

A Pilot Study of the Cultural Adaptation of a Motivational Interviewing Training for Tribal  
Child Welfare Personnel

by

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## DISSERTATION ABSTRACT

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Title: A Pilot Study of the Cultural Adaptation of a Motivational Interviewing Training for Tribal Child Welfare Personnel

This pilot study examines the cultural adaptation and implementation of a Motivational Interviewing (MI) training for tribal child welfare personnel in Oregon. Guided by a Community-Based Participatory Research (CBPR) framework, the project involved collaboration among the nine federally recognized tribes in Oregon, the Oregon Department of Human Services (ODHS), and the Native Center for Behavioral Health at the University of Iowa. The study responds to the growing need for culturally informed professional development in tribal child welfare systems following the Family First Prevention Services Act (FFPSA) of 2018. Drawing on Indigenous instructional praxis, the study adapted a two-day MI Essentials training to align with tribal values and ways of learning. Mixed-method data collection included pre- and post-training assessments using the Motivational Interviewing Knowledge Test (MIKT), participant satisfaction surveys (GPRA), and qualitative data from yarning circles. Findings indicate that the culturally adapted training was both acceptable and relevant to participants, with measurable gains in MI knowledge and alignment with tribal worldviews. This study contributes to the limited but growing literature on culturally sustaining training models for American Indian/Alaska Native (AIAN) professionals and offers a replicable framework for integrating Indigenous pedagogies into evidence-based practices.

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## **DEDICATION**

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## CHAPTER I: INTRODUCTION

The child welfare world is a complex intersection between family, culture, jurisdiction, and authority. The development of child welfare systems and practices within tribal governments is meant to remediate some of the historical and systematic issues concerning American Indian and Alaska Native (AI/AN) families and children. These relatively new tribal service delivery systems also function within the complex intersections of family, culture, jurisdiction, and social work practices as well as issues pertaining to intergenerational trauma, tribal sovereignty, culturally based practice, and the systematic efforts sponsored and designed by the United States government to exterminate and assimilate AI/AN populations. One such effort, The Indian Adoption Project was supported by a federal contract from the Bureau of Indian Affairs and administered by the Child Welfare League of America between 1958 and 1967 (Herman, 2012). The primary aim of this project was to facilitate and support the adoption of AI/AN children into non-AI/AN homes (Herman, 2012) resulting in a deep and painful relationship between the U.S. child welfare system and AI/AN populations and governments. In this study, I focus on how this complex history can be partially remediated through the weaving of Indigenous philosophies of teaching and education into the tribal and non-tribal child welfare context.

Despite the “gold standard” practice model provided by the Indian Child Welfare Act (ICWA), AI/AN children are still disproportionately represented in the foster care system. While the ICWA provides authority for sovereign nations to intervene on behalf of their citizens and children in state and county court systems. ICWA also reinforces tribal child welfare’s authority to assume and manage child welfare matters within their sovereign boundaries and scopes. Tribal child welfare practice models function similarly to, but also different from local, state, and

county child welfare agencies. Although, tribal child welfare is a relatively new field that is impacted by a number of external and internal variables (funding, jurisdiction, practice models), the heart of tribal child welfare provides an impetus for shifting practice within the child welfare system as a whole. This impetus includes the recently passed Family First Prevention Services Act of 2018 (FFPSA), a systematic effort to incentivize and provide an avenue for state and tribal child welfare agencies to access critical funding to assist in aligning child welfare practice with efforts to reduce the number of children placed into foster care. Within the state of Oregon, efforts to implement FFPSA include consultation with the nine federally recognized tribes in Oregon. The current study examines Motivational Interviewing through a collaboration between the Native Center for Behavioral Health at the University of Iowa, the state of Oregon's Department of Human Services (ODHS), and the tribal child welfare systems from the nine federally recognized tribes in Oregon.

Throughout this study the terms local agencies, state child welfare, and county child welfare agencies are used interchangeably and refer to state sponsored child welfare service delivery. For clarity, the term tribal child welfare holds consistent for representing child welfare agencies and authority that arise from sovereign tribal governments. Many terms, including Native American, American Indian, Indian, and Indigenous are used to represent this population. For this paper, AI/AN will be used to remain consistent with the language used by governmental agencies (i.e., Centers for Disease Control and Prevention[CDC], U.S. Census, Bureau of Indian Education). At times, "tribal" and "Indigenous" will also be used interchangeably.

## **1.1 Child Welfare Landscape**

The U.S. child welfare system is shifting towards prevention services aimed at reducing the number of children placed into foster care. The FFPSA provides a catalyst for state and tribal

child welfare agencies to reform practices that reduce the number of children experiencing out-of-home placement (Waid & Choy-Brown, 2021). The FFPSA changes the way tribes and states are able to utilize federal subsidies by permitting child welfare agencies to allocate funds for prevention services (PS; Lindell et al., 2020). PS refers to a continuum of individual and family-based services delivered by child welfare agencies. PS are intervention strategies that mediate family risk factors by building and/or strengthening protective factors that promote child and family well-being. PS are an assortment of formal and informal therapies, practices, treatments, interventions, assessments, and other activities that families engage in prior to, during, and/or in lieu of a court's formal intervention (Simmons, 2023). In addition to funding changes, the FFPSA identifies evidence-based practices (EBP) that local and tribal child welfare agencies can implement to reduce out-of-home placements for AI/AN children (Lindell et al., 2020). As a supplement to the new concept of PS, the FFPSA provides financial subsidies to tribal and local agencies to offset the costs associated with implementing new policies, practices, and training. Despite these combined legislative mandates, tribal and state child welfare agencies operate and function differently. Although both jurisdictions are tasked with ensuring child safety and family well-being, the way each functions can be vastly different.

### **1.1.1 Tribal Child Welfare Context**

There are 574 federally recognized tribes in the United States. Federally recognized tribes are sovereign nations, and many tribes exercise this sovereignty through jurisdiction over child welfare services and court proceedings (Scannapieco & Iannone, 2012). Tribal child welfare systems maintain similar structures as local child welfare agencies: screening/reporting, investigation/assessment, recruiting and retaining foster parents, and case management. Yet, tribal child welfare units function differently than most local and state agencies.

Tribal governments are unique bodies of authority with varying levels of capacity to administer child welfare programs (Lucero & Leake, 2016). ICWA reaffirmed the jurisdictional authority for tribal governments and tribal courts to manage child welfare matters for their own membership (Crofoot & Harris, 2012). However, tribal child welfare services differ depending on specific tribal laws and codes with jurisdiction maintained by a tribal court, tribal-state agreements which outline how the two systems will function collaboratively, and federal policies and funding that impact service delivery in tribal child welfare settings (Lucero & Leake, 2016).

In general, tribal child welfare agencies maintain the same, if not an increased caseload in comparison to their state and local counterparts (Scannapieco & Iannone, 2012). However, most tribal child welfare agencies are not funded adequately, which impacts all areas of service delivery including staffing, training, the intensity of services and access to higher levels of services (Scannapieco and Iannone, 2012).

Tribal child welfare agencies also differ from local agencies in how services are delivered including navigating complex familial and community relationships; providing culturally focused, trauma-sensitive, services; and include extended familial relations in case planning and involvement (O'Neill & Gonzalez, 2014). One unique difference with tribal services is the inclusion of educating caregivers' and parents about historical trauma, colonization, and culturally specific parenting practices in case planning (Crofoot & Harris, 2012). Tribal child welfare agencies work towards family reunification through a holistic framework that centers healing and wellness (Crofoot & Harris, 2012). Non-tribal agencies, by contrast, deliver services from a western familial perspective of risk mediation, mandates, and compliance to systems; treatments and practices that are not rooted in tribal or Indigenous values (O'Neill & Gonzalez, 2014). Tribal child welfare and service delivery is a relatively new and developing field and

tribal authority to deliver culturally based child and family services is rooted in tribal sovereignty and guaranteed from the Indian Child Welfare Act of 1978 (Crofoot & Harris, 2012).

### **1.1.2 Indian Child Welfare Act**

In the AI/AN child welfare context, there were historical and structural systems designed to remove Native children from their families. Often, these children were placed in predominantly white non-Native homes as a mechanism of assimilation (T. Cross, 2008). Because of this, ICWA was the first federal law aimed at addressing systematic and historical issues for AI/AN families in the child welfare system. The passage of ICWA extends tribal self-determination and strengthens tribal sovereignty in child welfare matters (S. Cross, 2006; T. Cross, 2013). Additionally, the ICWA defines strict procedural standards for non-tribal child welfare agencies. These standards operationalize mechanisms that allow tribes to intervene in state court proceedings, as well as requiring that local agencies follow placement preferences established by tribal governments when out-of-home placements are ordered (T. Cross, 2008). ICWA is also credited with providing a legal structure for tribal governments to assume jurisdiction in child welfare matters involving their youth and citizens (Scannapieco & Iannone, 2012).

