all to go to your control panel for your webinar and use the little hand symbol to raise your hand if you would agree that working with a family to implement a change plan is one of our most challenging aspects of work as child welfare professionals. Are you with me? I see a couple of hands going up. So, I would say about half of the hands are up, maybe a little bit more.

So, you know, one of the most difficult parts in what we do is once we, you know, develop that case plan with our family is how do we get them to actually be motivated to implement it? And so, we have all experienced that, you know, as brand-new child welfare professionals or even seasoned. And, you know, we do our assessment. We kind of determine okay these are the family's concerns. This is what we see as areas that we need to work on. We come up with that joint plan to fix it. You know, we identify services that we can use to address the concerns. And even sometimes, you know, our clients seem on board and they are "Yes, yup I am ready to go, you know, I am going to do this." Well then when the time comes to actually start implementing that change, we find, oh, they are doing the bare minimum or even worse, they are doing nothing on their change plan and a lot of times you will look at that like, "Ah, they are being resistant, they are being avoiding." But wouldn't it be great if families were always super motivated and willing to implement that plan with you? You know, if they went to all their appointments, never missed a court hearing or the case reviews, always went to all of their drug screens, always reached out to you whenever they found a problem. Or even better, you know, they take care of the problem on their own and then say, "Hey, this is how I did it." Who would like to have clients like that?

Raise your hand on the webinar if you would like to have clients like that? Patricia is going, "Yeah, me." So again we are seeing lot of hands raised. That would be wonderful, right? But we all know that is not reality. So, how many of you have ever had a client like that? It probably doesn't happen very often, right? So, what we more than likely experience is challenges in trying to implement the plan, the barriers, those kinds of things. I want to take a minute to kind of explore that. So, I invite everybody in the chat bar to, you know, type in some of the barriers that you may see or experience when working with families.

Transportation. Oh, I have several transportations. Lack of resources. Another transportation. Bad past experiences with child welfare. Income constraints. Follow through. Lack of trust with the agency. Resistance to the agency. More transportations. Oh, you guys are really – they are rolling in now. Family does not see that they have a problem – oh, that is a good one. Yeah, that happens a lot. Family remains in denial about the mental health and the impact to their children. Clients are not liking the service providers. Lack of support. Their own mental health issues. They are not ready for change – good one, Rachel. That is what we are going to talk about today is readiness for change and how we can get them ready to implement that plan. Drug addiction. Money. Lack of placement. Developmental delays. You guys, yeah. All of these things we see and it is hard, right?

So that is kind of where we want to go first today. We want to talk about, and actually we made a slide for it. Let me see here. These were just some of our slides but you guys did way better than this. These are some of the things that we see and some of the roadblocks that we experience with clients as we are preparing for changes. And so, you know, what are some strategies that you guys use to help clients overcome these changes? Go ahead and type those into the chat bar so we can kind of see what strategies people use currently.

Family team meetings, yeah. You guys were rolling on the barriers not as much with the ... Recovery coaches, empowering and partnering, ensuring that you follow through with what you say you are going to do, utilizing community resources, acknowledging the small steps they have

taken – that is a good one – partnering with families and mental health providers. Oh, I see people saying motivational interview and that is what we are going to talk about in a little bit. Requiring the community resources, building up the family, transportation vouchers, just listening and hearing where they are coming from. Allowing them to tell the caseworker how they want things to change for themselves. Sometimes we have to remind clients why the case started in the first place, that's true. Communication – that is good, Michele. Working through the resistance, dealing with it directly. Let them know we are there to help. One service at a time and praise and encourage the progress. Yes, that is right on. Team goals and relationships, being honest. Yes. So all these things. So you guys know this stuff. So, a lot of this may be a refresher or may be developing on the skills that we already have out there in our workforce today.

But what we wanted to talk about today is, you know, thinking about those times that you wanted to make a change. Maybe it is anything from you want to stop drinking caffeine. You want to stop smoking cigarettes. You want to start exercising more. You want to start eating healthier foods. Whatever those things are. But think about it. And know why you should do it. You know all the reasons why you should do it. You know, everybody is telling you, you want to do it, but it is so hard, right? So you go back and forth. You have the same deadlines. You are like well, you know, “I want to do that, but these are all the reasons why I shouldn't, or I can't or now is not the right time...” and it is just kind of that mental struggle that you are trying to motivate yourself to get over the hump to make that change. And in motivational interviewing as some of you said you have used those strategies before, that is referred to as ambivalence.

And a big part of our work as child welfare professionals is kind of partnering with the family and helping our client move through that place of ambivalence to a place where they are motivated, willing and ready to change. And so that is a tall order. How do we do that? Well what we are hoping to do today before we get into all of the ideal practices about implementing is talking a little bit about motivational interviewing and what we can do as child welfare professionals with our families to kind of help promote the readiness for that change process.

So, what is motivational interviewing? For those of you that may not have heard it before. Well very simply, it is a conversation with somebody to help them move towards change. It is not a counseling style. You know, counselors use it, but it is a conversation style. So any of us as child welfare professionals can use motivational interviewing. And the goal with it is to strengthen the individual's own personal motivation to make the desired change. So thinking back to that change that you are wanting to make sometimes. You know, what motivated you to make that change and probably talking about it and all the reasons why it would be positive is kind of how you got there. And so, we need to strengthen somebody's ambivalence to change in order to make that happen, right? And the most common place we get stuck is in that ambivalence. So how do we do that?

Well, motivational interviewing says we need to help the client or ourselves or our kids, you know, this can be used even outside of here, right? Develop discrepancy. So that is just kind of a mismatch. This is where you are. This is where, you know, you are with this behavior, you are with this issue you are trying to overcome, but this is where you want to be. And when you start talking more about where you want to be and you recognize that where you are and your current

behaviors aren't in line with that, you kind of start to develop what is called cognitive dissonance. So, this is a term that is used in psychology that references like a mental discomfort, stress, kind of anxiety from these conflicts between, you know, how you perceive yourself or want to perceive yourself and the behaviors that you are having.

