Parental resistance and social worker skills: towards a theory of motivational social work

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ABSTRACT

Parental resistance is a ubiquitous feature of child and family social work, yet there has been limited research or theoretical work directed at the issue. This paper identifies social and individual reasons why parents may be resistant. Five principle causes of parental resistance are discussed, namely social structure and disadvantage, the context of child protection work, parental resistance to change, denial or minimization of abuse or neglect and the behaviour of the social worker. It is argued that motivational interviewing (MI) provides particularly useful skills and concepts for firstly reducing the social worker contribution to resistance and secondly minimizing the resistance related to other reasons for resistance. Key adaptations required in the strategic aims of MI if it is to be used in child protection work are identified and discussed, the most important of which is maintaining a focus on the child's welfare and safety. It is concluded that MI offers an opportunity to improve practice by increasing parental engagement and to make a contribution to social work theory by combining an attention to both broader social structure and the micro-skills required in social work interviews.

INTRODUCTION

This paper considers parental resistance to the involvement of child and family social workers. It conceptualizes resistance as any form of non-cooperation from parents, including apparent cooperation that masks issues of concern, not engaging, violent or threatening behaviour and other manifestations of non-engagement. Resistance is considered a more appropriate term than non-cooperation as it captures the active nature of such behaviour. Resistance can therefore be seen as the antithesis of client engagement; the two are effectively different sides of the same coin.

Child and family social workers encounter a wide range of types of parental resistance. Indeed, in the programme of research carried out for the government in the early 1990s, it was noted that if parents seemed to want help and to be open about their problems it was unusual for them to receive local authority social work input – such families tended to be referred to non-statutory family support services (Department of Health 1995). Child protection work is thus largely focused on families that are resistant to or at least ambivalent about social work involvement.

Parental resistance can therefore be understood as one of the fundamental factors that shape the nature of social work with families where children are in need or at risk of significant harm. Yet, to date there has been relatively little theoretical or empirical exploration of the nature of this resistance or how it can be worked with most effectively. There is a substantial research tradition asking parents or social workers about their experiences but little work directly looking at social work interviews, and thus relatively little detail on the nature of resistance and how it is worked with. For instance, Forrester & Harwin (2011) reviewed a number of key social work textbooks and

found that most had little or nothing to say about working with non-voluntary or resistant clients. Instead, as noted in Diggin's (2004) SCIE report, social work writing and training in large part borrows from counselling and therapeutic interventions that have been developed primarily for clients who want help. This creates a jarring disjuncture between the realities of everyday practice and the content of social work theory and training that practitioners have to wrestle with.

The policy response to this area has, if anything, compounded the problem. In light of the research noted above (Department of Health 1995), the government highlighted the often intrusive and painful nature of many child protection investigations. They urged local authorities to carry out fewer assessments under the aegis of the child protection provisions of s.47 of the 1989 Children Act and consider instead more of the assessments to be estimations of the needs of families. Researchers such as Spratt (2001) and Platt (2006, 2008) have highlighted the fact that changing the statutory basis for an investigation does little to alter the fundamental nature and complexity of the professional conversation. For instance, a report from a school of a father picking up his child when he appears to be drunk may be treated as a 'child in need' referral rather than a 'child protection' case, but the fundamental challenge of the conversation that the social worker needs to have with the father remains similar whatever the legal basis of that discussion. Or at least, it remains similar so long as there is the possibility of 'child protection' provisions being used, and these are ever present within the current social work for children (Spratt 2000).

Despite the paucity of theory and research about how such complex and profoundly challenging conversations should be carried out, there are indications that often social workers are able to carry out such discussions in a way that families find helpful. Spratt & Callan (2004) interviewed parents from 12 families undergoing child welfare interventions in Northern Ireland. The parents reported a positive experience of social work if their worker had developed an effective working relationship with them, which included being honest, open and interested in the family's needs. The worker's level of skill in developing relationships can determine the family's experience of social work and how they respond to their worker.

Platt (2008) conducted interviews with social workers and parents. His findings gave central importance to the client – social worker relationship, emphasizing the importance of being sensitive, honest and

clear about social work procedures. Platt also underlined the importance of listening and conveying that workers have correctly understood their clients' narratives; parents particularly appreciated workers who they felt understood their perspective, meaning where workers demonstrated congruence with the client's narrative (Platt 2007). This was also reflected in Taylor's work, where drug-using mothers felt especially aggrieved when their social worker did not consider their perspective during interaction and solely focused on the child (Taylor 1993). In a more recent study on parents of very young children at risk, similar sentiments were raised by parents about both the importance of workers appreciating parental perspectives and being frank about the future (Ward *et al.* 2010). Conversely, the barriers to a client's engagement can be reinforced when social workers do not ask the parent what their views and opinions are on their own situation, whether they are entirely believed or not (Platt 2008).