The ICWA represents a systematic and policy level intervention that has been established for over four decades and is considered a “gold standard” practice in child welfare (Casey Family Programs, 2022). In principle, ICWA has provided some benefit to tribal people and governments. However, despite these benefits, the passage and implementation of ICWA has not remedied the overrepresentation of AI/AN children in the child welfare systems (Children’s Bureau, 2021; Haight et al., 2019; Harris & Hackett, 2008; Oregon Department of Human Services, 2021; Scannapieco & Iannone, 2012; S. Cross, 2006; T. Cross, 2008, 2013). The

ICWA has benefited tribal governments, children, and families, yet the legislation addresses procedural and court mandated functions but has not been as impactful in assisting tribal and non-tribal agencies develop practices for working with AI/AN families and children (Haight et al., 2019).

### **1.1.3 Tribal Child Welfare Practice Shift**

AI/AN scholars have identified and documented the continued systematic disparities that impact AI/AN youth and families since the passage of ICWA (Crofoot & Harris, 2012). A need to shift tribal child welfare policies and practices has been purported by researchers and practitioners alike (Haight et al., 2019). Recently, tribal governments and AI/AN organizations assert that a change in child welfare practice is a component of cultural revival, important for continued identity development, and a foundational component of tribal sovereignty (Crofoot & Harris, 2012). This growing shift embodies tribal knowledge, philosophies, and embraces AI/AN epistemology as solutions to ensuring child and family safety and well-being (Crofoot & Harris, 2012). As a by-product of the ICWA, this new shift in policy and practice can be considered the next generation for tribal child welfare; and the shift is partially underwritten by the FFPSA.

## **1.2 Family First Prevention Services Act**

The FFPSA ushers in new incentives for tribal and state child welfare agencies to access funding by implementing evidence-based practices with a focus on prevention services (PS). FFPSA maintains two primary goals. The first goal is financial reform by allowing agencies to access federal dollars for PS. And the second goal is to limit federal dollars used for placement of youth in group care and or congregate care settings (Lindell et al., 2020).

Prior to the passage of FFPSA, child welfare agencies were limited in their ability to utilize federal subsidies; federal monies were only allowed to be utilized after a child was placed

in foster care (Lindell et al., 2020). FFPSA provides legal and financial support for child welfare agencies to plan and provide services that keep children in the home. The act's theoretical foundation aligns with the intent and spirit of tribal child welfare (Lindell et al., 2020). The act identifies and provides subsidies for agencies to implement evidence-based practices and therapies in their PS efforts. The California Evidence-based Clearinghouse for Child Welfare provides FFPSA guidance in identifying eligible programs for mental health and substance abuse prevention and in-home parenting programs (training, parent education, and therapeutic services; Lindell et al., 2020). FFPSA defines three types of evidence-based categories. EBPs are designated either a "promising practice," "supported practice," and or a "well-supported practice" (Testa & Kelly, 2020). FFPSA requires states and tribes to develop prevention plans that identify EBP, strategies, goals and aims, and implementation timelines in order to receive funding (Lindell et al., 2020).

### **1.2.1 Oregon Family First Prevention Services Act Plan**

The state of Oregon through the Department of Health & Human Services (ODHS) convened a work group to specifically address the implementation of FFPSA. As one component of state-wide prevention planning efforts and upholding Oregon's government to government relationship with the nine federally recognized tribes in Oregon, ODHS convened a workgroup of tribal leaders and tribal child welfare personnel from across the state to specifically address tribal prevention planning efforts. Through its efforts, ODHS developed and published in October 2020 the *Oregon Title IV-E Prevention Plan Executive Summary*. The plan outlines a number of key areas to be considered in implementing state and tribal prevention efforts. ODHS's prevention plan identified 13 EBP's to be implemented within a five-year time frame

as part of prevention efforts (ODHS, 2020). The first EBP selected for implementation was Motivational Interviewing (MI;ODHS, 2020).

### **1.2.2 Oregon Prevention Plan and Motivational Interviewing**

Motivational Interviewing (MI) is an EBP identified in the Title IV-E Prevention Services Clearinghouse as “Well Supported” (ODHS, 2020). MI is a goal-driven style of communication that is collaborative and designed to strengthen personal motivation for change in behavior. At the heart of MI is a trauma-informed style of guiding communication that centers good listening and advising that empowers personal change based on self-determination (Hall et al., 2020). MI assists professionals like therapists, substance abuse counselors, and in this case, tribal child welfare workers build collaborative relationships with clients. Through better relationships and structured communication, child welfare personnel and caregivers work towards identifying concepts and actions relating to behavior change and motivation. MI is based on the Transtheoretical Model, or Stages of Change model (SOCM;Prochaska & DiClemente, 1983). Based on SOCM, individuals working towards behavior change navigate through the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance (Hall et al., 2020).

In theory, a child welfare worker trained in and utilizing MI can assist parents and caregivers in identifying behaviors that present family risk factors including substance abuse, domestic violence, neglect, and child behavior. MI maintains evidence in engaging parents and caregivers and enhancing their motivation to participate and complete services that facilitate positive changes that prevent child removal (Child Welfare Information Gateway, 2023). MI is also effective in assisting child welfare personnel complete family assessments and working with families to understand the required steps needed to work within the complex system of child

welfare (Child Welfare Information Gateway, 2023). MI has been described as a critical tool for child welfare personnel working to assist families make the necessary changes to prevent children from being removed from a home (Child Welfare Information Gateway, 2023).

### **1.3 Purpose of the Dissertation**

The present study is the result of a single tribal child welfare program's exploration of Motivational Interviewing (MI) training. Through the exploration of MI trainings and the Motivational Interviewing Network of Trainers (MINT), it became apparent that despite the supporting evidence for MI's effectiveness in AI/AN populations, there are limited training models and trainers that incorporate Indigenous education philosophies and practices. A culturally adapted or culturally informed MI training model that focuses on AI/AN educational principals emerged as an important offering in the new FFPSA child welfare landscape. The present study presents a secondary analysis of data from a collaborative Indigenous-centered pilot MI training program between the nine federally recognized tribes of Oregon, state of Oregon's Department of Human Services (ODHS), and the Native Center for Behavioral Health at the University of Iowa.

## CHAPTER II: LITERATURE REVIEW

Chapter 2 provides a review of the MI literature starting with the two primary components of Motivational Interviewing (MI). Next, the discussion focuses on learning MI, training and training structures across multiple fields, and the role of post-training activities in sustaining the practice. Then the discussion shifts to culturally adapting the evidence-based practice and training. Brief literature about professional development (PD) and adult learning (AL) is presented before the discussion shifts to a brief synopsis of Indian Education and the Meriam Report. A concept of culturally sustaining and revitalizing pedagogies is discussed, and the chapter ends with the presentation of the current study and research questions.

### 2.1 Motivational Interviewing

Motivational Interviewing is a collaborative client-centered style of counseling that focuses on the language of change. This evidence-based practice aims to evoke and strengthen a client's own personal motivation for behavior change through an accepting and compassionate practitioner-client relationship (Madson et al., 2009; Miller & Rollnick, 2023; Miller & Moyer, 2007; Ventura et al., 2021). Miller and Rose (2009) state that the practice contains two foundational components, a relational element and a technical element. The relational element is the spirit of MI and comprises four practice principles with the underlining purpose of building practitioner-client relationship centered on empathy: partnership, empowerment, acceptance, and compassion. The technical element of MI consists of the use of client-centered counseling skills open-ended questions, affirmations, reflections, and summaries (OARS) evoking a client's motivation for change (change talk) . The fundamental function of the practice centers relationship building between MI practitioner and client specifically to identify a behavior change goal and develop specific plans for enacting change towards goal.

The spirit of MI is the underlying way of being with clients and mobilizes the principles of partnership, empowerment, acceptance, and compassion (Miller & Rollnick, 2023). Whereas partnership is a mindset that the practitioner-client relationship is collaborative in nature. For example, the practitioner is skilled in the helping profession and behavior change, and the client is the expert in their own lives. Empowerment is a principle that embodies the process of eliciting the client's own solutions for behavior change. The client brings their own values, practices, experiences and wisdom to the relationship, whereas the MI practitioner's function is to evoke and facilitate a conversation towards behavior change that affirms and accepts a client's perspective. An MI practitioner's non-judgmental approach and the pursuit of a client's perspectives is the acceptance principle. Moreover, the MI practitioner promotes and prioritizes the wellbeing and welfare of the client through compassion (Mint, 2019). These four principles represent the spirit of MI and are the fundamental elements that any client-counselor relationship is built upon.

The technical core skills of MI, or OARS, focus on eliciting information in the practitioner-client relationship (MINT, 2019). The OARS are a mnemonic that represent specific mechanics utilized during an MI session. The MI practitioner utilizes *open-ended* questions to evoke a client's perspective, reasons, experiences, and ideas regarding a topic of change. Affirmations are used to strengthen successes, efforts, ideas, and a client's abilities to change. The reflective listening foundation of MI is represented by reflecting what a client is offering during a session designed to demonstrate expression of empathy on the part of the MI practitioner. The final core skill of MI, *summarizing*, demonstrates the practitioner's understanding of a client's perspective (Mint, 2019). The OARS are mixed and blended by the

practitioner within a session to facilitate behavior change conversations through the use of the four key MI processes (Mint, 2019).