So, there are two kinds of talk that kind of emerge during the state of ambivalence. So a lot of times we see resistance, resistance, resistance. Well, I may kind of twist that just a little bit and maybe look at resistance through a different lens. They say, "Okay, it really is sustained talk." So, these are like all of the reasons why we can't change, why it is too hard right now, why, you know, yeah, I want to eat healthy, but I really love pizza and ice cream and, you know, Mountain Dew, whatever. And then, you know, you have the change talk. So, well, but I really want to eat healthy because then I will feel better and maybe I will lose some weight. And, you know, my, whatever my blood pressure will go down, my sugar will go down, you know, and so you kind of have that back and forth.

So, we need to kind of work with clients to be able to tip the scales to where we have more change talk and that change and reasons to change way outweighs the reasons to stay the same. And as we go through here, guys, feel free to type in the chat bar questions, comments, times you have experienced it. So what we are going to walk through now and I just want to give a little disclaimer. None of us have been, you know, certified MI trainers or anything like that so we have been pulling from some other trainings that we have learned about. We want to kind of discuss these concepts with you and we are going to give you some resources at the end for some additional trainings if you are interested in learning more about motivational interviewing. But the essential part are four processes. And I find this very interesting because this matches our practice profiles, right? Is engaging.

(Sonia Tillman)
Word for word.

(Lindsay Williams)
Yeah, any time you are working with anybody towards a change process, it always starts with engaging, right? And so we know what engaging is. We had a whole entire webinar devoted to engaging. So motivational interviewing lists four different skills that they call the OARS skills that they use in engaging. And these are all things that we know, you know, as social workers, as child welfare professionals, is using that open-ended question to kind of draw out more information, give them a chance to really think about things and walk through.

And then affirmation. So, this is just kind of, you know, affirming their personal qualities, their strengths, their good things, helping to build their self efficacy and you know affirming their intentions to want to do well. "You know, I see you are really struggling you know with trying to quit using whatever your drug of choice is, you know, but I also see that you really want to be a good parent, really want to take care of your kids...", you know and, give them some specific examples of how you see them doing that.

In reflecting back what they say. And so, you know, you can give them a direct reflection kind of like I want to quit using drugs. "Oh, you want to quit using substances, you know, I hear

that.” Or you can, you know, kind of put that together and kind of pull their thoughts together for them. “You know, yeah it must be really challenging to try to raise your kids on your own and, you know, I can see why the drug would be a stressor to you” – you are kind of getting on the same page with them. You know, you don't have to necessarily be okay with the behavior to empathize or understand that.

And then summarizing, you know, and that is just kind of reflecting but pulling it all together. So, at the end of the conversation kind of, you know, reflecting back and summarizing on what you heard them say and, you know, drawing their ideas together because it helps to kind of hear what you say come back to you. Okay, process number 2 is focusing. And so focusing is where we need to work with our client to figure out what areas they are struggling with to make a change and help to clarify their goals. So, this is something - it needs to be their goal. Not our goals for them, but they need to identify their goals, right?

(Sonia Tillman)

That is so very important because if they are walled in to what this outcome is going to look like then it is going to be very difficult for them to make the steps to have it achieved and so they need to have a real solid understanding – “this is what I am working towards.” Not necessarily what we think they need to work towards.

(Patricia Hodgson)

Which is why I think the first part of this is really important in helping them identify just from a global picture of... “Okay, this is what is going on and this is what it looks like and this is what it could look like.” Helping them realize that even though they may not necessarily see it as a primary problem, helping them realize what life may look like a little without that particular situation going on is really important to get to this point of the focusing.

(Lindsay Williams)

Absolutely. And the focusing is also kind of build a map. It is really meeting them where they are at. So there is a couple of exercises that we wanted to just walk through that you guys could use to help focus them. And I think we gave these to you in your handouts that were emailed out and now you can download them from the bar too. So the first thing we have here is a bubble chart and this is something that you use quite often in motivational interviewing and all these different kinds of issues that we see with our families and you can create your own whatever, you know, kind of issues, concerns you want to in there but it is something you can hand to them and say, “Hey, you know, this is something we feel all these different kinds of things a lot of time with our families. What is, you know, what issue is the most pressing for you today? What is most important for you to talk about?” And this may change from time to time when you meet with them. You know, one day, maybe, it is food because they ran out of food stamps or later in the month and they lost their job and that might be the issue. And the next time, you know, you talk with them, maybe they have a job, they are okay with their food stamps, but then they are, you know, I don't know, they are scared because of a situation that is going on, you know, with their spouse or they have some sort of partner violence going on.

(Patricia Hodgson)

I really like tools that put everything out on paper in black and white. Because I think sometimes our families have a hard time putting their feelings and their issue into words. And when you are able to see that on paper, and even just be able to put your finger on it and point to it and say, “Well, yeah, that is it,” and be able to have a discussion. I think it opens up a wide variety of thought and change process. I really like the bubble chart. I think it is a really good idea to use with families who are just kind of on that – here I go no pun intended – on the bubble of just trying to figure out what is going on.

(Lindsay Williams)

Right. And I think it helps, you know, newer caseworkers especially or, you know, if you are stuck on a case. You might be very experienced but you are just stuck with that family, it helps to kind of start that conversation.

(Patricia Hodgson)

And that is a good way to point out to you because again even though I have been in the field for 20+ years, I don't carry cases at this moment but even thinking back, this is a really good way to engage our families, whether you're first day on the job or 25 years into it. Because tools can always help with bringing out those issues and helping everybody, especially even being seasoned. Sometimes you get stuck and don't know which way to go. And this is a way to be able to help your family and to help you.

(Lindsay Williams)

And I will just throw this out there to everybody. Has anyone ever used anything – you can type in your chat bar – similar to this with clients or even actually used bubble charts and whether or not they were effective? And I am going to keep rolling with the tools but if you start to see stuff come up, Sonia, let me know.

(Sonia Tillman)

No, but I love the idea. Someone also just said that the webinar presentation crashed, they lost audio after a loud feedback noise.

