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PRACTICE FORUM

Solution-Focused Interviewing with Child Protective Services Clients

Jacqueline Corcoran

This article provides a rationale for using a solution-focused approach to child welfare practice. The common value base of both social and solution-focused practice is explored, and processes for implementing the latter approach in child welfare interviewing, including joining and working with the nonvoluntary client, exception building, complimenting, goal setting, and scaling questions, are discussed.

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Child welfare workers face numerous challenges, including large caseloads of mandated clients who seem unmotivated to change. Workers must gather and process a great deal of information in a short timeframe to make accurate assessments and to formulate decisions about the protection of children. Parents of children at risk for abuse and neglect may react with defensiveness and hostility when workers question their parenting practices. Families are often in crisis at the time of the interview with the child protective services (CPS) worker, and the CPS presence often precipitates a crisis in its own right, which tends to further inhibit information gathering and assessment. In the midst of all these pressures, workers strive to ensure the safety of children, to build collaborative working relationships with families, and to promote positive parenting practices. This article describes how the achievement of workers' goals can be aided by the use of a solution-focused approach to interviewing.

Originally conceptualized by de Shazer [1985, 1988] and others [Berg 1994; Berg & Miller 1992], the solution-focused approach is concerned with the innate strengths and resources people possess. Rather than attending to the problem, the solution-focused approach emphasizes times when the problem is not a problem, and the worker helps clients identify and build upon the resources they use during these nonproblem times [Berg 1994; Berg & Miller 1992; Cade & O'Hanlon 1993; O'Hanlon & Weiner-Davis 1989].

The solution-focused approach shares a value base similar to that of social work, the predominate discipline in child welfare work. These shared values—starting where the client is, a belief in a systemic view of client change, and a strengths-based rather than a deficits-based perspective—are often difficult to put into concrete practice, particularly when the worker is faced with clients who are maltreating their children. Involved with the stressors and demands of child protection, workers may feel overwhelmed, frustrated, and without hope for their clients' ability to make use of services and to change in a positive direction.

Solution-focused practice, however, assumes that all client situations carry with them potential solutions. The worker's role is to find these resources and assist the client in developing and using them to solve problems. Although history taking is vital in determining risk to the child, in solution-focused practice, digging into a client's past is seen as having limited usefulness since insight into the past will not necessarily change the future. For example, the knowledge that a physically abusive parent was physically abused as a child does little to change the parents' present disciplinary behavior. It is the solution-focused premise that taking action is what helps people change their lives [Berg 1994; O'Hanlon & Weiner-Davis 1989]; the emphasis is placed on achievable, concrete goals. In situations where children are at risk, the emphasis should necessarily be on what families can do in the present and the future to ensure the safety of their children.

This article explores the ways in which workers can implement a solution-focused approach to helping families protect their children and parent them more effectively. While this article concentrates on the three different referral types—sexual abuse, physical abuse, and neglect—and on both investigative and subsequent interviewing, the interested reader is urged to read Berg [1994] for ongoing solution-focused work with physically abusive and neglecting families.

Solution-Focused Interviewing Processes

Joining

Joining involves the worker's construction of a foundation for collaborative work so that change can take place [Berg 1994]. Obviously this task will be inhibited by accusations or threats from the worker that the client must defend against or by advice about what the client must do. ("Why did you leave your child alone?" "Since you don't believe your child's accusations of sexual abuse, she will be taken away from you." "You need to count to

used so that clients come up with their own answers and are pushed to take responsibility rather than the worker telling the client what to do.

Another client type common to the child welfare system is the "complainant" who is motivated, not for his or her own internal change, but for someone else to change [Berg & Miller 1992]. These clients tend to blame other people, events, and circumstances for their problems. In these cases, coping questions—questions that elicit clients' unique resources for dealing with stressors—can be employed. Examples of coping questions include: "What you're going through is very difficult. How do you find the strength to go on? How have you managed? How do you do that? What else do you do?" These questions indicate to the client that their concerns are being validated. At the same time, they ask clients to identify their own resources for coping; these are then reinforced by the worker.

Another strategy to use with the complainant is to explore the context of the problem and how the client's behavior can influence the situation positively [O'Hanlon & Weiner-Davis 1989]. Consider, for example, a 42-year-old father who blamed his outbursts on his 13-year-old son's misbehavior. He was asked, "What are you doing differently when your child is behaving?"