The two key components of MI are utilized to move a counseling session and relationship through four fundamental MI tasks: (a) engagement, (b) focusing, (c) evoking, and (d) planning. These processes represent the evolution and progression of an MI conversation and relationship. However, during any one MI relationship, a practitioner-client relationship can flow within or between these four processes. Engaging is foundational to MI, and the goal is establishing a balanced and harmonious relationship between practitioner and client. The engaging task is characterized through listening and understanding a client's experiences and perspectives, and affirming strengths that support autonomy (MINT, 2019). The focusing task navigates initial conversation and relationship building to identification of specific behavior change goal through setting an agenda. This process is characterized by a shared purpose for continued focused work between practitioner and client (MINT, 2019) The evoking process explores a client's ideas and motivation or lack of motivation for a specific behavior change. The evoking task is generally characterized through exploration of a client's ambivalence for change; and practitioner's focus is centered on identification of client language for change talk (MINT, 2019). The planning task mobilizes a client's language for change into a plan. This process is characterized by a client's transition from change talk to commitment for change through development of a plan for change (Mint, 2019).

An MI practitioner embodies the spirit of MI to build and maintain a positive working relationship with a client and utilizes the OARS to identify and promote client language (change talk) toward behavior change through the four tasks (Ventura et al., 2021). MI is identified as both a method of communication and intervention, however, it is more readily referred to as a

practice that can potentially strengthen the effects of existing interventions (MINT, 2019). MI was developed to assist and empower individual change by supporting that individual's meaning, experience, and strength for behavior change. The practice has been thoroughly tested and applicable in a number of fields where behavior change is fundamental to service delivery (Child Welfare Information Gateway, 2023). MI is specifically supported in fields and practices where client ambivalence is high, client confidence and desire for change is low, or situations where client motivation for change is unclear (MINT, 2019).

## **2.2 Motivational Interviewing Training**

MI is an evidence-based intervention that has been developing in practice since the 1980's (Miller & Rollnick, 2023). Because of MI's evidence across several fields (physical health, behavioral health, and public health), there is increased demand for training (Madson et al., 2009). MI training and instruction maintains no standard or prevailing strategies for teaching and learning (Madson et al., 2009; Miller & Moyer, 2006; Ventura et al., 2021). However, literature spanning multiple fields recognizes that MI is nuanced and thus requires multiple measures for assessing learning and fidelity to the practice (Madson et al., 2009; Miller & Moyer, 2006; Hodorwicz et al., 2019). Another consistent finding within MI research is that the effects of trainings on practitioner proficiency as well as discussions about training model, fidelity, sustainability, and their relationship with post-training activities are important aspects of implementation (Hodorwicz et al., 2019; Madson et al., 2009; Miller & Moyer, 2006; Ventura et al., 2021).

### **2.2.1 Learning MI and Training Structures**

The EBP was initially developed in the 1980's by William Miller, PhD and Stephen Rollnick, PhD. Since the early development of MI in the substance abuse and treatment fields,

Miller and colleagues have been conducting research on the practice, including training and sustainability. Based on their research and experiences in training, Miller and Moyer (2006) posit that MI practitioners progress through a sequence of eight stages of MI learning.

Stage one consists of developing an understanding of the EBP's underlying philosophies and practice principles, or the spirit of MI. In the second stage of MI learning, practitioners begin to acquire and mobilize the technical counseling skills, or the OARS as referenced previously. In the third and fourth stages, learners develop an understanding of the role of change talk and how to utilize the OARS to evoke client change talk. During the fifth stage, practitioners learn how to navigate resistance and discord within the MI relationship. It is important during this stage for the MI practitioner to learn about potential causes of client resistance. If resistance is navigated appropriately, it can become a client strength and behavior change pathway rather than a pathological characteristic or obstacle. In the sixth stage, practitioners learn about transitioning change talk to the development of a behavioral change plan. During stage seven, practitioners learn how to utilize MI elements to assist clients in developing a commitment to their change plan. The final eighth stage focuses on assisting practitioners in learning to combine MI with other treatment modalities (Hodorowicz et al., 2019; Madson et al., 2009; Miller & Moyer, 2006; Ventura et al., 2021). Miller and Moyer (2006) also posit that the eight stages are only a guide and should not be reified or standardized for training the EBP.

There is a substantial literature base regarding MI training measures and outcomes, MI knowledge and skill acquisition, and the importance of post training activities in sustaining practitioner skill and self-efficacy (Madson et al., 2009; Ventura et al. 2021). For example, Madson et al. (2009) reviewed studies that specifically outlined training populations, the focus of training, and training methods, lengths, and outcomes. These researchers also explored

training that integrated experiential and practice opportunities as a component of a training model. Findings from Madson et al. (2009) identified that MI training structures maintain a variability in length, with some studies including brief encounters with MI theory lasting less than 8 hours and some training curriculum extending 24 hours over a varied period (2 weeks, 3 months, 6 months,). Most MI training includes didactic approaches with experiential practice sessions. They also found, however, that limited studies included observational measures checking MI fidelity (coding, supervision, ). Madison et. al. (2009) also found that MI trainings are most common in the medical field, where a large portion of participants maintain at least a bachelor's degree. Yet, training participant's profession and educational level were not discussed extensively in the literature, and evidence suggesting that participant formal education level impacts training outcomes was not included in this study. Across the review, Madson et al. (2009) found that training outcomes were favorable, including increases in participant confidence, MI knowledge increase as well as an increase in training participant interest and intention to use in practice. Yet, there was no direct relationship established between training structure, training modality, training length and increased outcomes for learning MI.

Relevant for the current study are the author's discussions about the lack of descriptive data available for MI training across the literature. Specifically, Madson et al. (2009) reiterate that most MI training structures include didactic and practice-based components, yet the literature lacks description of training structures, time, instructional methods, training experiences, and the implications on client outcomes. According to the authors, a more descriptive literature base provides for more scientific replication of MI training and progresses the ability to train participants to MI competency more effectively. Another important note discussed by the authors was that the MI training community includes wide-ranging approaches

to training structures and modalities. That is, MI trainings maintain a diversity of training models and instructional methods (Madson et al., 2009).

In another study, Ventura et al., (2021) examined the impact of MI training on skill acquisition with emergency department nurses. The study highlighted a one-day eight-hour MI workshop aligned with Miller and Moyer's (2006) Eight Stages of Learning MI. Thirty-nine emergency department nurses participated in an eight-hour MI workshop and results indicated that MI knowledge and skill demonstration was positively impacted through the training. Yet, the study's findings are consistent with MI literature that skill regression and decay increased at 3- and 6-month intervals with no post-workshop sustainability enhancements made available to training participants (Ventura et al., 2021).

### **2.2.2 MI Sustainability and Post-training Activities**

The importance of post-training skill development with MI training is consistently discussed throughout literature (Miller & Moyer, 2006; Madson et al., 2009; Schwalbe et al., 2014). MI is a nuanced practice to learn (Madson et al., 2009) and brief training sessions (i.e., one- or two-day) are unlikely to increase a practitioner's proficiency in using the practice effectively (Miller & Moyer, 2006; Ventura et al., 2021). The two-day workshop is, however, effective for introducing training participants to the general principles and basic skills of MI (Madson et al., 2009; Miller & Moyer, 2006).

In one study, Schwalbe et al. (2014) completed a meta-analysis of MI training studies to determine features of MI skill maintenance. These researchers reviewed 21 MI training studies across various fields. The meta-analysis included studies with varying degrees of training structures and post-training activities. The results of the study support findings from previous research quantifying that MI skills erode when post-workshop training activities are not

provided. Findings also include that training structures themselves do not moderate MI skill sustainability. Important for the current study is the discussion on training MI to fidelity and the use of fidelity tools to assess new learners (Schwalbe et al., 2014).

### **2.2.3 MI Fidelity Measures**

Evaluating the fidelity of MI is an important aspect of understanding MI's effects. MI practice within numerous fields of research, training environments, and clinical settings has been empirically examined and results at the client level have been erratic (Moyer et al., 2016). One explanation for these findings may be that this practice requires a practitioner to acquire and be effective in delivering a complex skillset (Hurlocker et al., 2020). Moyer et al., (2016) stated that one possible reason for mixed outcomes at the client level is because some interventions contain elements that are discordant with the basic philosophy and tenets of MI. As with any other evidence-based practice and or intervention, fidelity and quality assurance is also critically important to ensuring integrity. Because learning MI is a nuanced and complex process with fluctuating variables depending upon the field of research or practice, there is a need to ensure fidelity to overall MI philosophical tenets and skillset (Moyer et al., 2016).

In the training context, it is equally important to measure how effective a specific training method or model is for teaching an MI practice and skillset (Hurlocker et al., 2020). There exists a plethora of literature regarding training outcomes through various forms of MI measurement tools, however, given the EBP's proliferation across fields, there appears to be an equal number of validated tools to measure the practice's integrity and fidelity within the training setting. The Motivational Interviewing Treatment Integrity Code (MITI) is the most widely accepted approach (Moyer et al, 2016).

The MITI is a coding system that measures practitioner fidelity to MI practice through a 20-minute MI session that is rated and coded for fidelity (Moyer et al., 2016). The MITI includes four global ratings: (a) cultivating change talk, (b) softening sustain talk, (c) partnership, and (d) empathy and includes behavior counts that are aligned and fundamental to MI (Hurlocker et al., 2020). The MITI is one of a few MI fidelity tools that are considered MI “gold standard” because along with the global ratings and behavior counts, the measure provides important outputs that can be used to provide feedback and coaching to the practitioner (Moyer et al., 2016). However, the MITI is also time consuming and cost intensive because it requires observers to be trained in qualitative coding based on MI skill, knowledge, and practice (Moyer et al., 2016).