In light of these findings identifying elements of positive practice some recent studies by Forrester should give us pause for thought. In Forrester *et al.* (2008a,b) 40 social workers who attended a course on Motivational Interviewing (MI) were found to have very confrontational communication styles. In a separate study, Forrester taped interviews between social workers and an actor playing a client in a child protection situation (Forrester *et al.* 2008c; Forrester & Harwin 2011). They found very varied levels of skill – with all social workers successfully raising concerns, but some doing so empathically but the majority being highly confrontational. The confrontational approaches tended to create high levels of resistance from the actors playing clients.

A major recent contribution to both research and theory in this area has been made by Ferguson (2011). Ferguson provides a fascinating and insightful account of the nature of child protection practice based on direct observation of social workers. In discussing the issue of working with resistance, Ferguson highlights a helpful contribution by Barber (1991) which suggests that statutory social work should start by assuming the likelihood of resistance. Barber suggests that encouraging openness, being clear about authority and exploring reasons for resistance are some of the key elements of an effective worker response. Ferguson provides an exceptionally thoughtful and helpful discussion of these issues, exploring the challenges of putting a rhetoric of 'empowerment' and 'partnership' into practice with often uncooperative and sometimes hostile families

and illustrating his ideas throughout by examples drawn from practice. A key point Ferguson makes is that responding effectively to client resistance requires not just excellent social workers, but also organizations that provide emotional support for this extremely challenging type of professional practice.

These pieces of research point to the importance of developing a better understanding of the nature of social work interactions and in particular how social workers might most effectively understand and work with client resistance. This paper attempts to make a contribution to such an endeavour by developing a conceptual model for understanding the different reasons for parental resistance. It then uses insights from MI and critically considers their usefulness for social work practice. In doing so, it is hoped that it helps develop a better understanding of the nature of client resistance, its key place in shaping the nature of social work and some indications of positive ways of approaching such challenges in practice.

DOMAINS OF RESISTANCE

Parental resistance has two main types of cause: resistance created by the social context of the social work encounter, and resistance linked to the individual or family dynamics. In each area, some specific further reasons for resistance are explored. In considering both the social and psychological factors behind resistance to social work involvement, it is argued that working with resistance epitomizes the psychosocial nature of social work activity. However, it is argued that there has been insufficient attention paid to the micro-skills involved in working with resistant clients. This is a key failing because social worker behaviour can itself be an important contributor to parental resistance. Equally, it is in the skilled management of such difficult encounters that the expert social worker best exemplifies the complex blending of the psychological and social elements of the social work role. In a very real sense, working effectively with resistance therefore takes us to the heart of good social work. It is both anti-discriminatory practice in action and effective help for individuals with serious personal problems.

There are five main factors that can be seen to contribute to parental resistance. In practice these interact in a variety of ways – often reinforcing one another to create powerful cocktails of resistance. The next sections consider each of these in turn.

Social factors contributing to parental resistance

Social context

The vast majority of social work clients have experienced discrimination, oppression and disadvantage, and this can often be a factor that shapes their relationship with a social worker. Thus, black clients who have experienced racism may be anxious about whether a white worker will understand them – or even whether the worker may be racist themselves; working class clients may be antipathetic to a middle class worker and women may feel mistrustful or hostile about a male worker (particularly if they have experienced gender-related abuse or violence).

Social work is characterized by an awareness of these broader causes of difficulties and a commitment to addressing them. Such considerations have shaped much of the radical tradition in social work, as well as the general acceptance of the importance of working in 'anti-discriminatory' and 'anti-oppressive' ways that is now embedded at the heart of social work in the UK (see Rees 1975; Dominelli 1988; Thompson 2002). The great strengths of this tradition have been identifying the complex nature of power, oppression and discrimination, and the importance of social workers having a critical awareness of such issues. It is argued below that anti-discriminatory practice has had less to say about the communication skills involved in working in an empowering way, particularly in child protection work.

Child protection context

In most encounters between workers and clients there are important differences, whether of age, class, disability or other structural issue associated with discrimination. Yet, whatever the dynamics of this broader relationship, the nature of a meeting between parent and social worker creates a context in which the social worker holds more power in the relationship (see Rees 1975 for a classic discussion of such issues). The context of child protection involvement is therefore in itself likely to create resistance.