Client: It's him. He's got to show me respect. I'm his father. When he's showing me respect, we get along.

Worker: What are you doing when you're getting along?

Client: We're joking around, not yelling at each other.

Worker: So you're not yelling. What are you doing instead?

Worker: I'm just talking to him—about a TV show, going fishing, something like that.

Through the careful use of questions, workers can help these clients understand how they are part of the context, and that they can also influence positively the sequence of interactions.

Language that Creates an Expectancy for Change

In a solution-focused approach, the phrasing of questions is presumed to affect the way clients view their problems and the potential for change [Cade & O'Hanlon 1993]. One way to achieve this is to use past-tense language to put problems in the past ("So you were leaving your child alone..." "So you were not believing your daughter..."). Such phrasing is designed to indicate that problems are no longer exerting their negative influence.

A further expectancy for change is conveyed by using words such as "when" and "will." ("When you are controlling your temper, what *will* you be saying?" "When you believe your daughter, what *will* you be doing differently?" "When you are taking care of your children, what *will* the judge say about you?") In contrast, the worker should use language of uncertainty only to help the client plan for potentially negative behaviors ("If you start to lose your temper, what *could* you do to keep the changes you've made?" "If you start to doubt your child's account of sexual abuse, what *could* you say to yourself instead?") By putting problems in the past and using words to convey expectancy, the language helps clients to alter their perceptions of themselves and their problems. In this way, change is promoted.

Finding Exceptions to Problems

The central concern of solution-focused practice is identifying times when the problem is not a problem and building on the strengths and resources clients exhibit [Berg 1994; Berg & Miller 1992; Cade & O'Hanlon 1993; O'Hanlon & Weiner-Davis 1989]. Exceptions are assumed to provide clients with their own unique blueprints for solving problems. Instead of concentrating on the problem, the worker examines instances of appropriate parenting, such as times when parents disciplined their children without being abusive, times when parents fed and clothed their children, times they stood up to an abusive partner and protected their children. In an investigative manner, the worker explores the who,

what, where, when, and how of times when the problem was not a problem. ("When I don't talk to my ex-husband on the phone, I'm more likely to believe my daughter." "When we wake up on time, we're not as stressed out, and the kids get to school on time." "I don't get as mad when the kids aren't around when I'm making dinner.") When these exceptions are identified and congratulated ("great," "wonderful," "wow"), resources the client has employed are explored in detail. ("How did you do that?" "How did you get that to happen?" "How are you managing to do that?" "Where did you get the idea to do it that way?" "How did you know that was a good thing/the right thing to do?" "What will have to happen for you to do it more often?") The purpose of exception-finding is to give clients credit for their own success and help them realize it is the actions they take that make the behavior successful, rather than the occurrence of external events.

If clients persist in attributing credit to externals ("I didn't do anything. The father of one of the kids came over and brought groceries"), it is important to elicit further what the client has done differently.

Worker: What did you do differently so that your child's father brought groceries?

Client: Well, he's supposed to be paying child support but he doesn't.

Worker: So how did you get him to bring groceries?

Client: I had called him a couple of weeks ago and told him he had to bring me something or I would go to the Attorney General's office.

Worker: That's great. How did you come up with that?

As the example illustrates, the worker draws out from clients the part they have played in changing their circumstances. This increases the clients' sense of empowerment—they can see that their actions lead to change.

If the worker cannot elicit successful behavior by the client, the next strategy would be to inquire about when the problem is "less severe, frequent, intense, or shorter in duration" [O'Hanlon & Weiner-Davis 1989: 86]. For example, a 35-year-old woman who was being interviewed about her 10-year-old daughter's sexual abuse was asked, "When was a time you considered that maybe she was telling the truth?" [exception-finding question]

Client: I just don't see how this could have happened. Her stepfather would never do anything like that.

Worker: I know this is really difficult. When did you find yourself wondering whether she was telling the truth? [exception-finding question]

Client: When I first heard about it, I thought, "Oh, no, it's happened to her now." Because it happened to me, and I swore it would never happen to her.

Worker: I can see you care about your daughter very much. [complimenting]

Client: I know that stuff happens. I just never thought he would do something like that.

Worker: This is one of the most difficult things anyone can go through. How are you managing to cope? [coping question]

Client: Well, I have to be there for my children. What choice do I have?