(Lindsay Williams)

Uh-oh... no... but we were having some internet issues earlier today. Is anybody having audio problems? Put your hands up if you are having audio problems. That may not be the best way to do it.

(Patricia Hodgson)

Can we type it in?

(Lindsay Williams)

So I am going to keep rolling here. Feel free to offer information in the chat bar. So, another...

(Sonia Tillman)

They said their audio is fine now.

(Lindsay Williams)

Okay. Another tool – and this is something, you know, that actually – excuse me, I developed a cough today – that we have seen used in meetings too, is this plus/delta exercise. And so once you identify potential change area with a client, you can kind of help explore their ambivalence to that change through this exercise. And it is very similar to a pros and cons list, but you are not looking at the negatives. So you are looking at one, the pros. You know, what are the good things about this behavior and then you are looking at what could be better. If you know, so maybe it, you know, “I did a really good job, I didn't drink today.” And then you could say, “Well, that could be even better if or maybe it is, I had a really great visit with my children today...” and you kind of explore what those kinds of things are. So positives and it could be even better ifs, we are not going to focus on the negatives here. And so it helps you get them to look good for them about the behavior. So if they are doing a behavior. It may be maladaptive. You know, maybe it is eating sugar if you are a diabetic or something like that. You can talk to them about... “Well, but what is good about that?” “Well, it tastes good.” “Well, what would be even better if we, you know?” “Well, it would be even better if I didn't have diabetes and if I could get used to liking healthy foods...” or whatever the conversation, you know, whatever path it goes down. But I also see this exercise used a lot even in meetings that we have with staff. And, then, of course, you guys are probably scaled out but this is scaling over time. And when this chart is here, it is either you can use this in combination with your bubble chart if you want. You can say, kind of take a couple of those areas that are most important to you today. We are going to write them down. We are going to say on a scale of 1 to 10 where we are at and we are going to date them, and then you can kind of track that over time to help see changes. I know a lot of you are probably using scaling out there. Does anybody have any really good examples of scaling or times that it has worked well for you? Let me check our

(Patricia Hodgson)

Well, while you are checking that, I just want to reiterate. I think that with doing the paper tools and doing the exercises with our families and in leaving that with them, when we are not around, they are going to go back and review those things. They are going to look at that stuff. And it is going to, in their own private time, they will have time to process it versus a conversation. When you come back, you may find a whole new territory to explore. So I just really can't stress the use of using the tools to engage our people.

(Lindsay Williams)

And it is something tangible we can provide. You know, a lot of times you are like, ‘Wow, I am, you know, I come in as a caseworker and I am referring them out to everybody else and what benefit am I...’ and we really start reframing that. Because we really are a benefit to the clients we work with, you know, because of our knowledge of the different services locally, because of our knowledge of these kinds of efforts to help motivate them towards change. So, as we are kind of setting that process for, you know, preparing them to implement a big change, let's see, there we go. The next thing we want to do is we want to do some evoking. So, this is the process of kind of pulling out and drawing out all those ideas and reasons that the client has for wanting to change. This technique on the screen is called the decisional balance technique.

And it is an MI technique and kind of at the end of the slide show, we show the resources where we pulled – website links, where we pulled a lot of this stuff from, but what is neat about this is that if you ask these questions in a specific way, you can really elicit some change talk from

clients. So, you start off with, you know, whatever that thing is they are trying to change. Ask them first, you know, “So, what is good about doing what you are doing? What do you like about smoking?” You know, you are getting a benefit from it. “You know, well, it helps me destress. It helps calm me down. I like the way it tastes.” Whatever. And then you go, “Well, you know, so what are some things that are not so good about it?” “Well, you know I don't know, I cough a lot. I can't run.” Whatever it might be. And then you go, “Okay, so let's say we decide to do this change, you know, what would be the negative side about doing this change?” And then finally you lead into what would be good about changing? And as you lead into what would be good about making that change, then you start having that conversation, you start getting them to almost convince themselves why that change would be beneficial to them. And then the last process is the planning process, which again we had a whole separate webinar on planning but when you relate it to MI, you know, you are going to hear some things, the acronym is CAT.

You hear commitment language – “So, yes, I am going to do this. I am ready.” And then the activation language is where they take that first step, “Well, I started looking at this.” And then finally they are taking the step to change. “I did it. I made that first step. I have done that first thing.” And over on the right there in that little graphic, you will see graphics that I pulled, actually I pulled this from a training that Florida Certification Board does. And we have that reference for you guys in your handout. But the readiness to change is on the slide continuum. So, how important is it for you to make this change? But how confident are you that this change will be successful? So, when they are saying “Yes, this is important, and I know I can do it,” then you know that they are ready. And, you know, a lot of this is not linear. You know, you are going back and forth and everything but that is kind of the process of motivational interviewing in a nutshell. And we are going to jump into some of our ideal practices for implementing once you get them to the point that they are ready to go.

(Patricia Hodgson)

As clients and families start to express a willingness to change. The change process they began to develop that plan of action. And as you were just saying before, this mirrors motivational interviewing so well because it is actually very similar and our role as child welfare professionals is to guide that change by facilitating community referrals or engaging our families with community partners or actually just doing the service referral. And ideally we would like to do this with the family's input, their knowledge and their agreement. So we want to give them their options of what is available in those communities and talk about the benefits of those providers and help guide them towards the best fit for them. And we show partnership by allowing the clients and the family to select their own service provider. So, as we have talked before in previous webinars, we really want to make sure that we are obtaining that release of information or the ROI, I think, as it has been shortened to be called, for the service provider so we can facilitate ongoing written and verbal communications with the providers and to get updates on our client's progress and the presenting issues, the assessment results and any barriers to progress. So one of the things I want to just make sure we talk about in that idea of transparency and open communication. We want to make sure that the release is thoroughly explained to our families before they sign it. And explain to them how long the release will be for, if they want to revoke the release. You know, exactly what type of communication is going to be had, whether it is written, telephone and explain – just give some examples of some of the things that we may

ask. I think sometimes our clients may feel like we give them a lot of forms and they are signing but it is a real good ideal practice to make sure that we are explaining exactly what that release entails. Why we are asking them to sign it.