Hurlocker et al. (2020) completed a systematic review of MI fidelity tools across research contexts to evaluate adherence to current MI theory and practice. The review found that there are numerous valid and empirically based tools to measure MI fidelity and quality assurance. According to the authors, the decision for what tool to employ is based on a number of factors including setting, , cost, time, staffing, and training structure.

Despite the abundance of research about MI trainings, there is a paucity of literature and discussion about training AIAN professionals through culturally adapted MI training models. For the purpose of the current study, the pressing obstacles to measuring MI fidelity and quality assurance in training within tribal contexts are the cultural considerations of asking tribal participants to submit to the time intensive process of being observed and scored on a new practice as well as the time constraints associated with training observers and raters across multiple training sites and locations. In discussion of measuring MI training outcomes with a predominantly AIAN population of child welfare workers, what is the best instrument for measuring training outcomes with this population? Given that MI is a nuanced practice that

requires multiple stages of learning, at what stage of the training process should fidelity be measured?

### **2.3 Cultural Adaption and Evidence-Based Practices**

Controversy exists about the cultural appropriateness of some evidence-based practices (EBP), particularly those that are primarily developed with non-Native populations because such practices often do not incorporate explicit aspects of AI/AN culture and worldviews (Venner et al., 2016; Walker et al., 2023). For example, McKinley et al. (2019) argued that there is a need to engage AIAN communities in the development of behavioral health interventions because western-designed interventions and practices have historically been imposed on the population rather than developed by tribal communities. Moreover, these non-Native interventions and practices have shown limited effects and at times have caused additional harm to AIAN communities and populations. Generally speaking, non- Native interventions and practices tend to be deficit-based and do not recognize the holistic knowledge, spirituality, and generational experiences of AIAN populations (McKinley et al., 2019). This is an important consideration for developing an MI intervention and training for tribal child welfare and tribal behavioral health workers, given tribal child welfare programs employ a predominantly number of AIAN personnel.

There are few evidence-based research studies that include significant AIAN involvement and collaboration, a majority of studies and interventions are tested with predominantly non-Native populations (Walker et al., 2023). The lack of AIAN participation in development of evidence-based interventions has led to higher levels of treatment and intervention attrition rates for AIAN populations, which in turn negatively impacts effectiveness and efficacy evidence

(Walker et al., 2023). However, across research fields and domains, there is consistent evidence that cultural adaptation and evidence-based practices are compatible (Walker et al., 2023).

Research on cultural adaptation identified three key criteria to defining culturally based interventions: (a) interventions need to include the cultural values of participant population; (b) intervention methodologies need to be consistent with participant culture; and (c) intervention components need to be based on expectation and behavioral preferences of participant culture (Self et al., 2023). Cultural adaptations reflect cultural worldviews, values, culturally specific determinants of health, communication and language, and spirituality and cultural practices of a specific population (Venner et al., 2016). The overall goal for culturally adapting evidence-based practices is to improve engagement, appeal, and efficacy within specific communities and or populations (Walker et al., 2023).

Early adaptation research provides a constitution for defining the structures and components of the process of adapting an evidence-based practice or intervention. Resnicow et al. (1999) purports that adapting EBP includes either a surface level adaptation, a deep level adaptation, or combination of both (Self et al., 2023). A surface level adaptation includes adapting an interventions delivery and setting to ensure fit with participant experience, behaviors, and culture. Surface level adaptation establishes feasibility of a particular intervention for a specific population. Examples of surface level adaptation include utilizing researchers from specific racial-ethnic groups during research or “target matching.” Another example of surface level adaptation includes matching intervention setting and contexts to match participant community and cultural norms: community centers, churches, food, and music are examples of surface level mechanisms of adaptation (Self et al., 2023).

In contrast, deep level adaptation includes recognizing how cultural background and experiences of a population influences health behaviors and how participants recognize intervention and relationship to behaviors. Essentially, a deep level adaptation includes the perceptions, social structures, history, and experiences of a specific cultural population within the intervention and designed outcomes. For example, culturally adapting a curriculum at the deep level includes attending to the concept that a population understands why a specific treatment is being used, how it is being used, and the behaviors and outcomes that are being sought; in addition to incorporating surface level mechanisms like language, setting, and context (Self et al., 2023).

### **2.3.1 Cultural Adaption and Motivational Interviewing**

Self et al. (2023) investigated cultural adaptations of MI (CAMI) through a systematic review to provide further directions in cultural adaptation for multiple MI settings and context. The goals of this study was to investigate dimensions of CAMI in which cultural appropriateness and sensitivity were incorporated into either the aims or direct delivery of MI (Self et al., 2023). The authors reviewed 25 CAMI studies with 8 being pilot studies and 17 being randomized control trials (RCT). Findings focused on adaptation dimensions, sample size, and training personnel on MI. Of the twenty-five studies reviewed, only 3 included participants from AIAN populations. Interestingly, of the 25 reviewed studies, eleven did not report on how personnel were trained in MI. Self et al. (2023) identified training categories and structures within CAMI literature: (a) workshops that reviewed MI principles and practices, (b) MI teaching that included coaching by study principal investigator or someone from the Motivational Interviewing Network of Trainers (Mint), or (c) MI sessions were reviewed either in person or through audio and or video recording and provided feedback. According to Self et al. findings, pilot studies of

CAMI produced better outcomes results compared to RCTs, possibly because pilot studies allow for more flexibility in adapting dimensions of MI. Pilot studies reviewed were able to mobilize adaptation dimensions from Bernal et al. (1995) with more flexibility. The dimensions associated with Bernal et al. (1995) include adapting language, persons, metaphors, content concepts, goals, methods, and context. While adaptation dimensions in RCT's include content, concepts, and context. Self et al. (2023) provides considerations for the current study because of the discussion about MI adaptation dimensions, training, and discussions about MI pilot studies. Some studies include adaptations of MI for AIAN populations, and evidence suggests that MI interventions are more effective than similar behavioral health interventions with AIAN populations (Walker et al., 2023).

### **2.3.2 AIAN Culturally Adapted MI**

Several researchers have adapted MI for AIAN communities. For example, Venner et al. (2016) examined outcomes of a culturally adapted MI intervention with an AIAN population from a Southwest tribal community. Venner et al. (2016) purport that adapting EPB's for tribal populations is appropriate and needed for four primary reasons: (1) EPB that are not adapted would be unacceptable for AIAN populations; (2) Adaptation of EPBs increases attractiveness, engagement, retention, and outcomes; (3) Adapted EBP attend to cultural traditions that influence behavior; (4) Adapting EPB is more respectful to AIAN knowledge and worldview. Engaging tribal communities in community participatory research to culturally adapt EBP's, and in this case MI, is an implementation method in assisting tribal populations embrace and implement EBP in services delivery on reservations (Venner et al., 2016). To address these issues, Venner et al. (2016) adapted or included consistent cultural values and practices in: 1) greetings, 2) incorporation of spiritual practices and extended tribal relationships as its relates to

motivation and 3) Use of 2 American Indian counselor in the MI intervention that spoke traditional tribal language. Although, Venner et al. (2016) did not discuss training the counselors in MI, the article is useful for the current study because of the discussion about cultural adaptation as it relates to AIAN populations. Also important for consideration with the current study is the discussion from Venner et al. (2016) about collaborating with tribal communities in the adaptation and implementation process. The findings from this study indicated that a culturally adapted MI intervention may be effective at reducing substance use among rural AIAN populations.

The successful implementation of MI on a Southwest reservation indicates that some tribes will be open to adopting and adapting EBPs in partnership with academic researchers (Venner et al., 2016). Evidence suggests that culturally adapted MI with AIAN populations is effective and the implementation of MI for reservation-based AIAN is only possible through cultural adaptations (Self et al., 2023; Venner et al., 2016; Walker et al., 2023).

In another example, Walker et al. (2023) partnered with a Pacific Northwest tribal nation to culturally adapt MI and CBT for substance use disorder (SUD) treatment for AIAN participants. This study utilized a community participatory research design to engage tribal community and tribal program leaders in adapting a MIST (Motivational Interviewing-Skills Training) intervention. Findings from Walker et al. (2023) add to literature because the study provides descriptive data for collaborating with a tribal community in the process of adapting an evidence-based intervention. The adaptation process included three primary functions of collaboration: 1) drafting intervention manual removing jargon; 2) engaging the community, including leaders, and spiritual advisors through a series of community-based meetings. The meetings resulted in selection of content, language, and cultural/community images and 3) The

final revised manual was presented to counselors for final review and revisions (Walker et al., 2023).

The discussion on the adaptation process provides substantive guidance for the current study in collaborating with tribal nations. Also important is the discussion on evaluation of MI skill for counselors. Walker et al. (2023) employed the Motivational Interviewing Knowledge and Attitude test (MIKAT) as a mechanism of measurement for MI learning and fidelity. However, beyond the use of MIKAT and utilization of an MI training manual for AIAN populations, there was scant discussion about training counselors on the utilization of MI. However, Walker et al. (2023) provides evidence that an MI based intervention is feasible and acceptable within a Pacific Northwest tribal community.