Simply being a client of social services can lead to fear about the implications this can hold for the care of children. An example of this can be found in the ethnographic work of Taylor (1993) who followed injecting female drug users for 14 months. All of the women she encountered feared the negative views social workers seemed to have of female drug users, and the impact this could have on the social worker's

involvement with their family. The women felt social workers automatically assumed they were bad mothers because of their drug use. Taylor outlines how this affected their approach in anticipation of what the social worker could do:

> . . . the repercussions of the women holding such beliefs, which were not unfounded, was that the women developed attitudes and behaviours in response to their powerlessness which confirmed the negative views held not only by social workers but by people in general. (Taylor 1993, p. 117)

Such fears may inhibit parents from discussing legitimate concerns with social workers, and highlight another important feature of the child protection context. Not only are social workers in a position of comparative power, but they are tasked with making judgements about parenting capacity (Broadhurst 2003).

Individual and family factors contributing to parental resistance

There are also potent issues within the parent and the family situation that may also contribute to resistance. These include factors within the parent, and concerns about the child.

Parental factors in resistance

Even within therapeutic settings – where people have sought help – resistance and non-cooperation are commonplace. Indeed, Freudian theory – the first systematic attempt to develop a theory around how to help people experiencing emotional distress – is in large part built on an attempt to understand the nature of client resistance and develop ways of cataloguing and working with such resistance. In broad terms, Freudian theory characterizes resistance as the individual wishing to avoid the pain or difficulty of change, labelled intra-psychic conflict, whether this is because it involves overcoming inertia or exploring difficult emotions. Psychoanalytic theory puts forward the notion of 'defence mechanisms' to explain how individuals are able to avoid confronting such pains and difficulties (Freud 1937). These include denial, projection, reaction formation and repression, among many others (Vaillant 1992). Sudbery (2002) posits there are three key aspects of psychoanalytic theory that can be found in social worker's interactions with their clients: transference, counter-transference and the punitive superego. Sudbery uses the theory of 'transference' to explain why clients may resist and be actively aggressive towards their social worker as the

interaction may resonate with their experiences of their parent(s) in childhood, when they needed help or care that was not received or caused conflict in the relationship.

One does not have to accept such a formulation of the reasons for resistance to recognize that helping interventions are founded upon understanding and working effectively with resistance, largely because if there was no 'resistance' to change then the intervention method itself would be effectively redundant. Research suggests that a person who recognizes his problem and has the desire, means and confidence to address it is likely to succeed regardless of whether or not he receives professional help (Orford 2001). Yet, this is rarely the case with people who require professional help; people who are professionals such as social workers and therapists work with struggle to change for diverse reasons, and this struggle is characterized by resistance in a variety of forms.

Counselling traditions have placed considerable focus on individual factors that may create resistance (Arkowitz 2002). Here we consider three important causes of resistance within individuals: shame, ambivalence and lack of confidence. These are selected as being particularly important and common, but all three are also of particular relevance to social work. They are not confined to one helping tradition – indeed, using different nomenclature and theoretical constructs these issues are dealt with in most helping interventions. In the following formulation, insights and language taken particularly from MI (see Miller & Rollnick 2002) are applied to these issues, as a discussion of the potential of MI for developing more effective social work approaches forms the focus for the second part of this paper.

Shame

No attempt to understand resistance is complete without understanding the importance of shame and stigma (see Goffman 1963). The stigma surrounding many of the behaviours and experiences of those who use social work services was highlighted in the consideration of the social context of child protection work; however, it is manifested in the feelings of individual parents that social workers need to engage. For instance, stigma is an ubiquitous feature of drug and alcohol misuse and the associated lifestyle (Lloyd 2010), and is linked to mental illness (Thornicroft 2006), domestic violence (Rose *et al.* 2011) and being labelled an abusive and neglectful parent (Berkowitz 2008). Being asked by a stranger to reveal a personal

secret is likely to engender unease in most people, and particularly so if it is something an individual is ashamed of. However, probing in such a way is essentially how social workers embark on assessing risks to children or forming relationships with clients. Understanding the shame that many people carry about themselves, their situation and their behaviour, and developing effective ways of working with this is crucial to effective social work.

Ambivalence

The shame and other negative feelings people may have about their behaviour might make an outside observer believe that they would want to change. However, individuals often persist with self-destructive behaviour that is difficult to understand. It is commonplace for social workers to see, for instance, a mother return to a violent man or a father relapse back to alcohol misuse, and in both cases place their child at risk.