(Lindsay Williams)

Absolutely. And I think a lot of times it is helpful if we say, you know, “Hey, you know, we need this release, so I can talk to your service providers and they can tell me where you are going with your progress, so I can continue to support you in that. We can see where you are at and if we need to change anything and adjust anything as we, you know, work through this. And I think that is real helpful.

(Patricia Hodgson)

And, you know, I want to start out with an example on this next piece. If a referral is made by your doctor to a specialist, you really are not wanting to go into that specialist and have to repeat everything that you shared with your primary care physician up until that referral point. You would hope that specialist would have some information, at least the basics. So one of the potential barriers that can slow down progress for our clients and our families is when the caseworker has, when one caseworker has developed a really good working relationship with the family and then for whatever reason whether it be agency, internal agency practice or someone moves to a different job, but if that caseworker suddenly changes, that can be a little detrimental for our folks because as that new person comes in without having that back information, then our families are feeling as though they may have to explain everything all over again. So, one of the things that we would like to talk about as ideal practice today is the warm handoff. And that simply means one or more visits with both workers together with the family to make that transition. To talk about even some of the work tools that we have already utilized and explain where our families are at that point. It is just one of those things that I see as ideal practice is a real good habit to get into.

(Lindsay Williams)

It is. And this is one of those things I think that we know is ideal practice and we try to do but a lot of times in the business and the craziness that, you know, is our day to day life is challenging. You know, because ideally you are going to have a couple of, you know, home visits together. You know, I am the intake worker. I am the ongoing worker. You know, let's have this warm handoff kind of meeting, but we know that it is challenging. So, I invite everybody to type in if you found any tricks of the trade with the warm handoff that have been helpful to you, let us know so we can share them with everyone. And if you have moved on and if you see things come up maybe send it in or jump in with it – does that sound good?

(Patricia Hodgson)

Sounds good. Wonderful. Okay, so excuse me, I have a cough today too. We would always want to as ideal practice to remember that we are always and constantly assessing the changes, positive or negative. At each family contact, we are reevaluating, taking a look at that case plan, the family service plan and even that safety plan and assessing for change because the whole process and the whole focus is to move our families along. And sometimes that change can be taking some things off the plan or adding some things or maybe the family dynamics has changed, and so I think a common theme that we talked about in each of these webinars has

often been assessing safety and looking for any changes or any new behaviors. Because as we just talked about as we do the evoking process and we utilize the motivational interviewing, new behaviors could suddenly arise just from addressing the old behaviors. So, you want to make sure that as ideal practice, as child welfare professionals, that we are taking a look and constantly reassessing for any changes.

(Lindsay Williams)

And you know, as the child welfare professional, you are kind of the catalyst for that change. So just having those conversations and seeing where they are at and where they are going and what needs to be adjusted, you know, is really what you bring to the table, you know, during all of your home visits. And I know when we talked about planning, we talked about quality home visits and kind of how to plan for those and what information, you know, you are doing but, you know, really approaching this visit puts the goal in mind that you are the helper, you are the support, you are the one that's kind of, you know, behind the scenes making things easy to get your family, your client from point A to point B and there is a lot. You know, sometimes it is two steps forward, one step back, but we just keep on keeping on, right?

(Sonia Tillman)

We actually have a comment very similar to that. You want to also make sure that you are pointing out that parent's strengths and building up their self-esteem and motivation and do that as you are also introducing them to the new caseworker so that the new caseworker can become familiar with the things that the family is already doing well. And then someone else just typed in "completing reunification assessment is also a good tool for review with your consumers." So again going back and looking at the progress that they have made, the next steps that they are planning to take, anything to help again show that they have made some progress to help motivate them to continue to change.

(Lindsay Williams)

That's true. I really like the comment where you say during the warm handoff just to recapture their strengths. So like it reminds me of like with your children. You know, it is one thing to tell your child, "Hey, you are doing a great job in school or this or that," but when your child hears you bragging on them to somebody else or saying, you know, what they are doing well and the moment when you are not speaking directly to them like that does wonders for motivating and kind of reinforcing those positive behaviors.

(Patricia Hodgson)

And it may even be a good idea to have a plan between yourself and a new worker about what you are going to talk about when you go meet your families. And to have that beforehand so that – and I hesitate to call it a script – but I am just thinking in terms of an outline or guideline or not even your own case plan or an agency could even think about this is what we talk about when we do our warm handoff, so everybody is doing the same practice.

(Lindsay Williams)

Now, that is an excellent idea. If anybody uses any scripts for warm handoffs, let us know.

(Patricia Hodgson)

So as we just discussed, I feel like we are just continuing to just really be online here. A huge part of the child welfare professional's role is overcoming barriers. And overcoming barriers to making change is again one of the biggest pieces of our role. And guiding the change process by supporting the client and moving the obstacles out of their way or helping them overcome the obstacles is where the continued change talk and motivational interviewing will come into play. So as our clients and our families change, we just want to make sure that we are putting that ideal practice that again as we just talked about a couple of slides ago, their serving needs may change, and it may require new community partners or new service referrals and again it is that constant reassessing where that comes into play that I think we have talked about from the very first webinar.

(Lindsay Williams)

And I know it is getting ahead a little bit. You know, we have advocacy as a practice profile later. I don't know what month it is in but helping those families and kind of modeling for them how to overcome those barriers is a form of kind of modeling for them, how they can advocate for themselves, yes.

(Patricia Hodgson)

So as we talked about earlier when you talked about discussing with our families what is good about what you are doing? What is good about smoking? Or what is good about your whatever the issue happens to be? We want to talk about today as we move through the life of the case and engage our clients and our families, the ideal bottom line practice for implementing is to focus on the desired outcome. The desired outcome with our clients and our families is where we want to be. We want to help them make change. We want to help them to learn new behaviors and their goal just may be that, learning the behaviors and actually just getting their case closed with learning new behaviors. So, these are very real and tangible goals that I think as we have talked about just simply saying – again I love that, “what is good about smoking?” If you were to ask me that I would be really surprised if you asked me what is good about a negative behavior, because I am not expecting you to say that. I am not expecting you to say for me, to be able to tell you what I enjoy about whatever negative behavior is and it may even open up things that I didn't realize I enjoyed. So it is that tangible piece and reminding our families that the ultimate goal is to help you make that change in implementing new behaviors.