The evidence for MI acceptability, feasibility, and effectiveness within tribal contexts is important for the current study. Yet, culturally adapted MI literature addresses MI interventions with little discussion on training tribal populations in the use of MI. In applying previous themes discussed from literature of MI training: a. MI is a nuanced skill that is learned in stages or a progression (Madson et al., 2009; Miller & Moyer, 2006; Ventura et al., 2021), b. maintaining fidelity to the evidence-based practice is paramount for client outcomes (Moyer et al., 2016), c. training structures and measurement are related to MI learning outcomes, but no evidence exists that training structure is related to long term MI sustainability (Schwalbe et al., 2014), and d. culturally adapting an MI intervention and training for a tribal context requires collaboration with tribal communities and should include the cultural and social norms of the communities (Self et al., 2023; Venner et al., 2016; Walker et al., 2023).

Summation of MI training literature provides the current study with a foundation for development of an MI training program for tribal child welfare personnel that follows a standard

progression for learning the practice. The training program should prepare tribal personnel to practice MI to fidelity by providing post-training skill development over a period of time. And an MI training program for tribal personnel should be adapted to include the worldviews and educational values of the participants attending training.

There is limited literature about training tribal child welfare workers in MI. However, training Oregon's tribal child welfare personnel in MI provides an opportunity to develop a professional learning opportunity that aligns with community and cultural values, as well as practices as a starting point.

#### **2.4 Professional Development and Adult Learning**

Historically, the aim of educating AIAN adults and professionals has been built on the notion of assimilating them into western thought, practices, and professional roles. More recently there has been a shift to the concept that adult education and learning is a primary driver of preserving AIAN culture, identity, knowledge, thought, and community needs (Imel, 2001). Since the early 2000's there has been increasing discourse about the role of adult education theories and methods, and their role with AIAN adult learning and professional development (PD). There is an abundance of literature about professional development and adult learning in non-AIAN contexts, and the literature and research is generally field specific (Webster-Wright, 2009). Yet, there is modest literature and research addressing adult learning and professional development within the AIAN context. In terms of the current study of designing an MI professional development program for tribal child welfare personnel, it appears logical to briefly discuss adult learning and PD as it relates to training Oregon's tribal child welfare personnel.

Webster-Wright (2009) completed a literature review specifically exploring the didactic approaches within professional development across multiple fields. As a result of the study,

Webster-Wright (2009) proposes a concept of authentic professional learning (PL) as opposed to professional development. The primary argument includes a critical perspective that PD is focused more on content delivery and evaluation, whereas PL is an authentic approach to adult learning that is more congruent with a holistic approach to education (Webster-Wright, 2009).

PL is a holistic approach to educating professionals by working to understand more about their sociocultural contexts and how that shapes learning. The concept of PL is more congruent with the underlying philosophies of Motivational Interviewing (MI). MI's primary spirit assumes that individuals maintain the answers to their own questions; behavior change is predicated not on a deficiency, but rather a need to explore the implicit motivations for changing and or sustaining a particular behavior; this is best accomplished through a shared partnership between client and MI practitioner. PL and MI both align well with AIAN training and learning programs built on AIAN knowledges and experiences.

AIAN adult training programs that reintroduce, preserve, and or enhance culturally based practices extend and create Indigenous knowledge (Orr, 2000). Indigenous knowledge provides a format for teaching that brings and creates balance and belonging within the learning context, and this balanced-centered context includes AIAN spirituality, relationality, and healing (Orr, 2000).

AIAN based training programs experience a tension with western-based models because training programs built on Indigenous knowledge and education maintain implicit assumptions that "all living things are created equal," and create a shared or collective sense of learning (Orr, 2000). This assumption counters the western-based models of training and learning built on the dominant perspective of individuality where individuals are deemed "more than or less than" based on their positions, job functions, and or skills (Orr, 2000). Training programs built on

Indigenous knowledge and culture focus on relational components of learning (Orr, 2000). A relational training program promotes balance, or in this case belonging, with oneself, others in the training, with content, and within the training environment (Orr, 2000). AIAN training programs that promote belonging are relational, culturally welcoming, self-determined, and promote healing.

Discussion of Indigenous-centered training programs is central to the current study because tribal child welfare personnel maintain a need to learn MI as a requirement for their professional capacities. Despite the literature from Venner et al. (2016) and Walker et al. (2023) that MI is acceptable and feasible within tribal contexts, there is a need to address training of tribal child welfare personnel in a western evidence-based practice. In terms of the Oregon Tribal Motivational Interviewing project (OTMI), what are the appropriate methods and practices that promote belonging, self-determination, healing, and are culturally welcoming in training a western evidence-based practice? This question presents an opportunity to explore the applicability of Indigenous-centered philosophies and education principles within an AIAN professional learning context.

## **2.5 Indian Education and the Meriam Report**

An exploration of Indian education provides insight for designing an MI professional learning program for Oregon's tribal child welfare personnel. Indian education is one of the oldest continuous forms of education in the world (Cajete, 1994). However, the philosophical foundations and principles of Indian education were not documented in western thought traditions until the latter part of the 19<sup>th</sup> century (Deloria & Wildcat, 2001).

By most accounts the first major study of Indian education within western systems was an independent report sponsored by the Brookings Institute and authored by Lewis Meriam. The

report titled; *The Problem of Indian Administration* (1928) is also commonly referenced as the “Meriam Report”. The report includes 14 chapters exploring and documenting the impacts and conditions of US policy with AIAN populations and features detailed chapters on the condition of Indian education with recommendations to increase funding and improve facilities and infrastructure. Included in the recommendations was a foundational shift in educational methods as stated in this quote,

It is true in all education, but especially in the education of people situated as are the American Indians, that methods must be adapted to individual abilities, interests, and needs. A standard course of study, routine classroom methods, traditional types of schools, even if *they* were adequately supplied—and they are - not—would not solve the problem. The methods of the average public school in the United States cannot safely be taken over bodily and applied to Indian education (Meriam, 1928 p. 346).

The report is also representative of the assimilationist time period and attitudes towards AIAN populations as referenced by headings and subheadings including calls for “Religious education” and “Can the Indian be educated?” U.S. educational policies, initiatives, and the Meriam Report (1928) have been central causes and features in decolonization movements and discourse calling for a change in the educational approaches for AIAN populations. However, from the western tradition, the report aligned with more progressive educational approaches within Indian education and called for a shift from the boarding school system (Education Week, 2020). In addition to this shift from boarding schools, the Meriam Report (1928) is the first major literature recommending the use of AIAN language and culture within educational settings and calls for the inclusion of tribal communities in the education of their populations (Meriam, 1928).

The progressive approach towards Indian education called for by the Meriam Report (1928) piloted new movements in the field: The Indian New Deal (1934) reestablished tribal governing bodies overseeing tribal affairs (education included), the Johnson O’Malley Act (1934) provided funding for local public school to educate AIAN populations, and the Indian

self-determination movement (1966), which would later culminate in the Indian Self-Determination and Education Assistance Act (1975) provided for more tribal control and governance over education (Education Week, 2020). All of these reports and legislation can trace their early formations to the Meriam Report (1928); however, the report should also be noted for its recommendations to include AIAN language and culture; and by most accounts this call for inclusion of culture and language is the early seeds of the culturally responsive education movement.

### **2.5.1 Culturally Sustaining/Revitalizing Pedagogies**

While the Meriam Report is one of the first western-based documents published discussing the need for more culturally based models of education for AIAN populations, there were a number of American Indian scholars writing about and highlighting Indian Education reform prior to and after the Meriam Report.

Ella Deloria and contemporaries like Zitkála-Šá, Charles Eastman, Henry Roe Cloud, and Carlos Montezuma, represent a generation of Indigenous intellectuals whose views on education anticipated the frameworks now known as culturally responsive and sustaining pedagogy. Deloria's work in linguistics and anthropology highlighted that language is central to cultural survival, and kinship-based education models rooted in relational accountability offer a powerful counterpoint to Western individualism. Similarly, Zitkála-Šá called for education that honored Native identity and storytelling, while Charles Eastman highlighted the moral education embedded in traditional Dakota life. Henry Roe Cloud advanced a vision of bicultural education that respected tribal heritage while preparing students for full participation in American civic life. In contrast, Carlos Montezuma rejected cultural preservation in education, believing Indigenous people should pursue full assimilation to attain freedom and rights.

These American Indian scholars reveal a complex spectrum of thought: some advocated cultural integration into schooling and others challenged whether federal institutions could ever truly serve Native interests. Yet their knowledge and writing epitomize the core principles of culturally responsive pedagogy (Ladson-Billings, 1995) and culturally sustaining pedagogy (Paris & Alim, 2017), which center identity, language, and community knowledge as essential elements of just education. Collectively, they remind us that Indigenous educational thought has always been rich, contested, and deeply tied to sovereignty, belonging, and liberation.