The crucial concept for understanding such behaviour is ambivalence. Ambivalence is feeling conflicting emotions. Thus, a parent may hate their drinking and the effect it has on them and their family, yet also find that drinking eases their feelings of self-loathing, or that their friends and social life revolve around drinking. For an outsider, the desirable course of action may seem obvious, but for ambivalent individuals there are powerful positives and negatives associated with both the 'problem behaviour' and the alternatives.

A key theoretical insight from MI (with profound practice implications) is that ambivalence is at the heart of clients' difficulties in changing (Miller & Rollnick 2002). Indeed, it is at the heart of difficulties in behaviour change for all of us; there are invariably both positives and negatives about our current behaviour and about changing. Crucially, making arguments for change – for instance, by trying to persuade people, explaining reasons why they should change or giving advice – can often result in resistance from clients. In effect, the ambivalence within the client gets played out in the interaction between client and worker, with the worker voicing the arguments for change and by doing so eliciting arguments for not changing from the parent. Perversely, as a result, the more workers try to help parents the more the parent argues against the need for change. This creates a very difficult dynamic that is all too common within social work practice (see Forrester & Harwin 2011), and a dynamic that has been found to make change less

likely in substance misuse treatment (see Miller & Rollnick 2002).

Confidence

A third key cause of resistance to change is client confidence in their ability to change. Individuals may want to change but lack confidence in their ability to do so, particularly when problems are long term and entrenched to the point where people conclude that they are unlikely to succeed in changing even if they wish to.

Within MI this is a form of ambivalence. However, it is helpful to differentiate between ambivalence about the *need* to change and ambivalence about one's *ability* to change. This distinction allows an exploration of situations that might serve as opportunities for change, or opportunities for reinforcing the status quo. For instance, the prospect of serious consequences, such as removal of a child, might be expected to impact differently on a parent who was ambivalent about the *need* to change compared with one who was ambivalent about their *ability* to change. For the former such a development – if handled skilfully – might be an opportunity for change: it might make the individual realize the seriousness of the situation and the need for them to do something about it. On the other hand, such a development for somebody who lacks confidence about their ability to change might have precisely the opposite effect: it might lead them to despair and confirm their worst feelings about themselves.

This in part explains why it is not uncommon for parents to respond to the initiation of care proceedings by *increasing* their substance misuse – however perverse this may appear to the outside viewer. As Forrester & Harwin (2008) note, initiating care proceedings can be a 'kill or cure' approach, with some parents responding positively but others doing the opposite. This is not, of course, to suggest that decisions to initiate proceedings or other key decisions should be influenced by the nature of the parent's ambivalence about change. Rather, it is to emphasize that these two different reasons for resistance to change may result in very different responses to social work actions and interventions. It therefore behoves social workers to adjust their intervention depending on their interpretation of the reasons for clients not changing.

The counselling field has identified a variety of different explanations for resistance, but most are captured under one or more of the three headings of

shame, ambivalence and lack of confidence. Certainly, these seem to be the most important ones for social work interventions. The next section considers a source of resistance that is more closely tied in to the social work situation, namely the possibility that the child has experienced or is experiencing abuse and neglect.

Harm to the child

At the core of the complicated dynamics that occur within child protection situations is the fact that often the child concerned has suffered harm, either due to deliberate neglect or abuse or because serious difficulties impair the parent from providing effective care. For almost any parent in such a situation there are likely to be real reasons for resisting the involvement of social workers (see Ferguson 2011).

At the extreme end of this are situations in which deliberate abuse is masked, particularly in cases of sexual abuse. It is also a feature of several high-profile child deaths, such as that of Victoria Climbié and Peter Connelly (Laming 2003, 2009). Fortuitously, deliberate abuse that is consciously and systematically covered up is relatively rare in social work caseloads, but as it is often disguised by apparent cooperation it provides one of the most challenging examples of resistance. For instance, while practicing the first author worked with a family where during what appeared to be open and helpful discussions with a mother about keeping her children safe from a suspected paedophile, the man in question was hiding in a cupboard in the same room. How can one work effectively with such situations?

Even where deceit is less planned and conscious, it is nonetheless commonplace in social work practice. When discussing concerns parents will minimize consequences or deny their impact on children. The key issue here is that the parental lying – whether conscious and systematic or simply minimizing the extent or impact of an issue – is almost omnipresent in child protection work. As a result, it is not acceptable to borrow approaches from therapeutic settings and suggest their use in child protection social work if there is no consideration of how they might tackle resistance related to both deliberate lies and manipulation and the more general tendency to minimize the extent of problems. The second part of the paper therefore explores key lessons from MI for social work and discusses how MI-related approaches might be used in settings where client resistance might have such multiple causes. However, prior to this discussion it is important to consider a final source of resistance, namely the possibility that social workers themselves may create resistance through the way that they talk to parents.