(Lindsay Williams)

Absolutely. And this slide here. These practices talk a lot about the use of supervision in helping with this. And so not only are you having these conversations with your clients but as a supervisor you may be having some of these same conversations with your workers, you know, about how they've helped the client move through the change process or even sometimes as a supervisor, you know, if we have a big change going on within our organization. You know, we might have to help our staff adjust to that change and adjust to that new process and that new way of looking at things. Like, for example, with the roll out of differential response, you know, that was a new way of engaging with our families and for some it was a complete mind shift. Minds that shift and we had to, you know, really work through that change process among child welfare professionals to get them there.

(Sonia Tillman)

And we still are working. Definitely. I think that is one of the reasons why we are doing these webinars to kind of get folks back to basics and we are absolutely encouraging supervisors to really start engaging with your workers to find out what progress they are making. And what strategies they are using. And what tools are helpful. Because that is how you tie all this in. How are we achieving safety, permanency and well-being for these families and reminding families that we are involved with you because there was a safety issue. Or because there was some concern about your substance abuse. So always keeping that in goal in the conversation and transparently talking with them about the steps that they will need to take in order to get us out of their lives. So getting it closer to that. We want to make sure that you're at this end goal of safety or permanency or well-being for your family so that we can close your case and make sure that you are fine.

(Patricia Hodgson)

And, you know, as I am looking through a lot of the strategies that we have talked about today, a large majority of them can actually be used by a supervisor with their workers in terms of using some of the techniques to arrive at an "ah-ha" moment.

(Lindsay Williams)

Yes. It is amazing, all the different parallel processes in our work, you know, between the counties, the state, between caseworkers and families and supervisors and caseworkers. So, it is nice to have these opportunities to kind of connect the dots and pull it all together. And in connecting the dots, we are moving into solution focused casework practice, which we outline in our caseworker self-assessment and field tools, which as we go through this, you will probably see a lot of similarities to MI.

(Sonia Tillman)

Yes. Actually, that is what we had talked about earlier. A lot of this mirrors exactly what MI is based on, the foundation. So the first one is assume that the client wants to engage. That directly mirrors step one of MI engagement. You set the tone for that partnership. And so come right in and talk with them openly about why we are involved. Sometimes we know that that conversation can be difficult but that is what we are here for. So, it is not just, "We are coming out to see how you are doing this month. We are coming out to make sure that your children are safe. To make sure that your housing is stable. To make sure that you have ample income to purchase food for your kids, or clothes or whatever that is." So you want to make sure that you are very transparent and real each time that you are having interactions with your family. Bring yourself to the table. And remember that they are the expert of their life. And so, a lot of their solutions to the problem -they already have some idea of how to get there. They just sometimes need us to help foster that conversation and navigate them to that success. So being able to understand that they truly know themselves best is a key. It is not always what we think they should do. It is how can they give us the best way to resolve their issue?

(Lindsay Williams)

And something I just want to like highlight on this slide is the importance of being transparent and real in bringing yourself to the table. I can remember, you know, as a young brand-new caseworker, like I don't want to self-disclose. I don't want people to know about my life and my mess so, you know, and really, you know, when you can relate to somebody on a personal level

though and be able to just be open and honest with them about things, it goes a long way. You know, I know a lot of times a person will say, “Well, do you have children of your own?” And you know, that is always a big one, especially if you don't have children of your own. You know, being able to navigate. Say “No, I don't have children of my own” and just kind of say “But, you know, this is my experience.” Start out with “I have nieces and nephews or cousins” or, you know, younger siblings or whatever it is.

(Sonia Tillman)

Absolutely. So the next step in solution focused caseworker practice is asking the client's perception of his or her situation. And that kind of goes back to what we had talked about earlier. If they don't feel that it is a problem, it is going to be very difficult to move them in a direction of progress. And so, as you are engaging and respecting and then talking with them about the concerns that you have, you need to also get a good measure of what is their perception of this concern. Again, it is key to make sure that they understand why we are worried and why we are going to continue to stay involved. Making sure that they also discuss the good things that are going on in their lives and not always just the bad things. So their current situation could easily be all bad. But take the time to kind of identify the strengths that they have. Identify the supports that they have. And you want to use those strengths and supports to help mitigate the concern. And so, if you do have a great relationship with your sister or a church member, how can we utilize your sister or that church member to help resolve the concern that we are experiencing with your child? So again it is very key to see what their perception of the problem or what the concern is.

(Patricia Hodgson)

And Sonia, as I am sitting here thinking. Maybe we should actually point out that this is not something that may happen in your first visit or your next visit, that it will take full effect engaging process. And you may find yourself continuously going back through some of what you would say. “I have said that before. I have done that before.” But again, that reassessing to see what the different answer you may get that time is progress.

(Lindsay Williams)

It is. And this is, you know, this is where clients are stuck. They don't see a problem with their behavior. You know, they don't see a problem with their whatever they are taking, illicit drugs. And so, you know, this is a good place when you are getting their perceptions to use some of those MI techniques, the decisional balance and “what is good about your behavior” and “what is bad about your behavior” to kind of help. Instead of telling them, “well, what about this”. “Well okay so you don't have a problem, but you just got a DUI last month. Or you don't have a problem, but you were just in jail.” You know whatever it might be. Instead of you telling them. If you can get them to say, “Well, I guess there was this time and that wasn't so good...” and then you start getting that change talk going.

(Patricia Hodgson)

And this could be especially beneficial for even not new cases or families that have come to the attention of the agency but those ones that are just kind of hanging out there that you don't feel like they are moving. Some of these techniques to start, you may find they start moving a little bit more for you.