Jacob et al. (2018) authored an article titled *The Gift of Education: How Indigenous Knowledges Can Transform the Future of Public Education*. Through the perspective of culturally sustaining or culturally revitalizing pedagogies (CSP), Jacob et al. (2018) assert that Indigenous knowledges (IK) are essential necessities for extending AIAN self-determination in education.

The concepts of culturally sustaining/revitalizing pedagogies are an extension of culturally responsive education (CRE). According to Jacob et al. (2018), CSP transform the history and legacy of colonization through the sustainment of s IK within educational practice. IKs are a resource that maintain the ability to improve education not only for AIAN populations, but for the entire educational system (Jacob et al., 2018). Key to this mobilization of IK within educational practice is collaboration, relationships, and partnerships with AIAN communities and populations.

However, Jacob et al. (2018) discusses the concern of enclosing and or containing IK and epistemologies within western education models. This concept of containment and enclosing IK concerns the very structure and nature of western systems of education, curriculums, and the lack of recognition and knowledge of AIAN peoples and their way of knowing by educational

personnel. The article continues the discussion that IK and practices provide values, philosophies, conceptual frameworks, and stories that maintain the ability to serve all students.

Jacob et al. (2018) extends CSP through their assertion that Indigenous knowledges and epistemologies are essential components for AIAN education and incorporating IK into the educational system provides benefits to all students and the system as a whole. Important for the current study is the assertion that Indigenous scholars, communities, and populations have been advocating for the integration of IK and epistemologies within instruction (Jacob et al., 2018). The question that does advance from this article concerns instruction and or teaching, how do Indigenous people teach IK and practice? And, can the incorporation of Indigenous epistemologies inform the way Motivational Interviewing is taught to tribal child welfare and tribal behavioral health personnel in Oregon?

## **2.6 Current Study**

The current study was designed to present an introductory MI training curriculum to tribal personnel representing child welfare, behavioral health, and prevention programs because of the interdisciplinary nature of tribal child welfare services and these service delivery programs being integrated to serve the population. Based on previous findings in the MI and adult training literature, my goal was to measure the feasibility and acceptability of a culturally adapted MI training curriculum. Based on previous findings from the literature on Native learning and pedagogy, I explore a training adaptation that includes the development of a culturally sustaining pedagogical practice that mobilizes Indigenous epistemological principles by developing a multi-day culturally adapted MI training for tribal child welfare personnel, tribal behavioral health personnel, and tribal prevention personnel representing the nine federally recognized tribes in Oregon. To develop, plan, and execute this adaptation, an Oregon tribal MI project

implementation team consisting of representatives from the Oregon Department of Human Services (ODHS), the National American Indian and Alaska Native Mental Health Technology Center (AIAN MHTTC), and the Indian Child Welfare Advisory Council (ICWA Advisory) representing the child welfare programs of the nine federally recognized tribes in Oregon was convened. The primary aim of the implementation team was to guide the development of a culturally informed MI curriculum and assist with training of tribal child welfare personnel from the nine tribes in Oregon. The team developed a two-day culturally informed MI curriculum and trained tribal child welfare personnel from 5 of the 9 federally recognized tribes in Oregon between October 2022 and September 2023. The present study represents a secondary analysis of three data sets collected through the six MI trainings in Oregon.

### **2.6.1 Study Research Questions**

The present study was guided by three primary research questions:

1. Is the two-day culturally adapted MI training curriculum acceptable to tribal child welfare personnel in Oregon?
2. Did MI knowledge increase among training participants who attended the two-day culturally adapted MI training sessions?
3. Is the two-day culturally informed MI training congruent with the cultural values of tribal child welfare personnel, tribal behavioral health, and tribal prevention personnel?

## **CHAPTER III: METHODS**

In Chapter 3, the methodology including the Community Participatory Research framework and methods used to collect the research data will be described. The study represents a large collaboration between nine federally recognized tribes, a research and technology transfer center within a system of higher education, and a state child welfare agency. The chapter presents a brief historical context of the genesis of the project before discussion about the study participants. The chapter then proceeds to present the data collection measures used and procedures for the study. Important to note is the presentation on the study's cultural adaptation mechanism in the procedures section before concluding discussion on the data analysis process.

### **3.1 Community-Based Participatory Research with Child Welfare Programs of Oregon's Nine Federally Recognized Tribes**

This study utilized a Community-Based Participatory Research (CBPR) framework to guide its engagement with Oregon's nine federally recognized tribes. CBPR is a collaborative research approach that equitably involves community members, organizational representatives, and researchers in all aspects of the research process (Israel et al., 2010). Central to CBPR is the recognition of community strengths and the commitment to co-learning, mutual benefit, and the promotion of community capacity (Wallerstein et al., 2017). In research involving sovereign tribal nations, CBPR also aligns with principles of tribal sovereignty and self-determination, ensuring that tribes retain agency over how research is conducted within their communities (Christopher et al., 2008; FNIGC, 2020).

Tribal nations in Oregon have historically experienced extractive and unethical research practices that excluded their voices and failed to produce meaningful benefits for their communities. A CBPR approach is particularly important for correcting these historical

injustices and honoring the government-to-government relationship that tribes maintain with state and federal entities (Burnette et al., 2014). Oregon is home to nine federally recognized tribes, each with unique cultures, governance structures, and priorities. Initial engagement began with formal consultations, presentations to ICWA Advisory council, and ongoing relationship-building with designated tribal leaders and community-members. Tribal leaders and community members were involved early in shaping the project. Tribal partners played active roles throughout the process, from data collection and analysis to interpretation and reporting.

This structure supported mutual accountability and strengthened the ethical integrity of the study (Minkler & Wallerstein, 2008). This collaborative process helped to ensure the relevance, acceptability, and utility of the research (LaVeaux & Christopher, 2009). Data sharing and ownership were managed in accordance with the principles of Indigenous data sovereignty, affirming that tribes have the right to govern the collection, ownership, and application of data related to their communities (Rainie et al., 2017).

### **3.2 Study Context**

The Oregon Tribal Motivational Interviewing project (OTMI) is a collaborative effort that includes personnel from the National American Indian and Alaska Native Mental Health Technology Transfer Center (The Center) housed at the University of Iowa's Native Center for Behavior Health, the Oregon Department of Human Services (ODHS), and the child welfare, social services, and behavioral health programs of the nine federally recognized tribes in Oregon, as listed in Table 01 below.

**Table 01. Nine Federally Recognized Tribes in Oregon**

1. Burns Paiute Tribe	6. Confederated Tribes of Warm Springs
2. Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians	7. Cow Creek Band of Umpqua Indians
3. Confederated Tribes of Grand Ronde	8. Coquille Indian Tribe
4. Confederated Tribes of Siletz	9. Klamath Tribes
5. Confederated Tribes of Umatilla Reservation	

The current study represents an analysis of data gathered through an ongoing project that I have been working on for the past 3 years in my role with the Children & Family Services program (CFS) of the Confederated Tribes of Grand Ronde. As a frontline tribal child welfare worker, I was aware of the Family First Prevention Services Act of 2018 and the much-needed funding implications for tribal governments. I was asked to review and make recommendations about MI and its implications on child welfare practice in Grand Ronde because it was identified as one of the first evidence-based practice to be implemented in phase one of the state of Oregon’s Family First Prevention Services Plan (ODHS, 2020).

In an effort to address this issue, I began studying Motivational Interviewing (MI) as a potentially effective approach for facilitating behavior change with AIAN populations engaged in a tribal child welfare system. This exploration rapidly progressed to an assignment to coordinate an MI training in Grand Ronde for child welfare personnel. I searched the Motivational Interviewing Network of Trainers (MINT) and was connected to Kathyleen Tomlin, Ph.D. (Cheyenne River Sioux).

The state of Oregon was facilitating and coordinating work on tribal prevention planning with Title IVE tribes, AJ Goins asked to attend early meetings between Dr. Tomlin and myself because of her role as a federal policy analyst with ODHS, as well as her work and relationships with the tribal child welfare programs in Oregon.

The project's inception grew from early meetings between Dr. Tomlin, AJ Goins, and me. Dr. Tomlin is a member of the Motivational Interviewing Network of Trainers (MINT) and maintains a number of publications focusing on training, teaching, and culturally adapting MI for tribal populations (Tomlin et al., 2014; Tomlin, 2016; Tomlin & Richardson, 2005). In addition to publication and research in MI, Dr. Tomlin has built a career training numerous evidence-based, culturally adapted, and promising practices in tribal communities, organizations, and governments; including the project's Motivational Interviewing Essentials training (MIE). She represented the Center in her role as consultant and lead trainer for OTMI. AJ Goins has built a twenty-plus year career serving tribal governments and populations in various roles with ODHS. For OTMI, Ms. Goins represented ODHS through her role as a Federal Policy Analyst. In her current role, Ms. Goins maintains relationships with the child welfare programs of the nine federally recognized tribes in Oregon. As a product of early meetings between AJ Goins, Dr. Tomlin, and me, I authored the initial draft of the implementation plan for the Oregon Tribal Motivational Interviewing project (see Appendix A). This initial draft would serve as the foundation for the current Oregon Tribal MI project and current study.