Client resistance created by social workers' behaviour

The most important single insight that social work can gain from MI is that client resistance is not something that solely exists within the client, nor even something that is simply produced by the context of child protection. Rather, it is also to some degree a product of the nature and quality of the interaction between client and social worker. This is crucial because it puts the spotlight on social worker behaviour as both a potential cause of resistance and also our most important tool for reducing resistance.

The evidence for this in relation to MI was provided by a variety of studies discussed in Miller & Rollnick (1991, 2002). Miller and Rollnick pointed out that the amount of resistance encountered during counselling sessions was found to be a good predictor of whether an individual reduced their drinking. This has been corroborated by more extensive recent research (Amrhein *et al.* 2003; Miller *et al.* 2004). Crucially, however, this was not just because clients who were ready to change exhibited less resistance. In fact, the behaviour of therapists could increase or reduce the amount of resistance from clients. Indeed, in one study therapists changed their style of communication in the middle of sessions. The more confrontational style created more resistance, the more empathic one created less (see Miller & Rollnick 2002). As such, MI suggests that resistance is not necessarily a psychological defence mechanism but the product of a certain communication style. It seems clear now that increased resistance is associated with poor outcomes, and that client resistance is something that therapists can increase or reduce by the way that they behave.

The key skills associated with reducing resistance are those involved in skilled listening. Workers who seem respectful and empathic, and who use open questions and reflective statements in order to check their understanding regularly seem to create less resistance; those who take the position of the expert, who try to argue or persuade the client to change, or who are explicitly confrontational tend to create greater resistance from clients.

There are crucial lessons for social work from this literature. Of course, social work is not counselling; the need to be explicit about concerns for a child and

to discharge duties of care and protection laid down by law creates a very different environment for helping conversations. Nonetheless, it was striking in the qualitative accounts of interviews described by Forrester & Harwin (2011) that some social workers were able to be clear about concerns and risk to children and about the actions that they felt were needed while retaining an empathic and caring relationship with the actors playing parents, while others struggled and used a highly confrontational style that elicited a great deal of resistance. Forrester and Harwin suggested that the key to doing this effectively was demonstrating an understanding of the parent's point of view. Even if there was no agreement, signifying an understanding of the parent's viewpoint provided a foundation from which interviews could proceed.

Far more research is needed in this area. Forrester *et al.* only taped interviews between actors playing clients and social workers – not actual clients. It is possible that interviews proceed very differently when real clients are present. The work of Spratt and Platt was based on interviews about practice rather than direct observation of social work interviews, and it remains the case that there are vanishingly few studies that look directly at how social workers talk to parents about child welfare concerns. Nonetheless, the research is important for the current discussion for two reasons. Firstly, it establishes that social workers can and do contribute to the resistance that they experience. The skills and behaviour of the social workers are one of the facets one should consider when trying to understand resistance from clients. Secondly, the research suggests that some of the skills used in MI may be useful for working more effectively with resistance. For the skills associated with effective interviews in these studies are very closely linked to those of MI. Further evidence is provided in Forrester's exploration of the impact on practice of training social workers in MI. The relatively small number of workers who demonstrated MI skill reported that it had had a major beneficial impact on their practice (Forrester *et al.* 2008b).

Discussion of reasons for resistance

Having considered the potential reasons for parental resistance, four conclusions stand out. Firstly, it is hardly surprising that resistance is such an ubiquitous feature of social work, as there are many reasons why the worker–client interaction is likely to create resistance. It is also important to consider the fact that these factors may interact and reinforce one another

in powerful ways. In many respects, resistance is the manifestation of the very different role the social worker has compared with a therapist; understanding and working with resistance is therefore a cornerstone of social work practice (see Barber 1991; Ferguson 2011).

Secondly, resistance is inherently a psychosocial phenomenon. Early conceptualizations of resistance – such as those from Freudian theory or in confrontational approaches to alcohol problems – tended to conceive it as a characteristic of the client. The importance of MI's contribution is partly in shifting the focus from the client to the worker–client interaction. However, the above analysis of the multiple factors that contribute to resistance within social work should make clear the social element. Resistance from parents to social workers is not simply a function of the parent's psychopathology or the fact they are 'difficult'. It is a complex – and ultimately understandable – response to the situation the parent finds him or herself in.