(Lindsay Williams)
That's a good point.

(Sonia Tillman)
This is also a great time and we tagged that on the bottom to refer back to that decisional balance technique and getting them to understand the decisions that they are making really will contribute to the outcome and their progress. And so, you want them to start thinking seriously about “Is this a big enough issue that I need to go ahead and make significant changes so that I can resolve this issue and have Children's Services out of my life?”

(Lindsay Williams)
Right, right, right. And that kind of leads right into this.

(Sonia Tillman)
That is exactly what this one is. So again you use that perception of the family to build upon what they want to have different in their life. Very often it is to have Children's Services out of their life. And so how can we work together to make that happen? Here is where you can use some of the other strategies that we have talked about in some of our earlier webinars. A great place to ask the miracle question. “So, if you woke up tomorrow morning and your life was exactly the way you wanted it to be, what would that look like? Describe to me what you would want for your kids. Describe to me what would have changed. And then what do you think you need to do in order to help make that change occur? How will it feel different if you were able to come home and all of the bills were paid, and your refrigerator had ample food for everyone and you didn't have those worries. So, what do we need to do to help you get to that goal?” So you want to have them describe what that looks like and then help them fill in these steps in order to get there.

(Lindsay Williams)
This is a great question. It kind of goes back to, you know, Psychology 101 or Counseling 101 but it really evokes a lot of information from clients.

(Sonia Tillman)
And so the next one is to ask them what will it take for that solution to happen. Very close to what I just talked about. What will be different? You want to make sure that you include things such as “Tell me a time when you didn't get high. Tell me about a time when you weren't strained with your child. Tell me about those exceptions to the problem.” Because it is those times that you really want to build up. “Tell me a time when he didn't get you so angry that you felt the need to get the belt and spank him. What else did you do?” Those are those kinds of things that you want them to start thinking about. And so often you will get parents who say, “Oh, I just ignored him and went to another room. That worked.” “So maybe we can try to encourage you to do that frequently as we are also working with him on his behavioral issue.” And so again you just want to have some good, open, transparency to sustain how we are moving that client to change and it is identical to what was in the motivational interviewing piece so that is why I said this really aligns a mirror quite well with motivational interviewing.

(Lindsay Williams)

So, one of the key concepts in kind of the spirit of motivational interviewing talks about how, you know, each client already has within themselves the answers that they need to be able to make the change and you have to be able to draw that out of them. And these exception questions are great ways to do that. Because a lot of times our clients – they know better than us. They know what works for them. You just have to ask about when they have had those successes.

(Sonia Tillman)

And how we can continue to ask that, that process.

(Patricia Hodgson)

And helping them realize that it was a success.

(Sonia Tillman)

So actually that is similar. This is the next step. Ask what small steps we can help them with that will move them towards their solution. And you also want to give them affirmation. Every time that they make a small success, you want to give them affirmation on that. “So, I noticed that you didn't holler at him when he came in and interrupted. That is a great thing. You want to make sure that you are giving them rewards and acknowledgments of that.” Here is again where you can use those scaling questions in asking the family to scale themselves on how motivated – to gauge how motivated they can be towards making that change. “So where do you find yourself now with your substance abuse issue?” And they may find themselves at a 2. “And so, where do you want to see yourself after you have completed treatment and doing some things to get healthy? Where do you want to see yourself on that scale?” “Well, I really would like to see myself at a 9 or at least a 10.” “And so, what can we do again to help you get to that 10? And every time that I come out to see you I am going to ask where you really are. So today you are at a 2. When I come back out next month after you have had four weeks of treatment or some support services, I am going to ask you where you are and hopefully you have moved up. And then we are going to continue having that conversation.” And so it is not a one and done at the beginning. It is absolutely an ongoing process that you always want to give them some recognition of seeing where they are on that scale.

(Lindsay Williams)

Right. And I like the last question too. You know, sometimes we have friends that they are not ready to change. But you think but if, let's just pretend for a minute that miracles happen and you are ready to make that change. You know, if you were ready what would that first step be? And then you just get it clear in their mind. Because sometimes people don't know where to start. But if they know where, now they know where to start. They may not be ready but they know. So, when they are ready, they will clearly be able to remember that conversation that “this is the first little step I am going to take.”

(Sonia Tillman)

Or this could be the opportunity. If they don't know how to make that first step. Here is the opportunity for us to educate them on how to make that first step. “Well, let's first start by calling a social service agency to help you with this problem. Or let's first start by making that

appointment to get your child in counseling.” Or you know here is our opportunity to give them some suggestions on that first step. Get them moving.

(Lindsay Williams)

Alright, last one guys.

(Sonia Tillman)

So lastly, you want to make sure that you are summarizing your impressions of the work that they have done. Always noting the progress that they have made. And help guide them and navigate them to their final outcome or solution or goal. This will help draw all of the accomplishment that you have worked on and give them some understanding that this was the right decision. “I did make a good choice by making this change.” And then hopefully when other problems come up or other concerns come up in their life, they can go back and do a similar process. Make a goal of “where I want to go and here are the steps that I need to take in order to get there.” So you want to summarize that and really kind of spell it out for them and let them see that as a big picture so they can replicate that again if another issue comes up in their family. Hopefully, we won't be involved at that time and maybe they can resolve it before it ends up with a call to child protection. And so again you want to make sure you are giving them great acknowledgment and great kudos for their success. If it has not been a successful endeavor, you may need to go back a few steps and reevaluate how we can get to this progress. How we can make progress and get to this goal. Because sometimes what we know is that not all of our families end up with successful progress notes. And so again you might have to reevaluate, see where we are, implement some other things, put some other things in place to help resolve the issue and kind of keep working with them and start new steps.

(Lindsay Williams)

And I just want to highlight exactly what you said, that is our CQI circle. So this is how everything kind of fits together – that CQI process that we do to improve our practice is also the same cycle we use with our families to improve theirs and it actually may mix the process of MI and the solution focused casework practice so drawing this parallel.