Worker: Well, there is a choice. How did you decide to make the choice to be there for your children? [resource-building]

Client: My children are what is most important to me.

Worker: How do you show your daughter that she is important to you?

Client: Well, I get her what she needs. She doesn't want for nothing.

Worker: That really shows you care about her. What else do you do to show your daughter you care about her?

Client: I talk to her. She knows she can come to me.

Worker: That's great. It's not all mothers who can develop a relationship like that with their daughters. How do you do that?

Client: Well, I tell her. I tell her she can come to me.

Worker: Wow! No matter what? How do you do that? Some mothers might be afraid of what they might hear.

Client: Well, it was hard to hear about her stepfather, you know, but I'm glad she told me in the end.

Worker: You were? How did you show her you were glad?

By continuing in this manner, the worker builds upon the positive behavior that is being indicated rather than confronting or accusing the mother about why she is not believing her child. As mentioned in the initial discussion on joining, if the worker adamantly defends a perspective opposite to that of the client, the positions may become polarized and even more entrenched. A collaborative relationship is fostered, however, when the worker attends to and builds upon exceptions and strengths-based behaviors that the client is already demonstrating.

Another example of exception-finding is provided by Berg [1994] for those families that have been more or less chronically involved with CPS for a long period of time. In a deficit frame, these families can be viewed as hopelessly dysfunctional. To elicit an alternative view, Berg suggests the following type of questioning: "The record indicates that two years ago you had your child returned from the foster home. What did you do to show him you were on the right track? What do you suppose the case-

worker thinks you did to convince her that you were ready to have your child returned?" [Berg 1994: 86]. Contrast this with a deficits-based approach: "Your child was placed in a foster home three years ago. Why did that happen? What do you suppose the social worker thought was wrong with your parenting that made it necessary to take your child away from you?" When these two approaches are compared, it is obvious that the former is less blaming due to its focus on the positive behaviors the client must have demonstrated to have her case closed and the avoidance of accusatory language. These families can also be seen as possessing a wealth of knowledge on how caseworkers can be of benefit to their families. ("In order to be of use to you and your family, I need to know what has been helpful for you and what has not been helpful with the caseworkers you've had before me. What do you think they missed? What should a new caseworker do with you that will make a difference? If I were to work with someone like you, what advice would you give me to help them out?" [Berg 1994].) Intervention questioning, as in this example, presumes that clients have resources and strengths to tap, even in the most difficult situations.

Another opportunity for the worker to reinforce exceptions and strengths is in the context of required history-taking, particularly the ways in which clients manage their employment experiences and overcome personal and situational obstacles. For example, a 42-year-old woman who had a difficult time controlling her 9-year-old daughter's behavior was asked about the strategies she drew upon in her job of supervising 10 cafeteria workers. How did she manage to supervise 10 people? How did she cope with that kind of responsibility? How did she stay organized and on top of so many things? How was she able to set limits with her workers? How had she figured out what methods worked best? Next, the client was asked a series of questions to elicit how she could apply some of the same strengths and resources to parenting her child. The client voiced her realization

that she would not consider raising her voice to her employees; therefore, a similar calm approach could be effective with her daughter. She could remain calm and give her daughter a verbal warning if she misbehaved; if the behavior continued, she could enforce a consequence, such as sending the child to her room.

Another area to explore for evidence of strengths- and resource-based behaviors is how clients have managed to overcome adversity. The recounting of long client histories can be overwhelming and disheartening for client and worker alike. Often these histories span generations of hardship and adversity—poverty, deaths, imprisonment, family violence, substance abuse, child maltreatment. Rather than using these histories to confirm a hopeless view that the family is unable to change, these historical events can be used as a basis to explore, develop, and identify strengths. For example, a 39-year-old woman related that she had been in a physically abusive relationship with a crack-addicted man for 15 years but that she had left him three years ago. (The current referral involved the boyfriend with whom she was living, who had left belt marks on her 7-year-old son.)

Worker: Wow, how did you manage to do that? Those relationships are really difficult to leave.

Client: I'd been trying to leave for years, but he kept saying he was sorry and that he'd change, and I'd just let him back in like a fool.

Worker: So how did you finally get yourself out of that cycle?

Client: I just woke up in the hospital one day with a broken jaw that he did to me and figured it out—he was not going to change.

Worker: How did you know that was the right thing to do?