Thirdly, a feature of social work is that there is often an apparent gap between structural and radical analyses on the one hand and practice approaches on the other. Textbooks routinely include chapters outlining critical social theories that have little to say about the implications for the intricacies of practice and practice-related chapters drawn primarily from psychological approaches which have little critical theory within them (see Adams *et al.* 2009 or Payne 1997 for just two examples). It sometimes appears as if the theory of social work is drawn largely from sociology and the practice from psychology. Understanding and working effectively with resistance requires a melding of these traditions.

Finally, having established the complex and commonplace nature of client resistance within child and family social work, it is crucially important to consider how workers should understand and work with resistance. In this respect, Florence Nightingale's credo in relation to hospitals seems particularly important: the first duty is to do no harm. Nightingale's observation acknowledged the fact that, while people assumed hospitals were good places for ill people to go, it is likely that at that time they caused more harm than good to people's health. Similarly, social workers surveying the multiple causes of resistance might easily fail to consider the contribution they can make to creating resistance. Our first duty in tackling client resistance as social workers is to ensure that we are not causing resistance, or that our contribution is kept to a minimum. Ideally, we should be going beyond this to

work with other potential causes of resistance and attempt to minimize them. In this regard, MI seems a uniquely well-suited approach for social workers to be aware of and become skilled in. The next part of this paper considers the potential contribution of MI to social work, before outlining some limitations or challenges in using MI in child protection situations.

MI AND SOCIAL WORK

There are several good reasons for believing that MI may be appropriate for social workers to use. Firstly, there is a strong evidence base for its effectiveness particularly regarding alcohol problems, for which it is probably the best supported intervention (Miller & Winterbourne 2002). There is also widespread evidence for its efficacy in relation to a diverse range of other issues involving behaviour change, and there are promising reports about attempts to adapt MI for other issues, ranging from anorexia nervosa to suicide attempts (see various contributions to Arkowitz et al. 2008 and Gossop 2006). The evidence base for MI is sufficiently robust to allow meta-analyses. These have produced encouraging findings, not just in that MI tends to work but also because it rarely seems to do harm. Even in studies where MI does not do better than services or interventions that it is compared with it very rarely does less well (Hettema et al. 2005).

A second key reason for MI being particularly useful for social work is also identified in one of the key meta-analyses. Hettema et al. (2005) found that MI seems to be particularly effective with black and ethnic minority clients. For a profession with a commitment to working in an anti-discriminatory manner this is a very interesting finding, not least because it shows MI provides one of few examples of anti-discriminatory work in practice. As noted above and discussed further below, this is likely to be because at the heart of MI is a respectful communication style that emphasizes checking that the worker has accurately understood the client by using reflective statements.

Thirdly, as it is centrally concerned with understanding and working with client resistance, MI appears to be a good theoretical and practical 'fit' with social work. Moreover, it is also very adaptable – being a specific style of communication rather than a highly specified programme characteristic of other interventions – and this means it can be tailored to the specific needs of a service. It has been used in interventions ranging from 15-minute discussions to longer-term therapy, and by professional groupings as diverse as

trained counsellors, prison warders and community volunteers (see Forrester & Harwin 2011).

Finally, research findings are encouraging both about MI's ability to be used in even challenging situations (such as those involving child protection) and also its overall effectiveness. Thus, for instance, Galvani & Forrester (2011) reviewed social work interventions in relation to drug and alcohol problems and they noted that a high proportion of effective interventions involved MI as a basic communication style (although usually as part of a complex social work intervention). Other studies have evidenced its value in services aimed at reducing the need for children to enter care (Forrester et al. 2008d) and indicated high levels of parent satisfaction for innovative schemes involving substantial elements of MI, like the Family Drug and Alcohol Court in London (Harwin et al. 2011).

These are strong reasons for believing MI may have something to offer social work in understanding and working with parental resistance. The next section briefly outlines the nature of MI within child and family social work, and the following sections consider the limitations and strengths of MI in this context.

What does MI look like in child and family social work?

Detailed descriptions of what MI is can be found elsewhere. Miller & Rollnick (2002) provide the classic account, while Forrester & Harwin (2011) and Hamer (2005) give more detailed considerations of applying MI in child protection work.

There are both tactical and strategic elements to delivering MI in social work. Tactically, the worker must focus on reducing resistance through the way in which they interact and talk to clients. A key tenet of MI, and a fundamental element of resolving ambivalence, is the attempt to minimize client resistance and elicit 'change talk'. Change talk can be conceptualized as the opposite of resistance: it is any talk about change by the client, whether that be recognition that a problem exists, increasing confidence that it can be resolved or a commitment to actually make a change in behaviour.