(Sonia Tillman)

Reassess, reevaluate and develop new steps.

(Lindsay Williams)

So we are at 11:02. We are done. These next two slides, which are not in your handouts, actually they might be in the handout on this webinar. I just added these two slides this morning because I forgot to before we sent out the handouts. But these are all of the resources that we use as we were developing this Power Point – the information on the motivational interviewing. So there are additional things that you can look at. One thing I want to point out that is in your handout, let me go back a slide. This Florida Certification Board, the online education platform. So, we were – our CQI subcommittee was recently lucky to have somebody from IHS join our team and she shared with us – Sally, if you are out there, thank you. She shared with us this resource through the Florida Certification Board and it is an online training program on motivational interviewing that is specific to child welfare and it is five hours and I did the course. It was very, very helpful and I really liked the way they applied this to child welfare because MI

was originally developed to deal with like substance abuse treatment. And you can actually, the instructions that you got – I know somebody had asked me early in the webinar, you know, this doesn't make sense, how do I get there? Well, you can go in, you can create an account, you can go in, you can do these and it is self-directed so you can start and stop and it remembers where you are at in the training until you go through it. There are quizzes that you answer. And then when you are done, you can email our IHS folks and they can give you credit for this in E Track so I think this is a really good resource for those wanting to learn more about MI and I also know that for OTWTP there are a couple of MI trainings that are available that some of you may, you know, may have taken or may have experienced that probably will give you way more information than we were able to provide this morning. And now it is time for questions and discussion. So, we will pause here for a minute and let everybody kind of type into the chat bar comments, suggestions, questions...

(Sonia Tillman)

We had some really good comments earlier and I don't know if you went through all of them. So let me slow down just a little bit.

There was a comment – “when the parent is ambivalent being direct and, in this manner, has helped them to get started to engage. So just again be very direct and transparent.” Someone else, also great request, said “Make sure that you point out the parent's strengths to build on their seeing their motivation.”

“If you are not comfortable with sharing your own story, you can always say, I have a family that I worked with and give the example. You don't necessarily have to say it is your story.”

Rachel says: “I am honest with the client about challenges in my own life and how I have overcome them, and this allows them to see me just as another person. Then we look alike. And I don't see myself as better than them. I try to help them understand that I am here to help them and walk beside them, not push them from behind or pull them from the front.” I really like that, Rachel, thank you. I think that is also key. We are all human. We all have our struggles. We all have our things that we are dealing with within our lives. And so we just don't have an open referral right now.

Truly, sometimes it is literally you just don't have an open case. For my situation, my family situation very well could be very similar to yours, any of us. So, I like that idea of, you know, you are not any better. You need to be there to support them, not to push them forward nor to pull them as well, getting them to where they should be.

(Lindsay Williams)

Okay. Do we have any other questions, comments...? This is your time.

(Sonia Tillman)

Here is one. Do you have any suggestion for a mother who has had five previous children removed to take action now?

(Lindsay Williams)

That is always a hard one because obviously they have had history. They have had challenges before that they were unsuccessful in overcoming so I guess, you know, my suggestion would be, you know, when you are first starting to engage that parent, take the time to explore that and kind of validate those losses and what that experience might have been like. And, you know, and ask them, “What was that like for you? What was difficult about it? You know, what could have been different? Or how could this be different this time?”

(Patricia Hodgson)

And I think you are right in actually having some discussion about the issues that led to that unfortunate event and as we talked about today, talking about and it may be an uncomfortable conversation. And it may not have the warm fuzzy outcomes that some of the other examples that we gave. But actually having that conversation about what the incident was. “What was going on? And unfortunately even saying what was good about that situation that caused you to continue to go down the path that led to the unfortunate removal of your children? What was making you feel motivated to not make that change or to make different at that point?” So, it may be some really uncomfortable conversations to have but it’s part of getting to the end goal.

(Sonia Tillman)

I think another key thing is that we really can't go back and undo what has already been done. But you can absolutely try to continue to partner and engage with that client because clearly, they must have another child that we have been called out to be involved with. And so again having that very transparent conversation. “I understand that you may have had five children removed previously. I am here to make sure that this child is able to stay with you. And what can we do together to assure that the safety of this child is being our priority so that we don't have to go back and look at the historic circumstance?” That is difficult after you have already had a bad experience with child protection and very difficult to then trust child protection and so your first hurdle is getting that connection and getting them to understand that you are there to help them and help to maintain that family together. I don't know if they are like working a reunification plan for the other kids but tie that in. If Mom is working to reunify with the other five. Again, “my goal is to try to keep your family intact or reunified so they can be intact.”

(Patricia Hodgson)

And I think all of the goals that we have talked about in all of our webinars apply to an in home and out of home situation. It is that practice that we are doing – that ideal practice as child welfare professionals that we are offering to our families on a continuous regular consistent basis so that we can help them motivate towards the end goal. I don't think any one of these is specific to “you do this particular practice in this situation.” All of these practices from beginning to where we are today are very helpful in terms across the board. It is actually how we can use our skill sets and our toolkits to help our families recognize difference and engage the trust piece.

(Lindsay Williams)

Right. And all you guys out there know, you know, we need to take the queues from our families and where they are at and, you know, depending on how they respond to questions, how they engage, what their story is, you know, will kind of lead you to kind of adapt to work one way or another.

(NEW SPEAKER)

It looks like Kelsey also chimed in and said, “Ask the family what is the difference this time and that too kind of gets to how we can work with you differently this time to assure safety of your child and hopefully keep your family intact.?”

Now some of the other comments to help them be motivated for change. What are your feelings about an incentive program? Like if you accomplish this goal or that goal, you get a gas card or a car seat or something like that. I think that is one of those county by county or agency by agency discretionary things. Not all counties have resources to provide like hard corps incentives or hard goods... and so...