Client: I just knew I couldn't go on like that. Plus, if I was in the hospital, there was no way I could take care of my kids.

Worker: Obviously, your kids are important to you. How did you know what you needed to do when their well-being was threatened?

The worker's approach empowers the client rather than blaming and accusing her for the current situation. An empowered person is more likely to have the strength to protect her children. In addition, the worker increases the client's awareness of the resources she has used in other difficult circumstances that she can apply to the current situation.

A further way to help clients identify exceptions when discussing problems is to separate the person from the problem. The worker *externalizes* the problem by the use of carefully chosen language [White & Epston 1990]: "the anger," "the craving," "the temptation" rather than talking about "your anger," "your drug problem," or "your lack of motivation." By separating the person from the problem, the worker can join with clients *against* problems rather than clashing with clients *about their* problems. Questions are then asked about the times when clients are able to exert control over these externalized entities. Using the above externalized problems, questions can be asked, such as "When are you able to stand up to the anger and not let it tell you what to do?"; "When can you resist the urge to smoke/shoot up?"; and "When are you able to overcome the temptation to just stay in bed instead of getting your kids ready for school?" Another advantage of externalizing problems, besides enabling the worker to join with the client on overcoming problems, is its emphasis on strengths rather than deficits. The view is not that people are innately pathological but rather that they can be empowered to fight against their problems.

Goal-Setting and Scaling Questions

While a premise of solution-focused practice is that clients come up with their own goals, child welfare workers usually enter into client situations with clear goals themselves, such as getting parents to believe and protect a child who has been sexually abused, ameliorating physical punishment, or helping neglecting parents care more consistently and appropriately for their children. More immediate goals may also be present for the worker, such as determining whether abuse/neglect has occurred, assessing the level of risk to the child, and evaluating the steps necessary to protect a child who is at risk. Since the goal for nonvoluntary CPS clients is usually to get the "interfering" system out of their lives, clients have to figure out a way to meet these goals of the system. Negotiation of goal-setting is initiated early on in the interview by the question, "What will you have to do so you no longer have CPS in your life?" As an illustration of this intervention, a typical response of parents who are being investigated for failing to supervise their child may include: "I guess I'm not supposed to be leaving my kids alone, but I've got to work, and I can't afford to pay someone." While this client identifies that the main goal is to have her children supervised, the worker may recognize that this client may be more invested in the goal of coming up with adequate and affordable child care. Physically abusive parents may realize that they must stop physically punishing their children to keep the CPS system out of the lives, but they may be more concerned with the goal of improving their child's behavior. Clients are more likely to engage in the work of change when they are invested in the goals.

Goal-setting guidelines are concrete, behavioral, and stated in the positive [Berg 1994; Berg & Miller 1992; Cade & O'Hanlon 1993]. Hence, an appropriate goal is "talking to my children when they act up," rather than "not hitting them"; "making sure my children are fed and taken to the doctor" rather than "not neglecting them." A convenient and flexible way to set goals involves the use of scaling questions [Berg 1994; Berg & Miller 1992;

Cade & O'Hanlon 1993]. Scales are constructed by having clients rank-order for themselves, on a scale of 1 to 10, the goals they have self-identified. Consider, for example, a parent who says that her goal is to no longer neglect her children. She is asked to identify how she will know when she is no longer doing this. What will she be doing instead? In this way, behavioral indicators of goals are developed. In the example, "10" could be anchored by the behavioral indicators "feeding the kids breakfast and dinner," "making sure the kids have clean clothes for school," and "staying home in the evenings." "One" is presumed to be the absence of these behaviors on the day the referral came in. Clients are asked to rank themselves on their progress on these behaviors. At this point, an opportunity for complimenting and exception-finding is inherent in whatever rank order the client chooses. ("How did you do that?" "How did you get all the way from a '1' to where you are now?" "What is different about those times?") If clients are being seen for subsequent interviews, the worker can ask the scaling question concerning the same goals each time as a way to monitor progress.

Another advantage of the scales is that they assist in setting tasks. The client is asked what small step has to be taken so that movement to the next rank-order number will occur. Common tasks identified by CPS clients may include picking up job applications, calling the attorney general's office about child support, and talking to a battered woman's shelter counselor about options. As these examples illustrate, tasks should be concrete actions the client can take. If certain feelings or other abstract entities are mentioned, then the behavioral correlates of these abstractions are elicited: "What will you be doing differently when you feel better/are more motivated/like yourself more?"

