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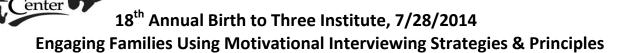
## **Relevant Head Start Program Performance Standards:**

1304.40 Family partnerships.

- (1) Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early after enrollment as possible and it must take into consideration each family's readiness and willingness to participate in the process.
- (2) As part of this ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. In home-based program options, this agreement must include the above information as well as the specific roles of parents in home visits and group socialization activities (see 45 CFR 1306.33(b)).
- (3) A variety of opportunities must be created by grantee and delegate agencies for interaction with parents throughout the year.
- (4) Meetings and interactions with families must be respectful of each family's diversity and cultural and ethnic background.

## **Relevant Research:**

- 1. Chaffin, Funderburk, Bard, Valle, & Gurwitch, R. "A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial." Journal of Consulting and Clinical Psychology 79(2010): 84-95.
  - Parents were randomly assigned to PCIT or a traditional parenting class and six introductory sessions of either motivational enhancement or information and education (about the role of child welfare, definitions of maltreatment, etc.) about parenting. MI prior to a class or a parent coaching intervention made the family implement more of the skills and less likely to have a new report.



Technique followed by: percent with new reports to child welfare

- (a) motivational techniques + Parent Child Interaction Therapy (PCIT): 29%
- (b) motivational techniques + group parenting classes: 34%
- (c) educational information + group parenting classes: 41%
- (d) educational information + PCIT: 47%
- 2. Curry, S. J., Ludman, E. J., Graham, E., Stout, J., Grothaus, L., & Lozano, P. "Pediatric-Based Smoking Cessation Intervention for Low-Income Women a Randomized Trial." Archives of Pediatrics & Adolescent Medicine, 157(2003): 295-302.

Mothers who received brief MI were less likely to have smoked during the 7 days prior to follow up.

ľ	lot smoking 3 months later	Not smoking 12 months later
Motivational Interviewing	g 7.7%	13.5%
As usual intervention	3.4%	6.9%

## **Additional Resources:**

SAMHSA's National Registry of Evidence-based Programs and Practices (Motivational Interviewing)

http://nrepp.samhsa.gov/ViewIntervention.aspx?id=130

The California Evidence-Based Clearinghouse for Child Welfare

- http://www.cebc4cw.org/program/motivational-interviewing/
- http://www.cebc4cw.org/program/motivational-interviewing/detailed

Studies and Information on Additional Training

www.motivationalinterviewing.org

Video samples of Motivational Interviewing

- 3. University of California UC Davis, use of Motivational Interviewing with parents around parenting issues related to abuse or neglect <a href="http://webcast.ucdavis.edu/llnd/176c5ce6">http://webcast.ucdavis.edu/llnd/176c5ce6</a>
- 4. Tooth Talk—a collaboration of UNC-CH Gillings School of Global Public Health and the NC Division of Public Health, Oral Health Sectio—the website is a clearinghouse of weekly tips and instructive videos designed to support teachers & childcare providers in improving the oral health of very young children <a href="http://toothtalk.web.unc.edu/resources/">http://toothtalk.web.unc.edu/resources/</a> (a video, "Tooth Talk Moments," about using Motivational Interviewing skills in early childhood education settings)