Delivering MI in practice is more easily said than done; ways in which skilful workers elicit and then harness change talk are relatively simple to list but very difficult to master. The core skills are those of good listening, such as positive non-verbal communication, empathic listening, the use of open questions,

affirmation of positives and the use of reflections (here reflections refer to statements by the listener that try to represent their understanding of the parent's views). Reflective statements are perhaps the most important communication skill within MI, in part because they attempt to demonstrate one's understanding of the client's viewpoint. Reflective statements therefore provide a bridge across the types of difference outlined above: cultural, gender, class and power differences that can distort understandings between worker and client are reduced if the worker systematically and regularly reflects their understanding of the client's point of view, thus allowing the client to correct or add to the worker's view. Indeed, this is linked to a vital function of reflective statements: in practice, they elicit more disclosure from clients. They are at least as good as a question for exploring an issue, and they are a better way of exploring in depth something of importance.

There are in addition strategic considerations in effective MI: as well as moment-by-moment skills like empathic listening there is also a need to have a strategic objective. The strategic objective in classic MI is the resolution of ambivalence, and realizing this involves having an adaptable plan that can be varied to reach this goal if obstacles are encountered along the way.

An obstacle that practitioners face could be that the client begins to express resistance. This is a sign that the practitioner should not push this issue; the more they do so the more resistance they are likely to encounter. However, that does not mean that it should not be explored. Quite the contrary, understanding the reason for this resistance and helping the client to resolve it is likely to be crucial to being effective. There are myriad ways that the worker might decide to do this. The most obvious would be simply to explore the nature of the resistance, using a simple reflective statement or to move the topic of conversation. The key point here is that there is no one right response, but that MI provides not just specific skills for responding to individuals but also a strategic plan for managing the way in which one talks to people.

Given this formulation of MI, how might it be used in child and family social work generally, and in particular in the complexity of a child protection situation?

Towards motivational social work

The first and most important contribution of MI for social work is that the skills involved are likely to be

highly transferable to child protection work. Even at the most basic level, MI skills are likely to be crucial in minimizing first the social worker's contribution to client resistance and then addressing and where possible reducing the other potential sources of resistance. This latter element might take many forms. It might involve being explicit about the nature of the child protection role and the consequences for the parent and child; it might be helpful simply to ask the client for their view on what is happening, or ask why they seem reluctant to talk to the social worker. There is never one 'right' thing to do, but the skills of MI are likely to help social workers engage with the multiple factors that influence resistance.

The danger for any such approach is if it is associated with the worker becoming parent centred and losing a focus on the child. Forrester *et al.* (2008c) noted that effective child and family social work should be focused on both a vulnerable child and a vulnerable parent or parents. This is the challenge in using MI in child protection situations, and the emphasis here is not the tactical skills that the worker should use in the interview, but their strategic goals. It is in this respect that child protection and therapeutic interviews differ most overtly. The tactical skills of MI are to a large degree a distillation of effective ways of helping in general. It is therefore the addition of the strategic management of the interview to the basic but crucial listening skills that is crucial for MI to be useful in child protection work.

In this respect, there is a complexity about the strategic aims of a social work interview that give it a very different character to a therapeutic interview. In particular, there are three strategic aims in working with parents in child protection situations if one was using an MI approach. The relative importance of each may vary between specific interviews; however, all three are likely to be present in most interviews. These are:
1. A focus on the child's welfare and possible harm to the child
2. A focus on engaging the parent
3. A focus on eliciting 'change talk' to resolve ambivalence about behaviour change
Each of these is worth considering further.

The focus on the child's welfare is often perceived to be a primary cause of friction in child protection situations. However, practice experience suggests that such a focus is helpful in working effectively using an MI style of communication. Hamer (2005) gives some useful examples of ways in which a focus on the child can be used to build relationships and agreements. Underlying all of the methods Hamer outlines is the

notion that, while the worker and the parent may disagree about many things (for instance, whether there is a need for child protection involvement or whether the parent's drinking is causing the child problems), one area of potential agreement is that both generally want what is best for the child. This opportunity for worker and parent to talk about the child, their needs and how they may best be met can often pave the way for partnership and avert unnecessary conflict.