The scaling of questions has another advantage: it makes concrete even the most abstract of goals. An example common to CPS work is the assessment of the nonoffending caregivers' level of belief in sexual abuse cases. Questions such as the following can be asked:

Let's say '1' is that you don't believe your daughter at all and '10' is that you believe her completely and will do what you can to protect her from any possibility of further abuse. Where would you say you are right now?

A benefit in this conceptualization of belief as a continuum is the aforementioned tendency in sexual abuse cases for positions to become polarized. The scaling questions allow both client and worker to move away from dichotomous positions, which in turn opens up further possibilities for collaborative work and for change. A point worth mentioning is that the worker should take clients' responses to scaling questions at face value. The worker's opinion may be, for instance, that a client seems to be operating at a "3" on a particular goal rather than the "7" the client states. The point is not argued, however. Instead, the line of questioning is continued: "How did you get to that number? What will it take to move up on the scale?" While each person's unique perspective is acknowledged, "relationship questions" are explored [Berg 1994] to get clients to view the perspectives of other people involved in their lives. Relationship questions help clients understand the context of situations and the part they play in interactions. In the above example involving the nonoffending parent's attitude toward the sexual abuse of her daughter, the following relationship questions can be explored with the client: "Where do you think the family court judge would put you on the scale?"; "Where do you think your daughter would rank you?"; "Where would your husband place you?"; and "What would they need to see to know you have moved up one number on the scale?" A visual representation of the scale with the various positions marked on a piece of paper can concretize the client's understanding of the contrast in views. Further questions can help the client identify the steps necessary to take so that these other people will recognize progress: "What do you think the judge would say needs to happen so that you will move up to a '5'?" and "What would your daughter need to see to put you at a '5'?" This exer-

cise not only aids clients' understanding of the context for change, but also helps clients build empathy and become more adept at taking on the perspectives of others. In addition, clients come up with their own answers on what needs to be done; this is more powerful than the worker telling the client what to do.

A final advantage is that scales can be used to track client progress over time. Although there has been little empirical work on the solution-focused approach, studies have demonstrated with the use of scales that juveniles from multiproblem families [Franklin et al. 1997], from low socioeconomic status, or from racially diverse backgrounds [De Jong & Hopwood 1996] have improved on their treatment goals with the solution-focused approach.

If All Else Fails ...

If all attempts to find positive and strengths-related behaviors fail, then a series of questions collectively entitled "the pessimistic stance" can be pursued [Berg 1994; Selekman 1995]. The pessimistic stance compels clients to switch positions and argue for their own change. Sample questions include the following: "The problem you are talking about is very serious. I wonder how you have kept things from getting worse?" "What else have you been doing?" In response to these questions, the client will discuss strategies that have been used to cope. Further questions involve the following [Berg 1994]: "How has that been helpful?"; "Would _____ agree?"; "What are you doing to keep going?"; "What else?"; and "What would tell you that things are getting a little better?" Exception-building can then be constructed from these responses.

Termination

In keeping with the solution-focused notion that change can occur in a brief time frame [Berg & Miller 1992; O'Hanlon & Weiner-Davis 1989; Selekman 1995], Berg [1994] advises that the amount

of time spent with clients is not necessarily associated with their progress. It is often more productive to have brief periods (say, 30 minutes) of concentrated work rather than long, unstructured interviews. Termination of the interview should also be structured, with the worker summarizing the goals that have been discussed and the progress already made toward those goals. The worker should also compliment the client and reinforce any strengths-based behavior.

Summary

A compelling rationale exists for the adoption of solution-focused practice in the social work arena of child welfare. First, solution-focused practice shares with social work a systemic view, acknowledging the importance of context on people and their problems. The shared assumption is that a small change in one part of the system can produce change in another part of the system, and in this way, positive change can build on itself. Second, solution-focused practice holds a belief in client self-determination—that people have the right to determine their own goals—and that it works with the different client types, including mandated clients, to achieve these ends. Third, solution-focused practice indicates respect for individuals in the belief that all people possess resources and strengths that can be built upon to solve problems in a brief timeframe. In sum, solution-focused practice provides concrete ways that a social work, strengths-based orientation can be implemented with clients who are involved with the CPS system for placing their children at risk for abuse and neglect. ♦

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