Funding a training program for tribal child welfare workers in nine tribal programs was a key consideration during the early stages of conversation and planning. Dr. Tomlin served as a key MI consultant for the Center in a number of other MI projects. The Center is housed in the College of Public Health at the University of Iowa and maintains the mission of supporting and building the behavioral health, mental health, prevention, and addiction workforce that serves tribal populations across the country. The Center is noted as serving as subject-matter experts on culturally informed programming, knowledge and experienced-based technology transfer, and collaboratively working with AIAN communities across the United States (Native Center for

Behavioral Health, 2019). Through Dr. Tomlin's coordination and advocacy, the Center committed funding to finance the first rounds of the MIE training for tribal communities in Oregon. The Center's role, staff, and administration of the project provided the necessary infrastructure and incentive for tribal communities in Oregon to be involved, as well as coordination of administrative functions needed for large scale projects of this nature.

### **3.3 Participants**

Participants for this study included tribal child welfare personnel from the nine federally recognized tribes in Oregon, as well as tribal personnel representing behavioral health programs, prevention programs, and alcohol and drug treatment programs. Participation in MIE training was coordinated by tribal leadership from respective MIE hosting communities. In some training locations, personnel from the Oregon Department of Human Services attended training based on specific agreements and MOUs between tribal government and state of Oregon. Some training locations will host personnel from multiple tribal communities and governments because of limited program size.

Gender demographics include 80% of training participants identified as female and 19% as males. 56% of participants identified as American Indian and or Alaska Native, and 24% of participants identified as "White"; with another 12% of participants identify as "mixed-race" including American Indian and or Alaska Native and Hispanic, and 8% of participants did not respond to the question. Educational level ranges included 8% of participants reporting less than a high school education, high school graduation or equivalent was reported by 19%, while 33% reported some college and a baccalaureate degree was reported by 29%; 10% of participants reported having a graduate education or a graduate degree. Participant's primary profession included 23% identifying as social workers, 12% were case managers and or care coordinators.

11% of participants were addiction professionals and 9% were peer support/recovery specialists, 5% identified as a teacher, educator, and education as their primary field, 4% of respondents identified as a community health professional, 17% of training participants responded as a student, and 19% of respondents did not answer the employment question as referenced in the MIE Participant demographics table (Appendix B).

### **3.4 Study Measures**

The current study includes three primary data collection measures to answer the research questions. Given the study population, participants, and design, the measures employed attend to the nuanced and complex nature of research within AIAN contexts. The study recognizes the historical and exploitive practices of research within AIAN communities (Walker et al., 2013). Study design and measures were selected with the expressed intent of gathering data through a culturally based and trauma-informed perspective. The study mobilizes a research approach commonly referred to as “two-eyed seeing”, which refers to utilizing both Indigenous and western-based research practices collaboratively to conduct research within AIAN contexts (Deptula et al., 2023). In mobilizing the “two-eyed seeing” perspective, the study places the highest priority on data collection measures that are most likely to be culturally affirming, non-intrusive, and trauma informed (Deptula et al., 2023). Each MIE training begins with a cultural teaching, sharing and or spiritual blessing that follows community-specific protocols and marking the first MIE training activity. Immediately post-blessing, a statement on informed consent is shared providing specific procedures for training participants not wanting to participate in data collection and training assessments. The Motivational Interviewing Knowledge Test (MIKT) was administered as the third activity in the training and before formal instruction begins. The MIKT was also administered immediately post-instruction as one of three

concluding activities of MIE training. In addition to post-test administration, the GPRA survey is administered immediately post-instruction. As a concluding activity of MIE training, participants are invited to participate in a yarning circle that is recorded using a Tascam DR-40X Portable Digital Recorder. All data collection materials: paper version of pre and post MIKT and GPRA are immediately mailed through the US Postal Service to a third-party evaluator. Recorded data from yarning circles is downloaded and converted to appropriate audio files via laptop and shared with third-party evaluator through an electronic file. All data collection records and information are managed according to University of Iowa standards, regulations, policies, and laws of data management. All data collection measures are included in the Appendices.

#### **3.4.1 Government Performance and Results Act (GPRA) Post Event Form**

Training participant's satisfaction is measured immediately post-training and utilizes the federally validated Government Performance and Results Act (GPRA) Training and Technical Assistance post event form, (GPRA-PEF: SAMHSA, 2023). GPRA-PEF is a validated tool that collects data describing the extent to which participants report perceived improvement in their community, organization, and or role of practice (SAMHSA, 2023: Appendix C).

#### **3.4.2 Motivational Interviewing Knowledge Test**

Participant knowledge is assessed for baseline immediately prior to training and immediately post-training using an adapted version of the Motivational Interviewing Knowledge Test (Moyers et al., 2005). The MI Knowledge test has been adapted to include 15 multiple choice questions gauging a practitioner's MI knowledge and skill. The primary purpose for administration of the quasi-experimental pre-post knowledge test is to determine the degree to which training participants gained MI knowledge through attending MIE training. The measure was created as a training tool to assess MI knowledge without requiring participants to submit to

skill-based observation and rating. The MI Knowledge test is administered prior to MIE training and immediately following training completion. The MI Knowledge test is included as Appendix D.

### **3.4.3 Motivational Interviewing Yarning Circle**

The qualitative Indigenous method of “yarning” is employed to measure the compatibility of the MIE training and the cultural context of the communities being trained. Yarning is a semi structured research interview within a group context. The purpose is to gather qualitative data through participant experiences, knowledge, and stories as it relates to MIE training (Bessarab & Bridget, 2010). The yarning circle is offered to training participants as a concluding activity of MIE training, and keeping with Indigenous and community protocols, participant and training host maintain the agency to decline involvement in this part of the project. Yarning sessions will be recorded onsite, transcribed by a third party, and then analyzed thematically by four coders. A Yarning Circle brief was created to inform and share with tribal leadership and participants, and for conducting the qualitative measure (Appendix E).

### **3.5.1 Study Procedures**

Tribal engagement for OTMI was initially coordinated through the ODHS sponsored Indian Child Welfare Advisory Council (ICWA Advisory Council) (ODHS, 2020). This council is comprised of representatives from the nine federally recognized tribes in Oregon. The council is identified as the guiding arm to ODHS Tribal Affairs on all tribal child welfare matters (ODHS 2020; Report to Commission on Indian Services, 2020). The council meets quarterly and serves as a pathway to introduce and begin the consultation process with tribal child welfare leaders across the state of Oregon. Through these consultation meetings, a plan for reporting and tribal engagement was developed: a. OTMI develop initial implementation plan; b. OTMI

propose to ICWA Advisory Council for feedback; c. First round of MIE training; d. Report back to ODHS ICWA Advisory Council and begin process of planning next steps.

The initial OTMI implementation plan was presented to the ICWA Advisory Council in April 2022 (Appendix B). After initial feedback from the ICWA Advisory Council, each tribal community and child welfare department maintained the choice to host and coordinate an MIE training.

### **3.5.1 Motivational Interviewing Essentials Training**

Motivational Interviewing Essentials (MIE) training is a two-day professional development opportunity for tribal child welfare, tribal behavioral health, tribal prevention, and tribal education personnel from the nine federally recognized tribes in Oregon. The 12-hour training is accredited by NAADAC, the Association for Addiction Professionals and introduces participants to the fundamental philosophies, skills, and concepts of Motivational Interviewing. MIE maintains a number of objectives identified as being fundamental for MI practice in the child welfare context. Table 02 on the following page lists the training objectives.

The training provides participants with basic knowledge of Motivational Interviewing as well as experiential practice opportunities that integrate tribal teaching and learning principles. MIE training is appropriate for new MI practitioners and as a refresher for intermediate-level MI practitioners. The training is a combination of didactic and experiential learning. The training and curriculum are structured through the following schedule and content listed on Table 03.

### **3.5.2 Cultural Adaptation Mechanism – Indigenous Instructional Praxis**

The initial cultural adaptation of MIE utilizes an Indigenous instructional praxis (IIP) specifically developed for this training initiative. According to Self et al. (2023), teaching MI through an Indigenous instructional praxis is one way to include cultural values, language, and

practices. According to Resnicow et al. (1999), use of the IIP represents both a surface level (setting and context) and deep level (philosophical, worldview, and methodological) adaptation.

**Table 02. MIE Learning Objectives**

A. Participants will be able to review/discuss how motivation to change works within individuals and apply Motivational Interviewing approaches	B. Identify the role trauma experiences, and history plays in helping people change what can often be difficult behavioral changes	C. Describe the key components of the current version of MI
D. Demonstrate and practice with support during the training	E. Learn from the knowledge and experience of others	F. Be able to participate in a post training opportunity to receive and work with an established MI supervisor in order to implement the training learnings to real life work with individuals and families
G. Participants will be given time to discuss how the essentials of MI apply to their specific tribal and professional practices		

The use of IIP as an instructional adaptation activates epistemological principles of Indigenous education as outlined in lectures and literature from Indigenous scholar and author Gregory Cajete, PhD (Santa Clara Pueblo). Through Cajete’s (1994, 1999, 2013, 2020; Cajete & Pueblo, 2010; Cajete & Little Bear, 2001) work, the exploratory instructional praxis mobilizes the Indigenous epistemological principles. The principles include observing, doing, belonging, symbolizing, and ceremony/celebrating (Cajete, 2020). Cajete (2020) identifies two additional

epistemological principles of rhythm and ritual that were implicitly incorporated into training instruction.