(Lindsay Williams)

And incentives – and those kinds of incentives are something we are learning more and more about. It kind of goes to that intrinsic versus extrinsic motivation. So sometimes like short term concrete goals with a beginning and an end, you know, incentives are great for. But when you are looking at kind of motivating that long-term change, you know, while it might work in the short term, you have to be doing something else to get them long term. Like, “yeah, you know, I need gas for my car. Yeah, I will go to my counseling appointment if you are going to give me a \$25 gas card for my car...” and then next time it is time for counseling, I’m like, “Where is my \$25 gas card?” And maybe I’m not as motivated to go. So, you really have to kind of, and this is just me, I mean it might work for some, it might not work for others. I don't know, Patricia, do you have any thoughts?

(Patricia Hodgson)

Well, and I think you are absolutely right in terms of the short term versus the long term and the buy in and commitment from our families to engage in that goal. And Sonia, you are absolutely correct too in terms of it is a county by county practice perhaps and it may work for some, I am not sure. But, you know, I do tell you it does not work for my 14yearold to keep her room clean. But again that is a household practice. Score whatever options that may work for your particular family.

(Sonia Tillman)

And there is also a comment that you want to assume that the mom or dad wishes to keep their child. And so you also want to keep that at the forefront of the discussion. “We are here for a shared goal and I know that you want to have your child safely here in your home and that is what I am here to work with you on.”

There is another comment. I recently tried to offer a father a supervised trip to Cleveland if he would complete his assessment. He did not complete his assessment and we did not go. However . . .

(Lindsay Williams)

Yeah, so some of these are getting into case specifics and we don't want to get into too many case specific things on the webinar. We want to kind of keep it general at this point.

(Sonia Tillman)

You just have to find what motivates your family individually and I think we have pointed that out through this entire webinar. No two families are ever going to be alike. No two things are ever going to motivate the same or get the same response. So you just have to really take the time to again commit, engage and become familiar with your family so that you can help get them to the success that we want to have for them.

(Lindsay Williams)

Absolutely. We have a couple of more. Let me see. We want to phrase these in ways that we are not getting too case specific. Okay, so if you have a relative that receives custody of a child and they did okay maintaining the child for a certain point but now they are having some bumps and they say, "Okay, can't do this anymore" and they are having some challenges continuing to take care of that child in their home, you know, what are some suggestions for kind of how to work through that situation? So, I guess I would in thinking in terms of motivational interviewing, you would kind of go back to... "Okay, let's go back to when you made the decision to have this child come and live with you. You know, what was your thought process then?" And kind of get them talking again, you know, about the motivation at that point for doing it... "and what did you think it was going to be like?" You know, what is different than kind of what your expectations were?" - and starting there. And I would say, you know, as much as possible getting them talking about the things that I am sure that they obviously love this child and care for this child to be willing to open their home with him to begin with, so you want to kind of keep going back to that.

(Sonia Tillman)

And here is where you may need to reassess what the family dynamics are. So maybe the grandparent had an idea of what the care for this child would look like and then once the child or children came into their care, there were some other things that came up and so you always want to go back. Reassess what the circumstance is. Look at the family dynamics. Do we need to add in other relative support members to help the grandparents? Do we need to implement other things? I mean this whole webinar is about implementing and so - do we need to implement other service providers or other resources to help resolve whatever the bumps or barriers are that the grandparents are facing? And so you would do the same with the grandparents that you would to the biological family. "Whatever we can do to put something in place to help resolve that concern for you that is what we would like to do." Because what we know is that children are always best served within their family structure – grandparents, aunts, family members.

(Lindsay Williams)

So it is like two things. So it is like one. You are trying to strengthen their motivation to want to continue on supporting and working with that child while at the same time concurrently you are helping to figure out how they can overcome the barriers to support the ultimate end goal.

(Sonia Tillman)

Or what new has occurred that has now created a concern. Because maybe something new has happened so again you are wanting to reassess that and then help them resolve that so we can maintain that child within that family setting.

(Sonia Tillman)

The next comment is: "...that I tell our workers that they are the intervention and most consistent person in the family's life for this time." Sometimes that is absolutely correct. Sometimes we are the support. Our goal is to get the family connected with other support so that they don't have to rely just on child protection. And it used to be when I supervised the alternative response unit at Montgomery County each time that we would sit down to do a team meeting or a family team meeting, that was a standard question. "Who else do you have in your life to support you? Once we close your case, we want to make sure that you have some solid support."

(Lindsay Williams)

But it is empowering I think for our child welfare professionals, our staff or us to know that we are being a service. And we are being a service to the family. Our coming out to talk to them every month and kind of help guiding the change process, you know, that is maybe the stability and I don't know, the catalyst, support that they need. Yeah, thanks for that comment.

(Sonia Tillman)

And especially ongoing. When you are working with that family ongoing, you probably are the most consistent person in their lives and so that sometimes becomes an issue. Because sometimes they don't want us to leave their lives and they want to continue working with us.

(Lindsay Williams)

It is something that you have to work at too. You know you are the ongoing worker, you have your family that you have really developed a good relationship with and you see them, you know, moving in whatever direction, you know, you also have to watch the tendency for kind of that confirmation bias. And, you know, thinking they are doing a great job and then everything, you know, you might hear something that challenges that, and you are like, "Oh, that is not true," and you discard that, but you have to kind of check yourself and watch for that. And as a supervisor, you know, when you have, you know, you develop this really good long term working relationship you have to be able to kind of monitor that too.

So now I think we are just kind of rambling and one thing into the next. We will give it another minute if anybody else has any more final questions or comments and then we will wrap it up.

(Sonia Tillman)

We hope that this provided you all with some great insight on implementing and motivational interviewing and solution focused practice – it all ties in together with helping families get to their goals and keep the kids safe.

(Lindsay Williams)

It does. Alright, well, we are not seeing anything else coming in. I will encourage everybody - be on the lookout for July's edition of First Friday. So, I have reached out to some of your agencies and we are going to have a kind of a spotlight in July on the practice profiles webinar series, what people liked, what benefits that they have seen from it for those agencies that have kind of taken on, you know, that back to basics challenge this year. So, we really enjoy doing

these webinars and hearing all this feedback from you guys, so tune in next month. And everybody, have a great, happy 4th of July.