Unfortunately, this will not always be sufficient, and it is sometimes necessary to focus on concerns for child welfare amid the most active resistance. In such a context, the skills of MI remain highly relevant, but the strategic aim is to address the child's welfare and safety. Some of the studies discussed above hold a consensus that empathic techniques can enable skilled workers to do this in a way that allows them to address serious concerns for a child while also maintaining an effective working relationship with the parent (Spratt & Callan 2004; Platt 2006; Forrester & Harwin 2011).

However, even when used very skilfully, MI approaches are unlikely to prevent all resistance from clients. Furthermore, abuse or neglect can sometimes be masked by apparent cooperation – as in the case of Peter Connelly (Laming 2009). Regardless of the progress of the specific interview, an overarching focus on the child's welfare is central to the use of MI in child protection work. Client resistance may make the skilled worker think about other ways of approaching a specific issue or concern; it should flag up a signal that they may wish to try talking about this issue in a different way or (if appropriate) at a different time; however, it should not divert the worker's strategic focus from the child and their situation. At the very least, such an approach to using the skills of MI should allow the worker to be clear that the resistance that they are encountering has not been created by the way in which they are talking to the client.

In addition to the spotlight on the child's welfare, a secondary focus needs to be on engaging the parent. The vast majority of children will continue to be cared for by their parents, and therefore engaging and effectively working with parents is the key to helping the child. Furthermore, social work is not always about creating change and sometimes social workers are simply maintaining people in the community (Davies 1994). Even if the social worker's primary role is simply one of monitoring, engaging parents effectively is crucial to this.

Engaging parents shares the fundamental characteristics of resolving ambivalence about behaviour change; indeed, at root it is a form of behaviour change. The behaviour that the social worker aims to change is the parent's reaction to social workers. The social worker therefore uses the tactical and strategic skills of MI to achieve this end: they work to understand and reduce resistance and they elicit reasons for engaging with social workers (e.g. 'what would be the advantages of us working closely together for your child's welfare?').

The third strategic goal is to help parents resolve ambivalence to behaviour change. This would be appropriate when client and social worker agreed that there was a specific issue that needed to be addressed, e.g. alcohol or drug problems, domestic violence or less pressing issues such as developing the confidence to attend an advice bureau to address financial difficulties. In such situations, the social worker's role might vary from skilfully helping to motivate the person to get more in-depth help (e.g. talking through whether or not to attend the advice bureau) through to directly providing help (e.g. by arranging a place at a shelter to help a woman leave a violent partner). In essence, this element of the use of MI within child protection situations is most akin to that of conventional MI: it is a skilled way of helping the parent change a specific behaviour that they and the worker agree is a problem for them.

CONCLUSIONS

This paper has considered resistance in some depth, and mapped out its various origins. It has been argued that resistance can be categorized according to the two broad domains of individual reactions and the social context of the social work encounter. Various factors sit within these domains, and the resistance that is experienced is likely to be a product of an interaction between factors. Crucially, it has been argued that rather than resistance being simply a product of 'difficult' clients or of difficult situations, it is likely that it can also derive from the interaction between client and worker. Given this, there is reason to believe that social workers equipped with specific skills can work effectively to reduce and overcome resistance, paving the way for engagement and behavioural change. It is argued that MI provides the most promising basis for such an approach.

MI has been used effectively in various related fields, and its versatility makes it applicable in a wide range of social work interviews, from brief interventions to more intensive work. Indeed, in many respects

MI provides a crystallization of key elements of effective helping that social work has always been concerned about. The importance of empathy, listening skills and a non-judgemental attitude has always been recognized as crucial in social work. Yet, MI has two specific contributions to make. Firstly, the evidence from both social work and other professions is that actually delivering services using these skills and values is very difficult. MI provides a useful framework to support the development of such skills. Secondly, MI has far more to say about the strategic management of interviews. It is a client-centred yet directive approach, and in this – too – it shares much with social work. A key lesson for social work to take from MI is that effective communication skills need to be combined with strategic ability to use them in appropriately directing conversations.

Despite the promise shown by innovations like MI, social workers may be unable to address resistance in all its forms. However, as resistance borne out from the client–worker interaction is within their sphere of influence, the very least we can do is ensure that workers are equipped with the skills necessary to ensure that their input does not *create* resistance or exacerbate the problem. Returning to Florence Nightingale's doctrine regarding hospitals, firstly we must 'do no harm'. Applying MI in child and family social work promises this, but there is also reason to hope that in many instances we can go further. Melding tactical skills like empathy, reflection and good listening with strategic objectives that focus on both child safety and parental welfare can equip workers to tackle resistance, resolve ambivalence and engineer real change. Such an approach promises a distinctively social work way of using the skills of MI to address both individual and social disadvantage in helping parents and their children.

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