**Table 03. MIE 2-day Training Schedule**

<b>Day One:</b>	<b>Day Two:</b>
Opening	Opening
Informed Consent	Communication Blocks (Lecture)
Knowledge assessment	Ambivalence (Lecture)
Introductions (Experiential)	Readiness for Change (Lecture)
Weaving Best Practices – Trauma informed Care (Lecture)	Traps to Avoid (Lecture)
Spirit and Style of MI (Lecture)	Change Talk/Sustain Talk (Lecture)
Spirit and Style Activity (Experiential)	Drumming for Change Talk (Experiential)
4 Key MI Tasks - Engaging, Focusing, Evoking, Planning (Lecture)	Post training Knowledge assessment
MI Basic Skills OARS – Open ended questions, Affirmations, Reflections, Summaries (Lecture)	Satisfaction Survey
Value Card Sort Activity (Experiential)	Closing Training – next steps, coaching & feedback
End day one	End of training

Course content and structures were organized through a systematized IIP. This organization and systematization of an instructional praxis can best be identified in western education as explicit instruction. For example, components of the training were identified as either observing activities (designed lectures, instructor demonstrations, and storytelling that provide participants an opportunity to interact with course content through observation), doing activities (designed experiential learning activities), belonging (designed discussions and or activities that promote individual and group connectedness), symbolizing (designed discussions and activities that promote the individual’s or group’s expression of the relationship with knowledge, content, and or concepts), ceremony/celebrating (designed activities and discussion designed to affirm and celebrate the individual’s or group’s knowledge, experience, and or

demonstration). The principle of rhythm is identified as being a component of timing and an implicit principle unique to each community and or group being trained. To account for rhythm, trainers adjust course content and timing based on training and content flow. The principle of ritual is defined and incorporated into two activities: mobilizing the first activity of ritual includes following community specific cultural and spiritual protocols (prayers, songs, training opening and closing protocols, acknowledgements, and other protocols), and the second activity includes identifying training rituals (training demonstrations, practices, lectures, and other activities unique to each training site and group).

The principle of observing is mobilized through the use of storytelling and culturally based examples to introduce and reinforce MI content and components. Observation also includes standard lecture presented materials and concepts. According to Cajete (2013), observing attends to the affective and subjective experiences of participants. Storytelling and content delivery through observing details and highlights communal relationships, it also maintains the ability to adequately express the spiritual, psychological, and cultural ecology and orientations important for learning in many Indigenous contexts.

MIE also presents content and components through the principle of doing. According to Cajete (2013), tribal education revolved around experiential learning (learning by doing or seeing). These firsthand experiences provide participants the opportunity to practice MI, but also experience the technology and knowledge through the context of community and relationship.

Belonging, or sense of belonging from an Indigenous education perspective is a learning process and environment that is mutual, reciprocal, and develops a sense of importance for each individual as a contributing member of the learning process (Cajete, 2013). MIE training embodies the spirit of belonging through the use of community culture, training protocols, and

the explicit value of building a training environment that positions relationship between participants and trainers as the primary focus, as opposed to a heavy focus on content. Every participant's voice, experience, and method of learning and expression is valued and important. The use of Indigenous methodologies like talking or yarning circles, cultural protocols and practices, and reciprocal learning inherently embody a sense of belonging. In western learning paradigms, sense of belonging can be characterized as holistic-centered education.

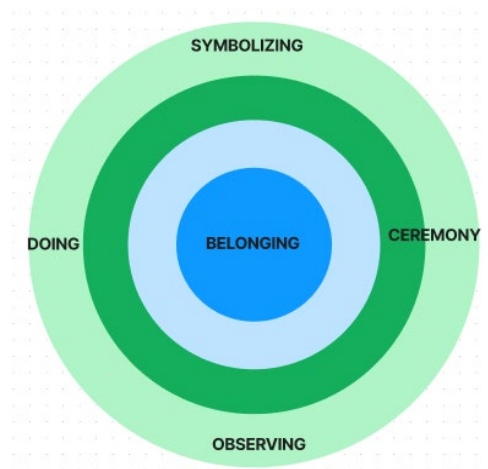
The principle of symbolizing is embodied in MIE's structure to encourage participants to express their feelings, experiences, and ideas about MI and content. The training outlines specific opportunities for participants to symbolize their relationship with MI. This principle is characterized by the indeterminate expression of knowledge and experiences; there is no "right way or wrong way" to how a participant experiences and expresses their MI knowledge and relationship. According to Cajete (2013), symbolizing provides a creative synthesis, which can be explained or simplified as participants reactions to elements like knowledge, emotions, and experiences within the training environment. This symbolization can be seen through the use of art as expression in many Indigenous communities. Within MIE, participants are encouraged to synthesize through conversation. Simply put, symbolizing provides space for participants to express what they are observing, doing, and experiencing in an environment free from "right or wrong" judgements. Symbolizing opportunities are frequently imbedded within structure and schedule of training.

The final principle of ceremony in the context of the Indigenous instructional praxis, is a benchmark (to borrow a western term) of sorts, that signifies a students' progression to new levels of knowledge. According to Cajete (2013), ceremony is a celebration of coming to knowledge, it is both an internal and external process of introduction and mastering of

knowledge. In the context of MIE, both trainer and participant are both encouraged and provided space to celebrate acquired MI knowledge, experience, and or relationship, or to provide testimony of newly acquired knowledge. Also, in its simplest form, MIE can be viewed as a ceremony and or celebration of MI through a process of learning, experience, and initiation.

The IIP mobilizes these Indigenous learning principles. They are ecological in nature and their development into a structured and systemized instructional praxis provides MIE trainers the opportunity to culturally adapt the training of an EBP without adapting the practice itself. The cultural adaptation of MIE training attends to the history, setting, context, incorporation of community values, protocols, experiences, and philosophies. The instructional praxis is holistic and the most appropriate visual representation of the model includes the use of circles to represent the ecological and relationship-based teaching method as depicted in Figure 01.

**Figure 01: Indigenous Instructional Praxis graphic**



### 3.6 Analysis

Data analysis will proceed in three stages. First, data gathered through the GPRA measures will be coded and analyzed for demographics and evaluate participants' satisfaction with MIE training. These data will be descriptive in nature and provide an overview of participants' satisfaction with MIE training and as one variable to determine MIE acceptability.

Second, pre- and post-knowledge test data will be evaluated with a Repeated Measures Analysis of Variance (ANOVA) to determine potential differences between participant's incoming knowledge about MI skill and their knowledge following MIE participation. For these tests, I will use participant's mean scores to determine the level of knowledge increase or decrease per participant and training site.

The qualitative analysis of Yarning Circles (YC) includes transcription of digital recordings from each MIE training site where a YC was conducted. Transcription from each site will be coded using an inductive approach and thematically organized and categorized by three individuals trained by the project's third-party evaluator. Once coding and thematic organization is completed, cultural themes and categories will be organized into domains and analyzed to determine cultural congruence based on standard cultural constructs: values, beliefs and customs. For this analysis, all data will be transcribed by an independent transcriber, coded by three independent individuals, and evaluated by the project's third-party evaluator.

## CHAPTER IV: RESULTS

This chapter presents the data analysis, and the research questions posed in Chapter 2. This study was a secondary analysis of data collected through six training sessions hosted in five tribal communities in Oregon. For the purposes of this study and reporting, all training sites and data were deidentified, and each training was numbered one through six to protect identifiable tribal community data. The cumulative results for the Government Performance and Rating Act survey (GPRA, training participant satisfaction), pre-post knowledge test (knowledge acquisition), and yarning data (cultural congruence) from all six training sessions and a summary of the results are presented.

### 4.1 Government Performance and Rating Act (GPRA) Satisfaction Results

The GPRA survey collected training participant demographic data and included four primary questions that measured acceptability of the two-day culturally adapted MI training at each site. These questions included the degree to which each participant was satisfied or dissatisfied with the training along with a reflection statement about the training as shown below:

1. Please rate the overall quality of training: very satisfied, satisfied, neutral, dissatisfied, very dissatisfied.
2. I expect this training to benefit my professional development/practice/community: strongly agree, agree, neutral, disagree, strongly disagree.
3. I will use information gained to change current practice: strongly agree, agree, neutral, disagree strongly disagree.

The fourth GPRA question was a closed-ended non-committal question:

4. I would recommend training to a colleague: yes, no, maybe.

Data was collected from 124 respondents. The first GPRA question asked training participants to rate the degree of satisfaction with the overall quality of the training event. As shown in Figure 02, 59% of training participants across the 6 trainings were “very satisfied” with the overall quality of training, 37% responded “satisfied”, 3% were neutral. No training participants across the project responded that they were either “dissatisfied” or “very dissatisfied” with the overall quality of training.

**Figure 02. Overall Quality of Training Chart**



The second GPRA question asked participants to rate the training’s benefit to individual professional development or practice (see Figure 03). Seventy-three percent of training participants “strongly agreed” that the training would benefit their professional development and or practice, 21% “agreed” that the training would benefit their professional development and or practice, and 2 % were “neutral”. No participants disagreed or strongly disagreed with the statement that they expected the training to benefit their professional development and or practice, and 4% of participants did not respond to the question.

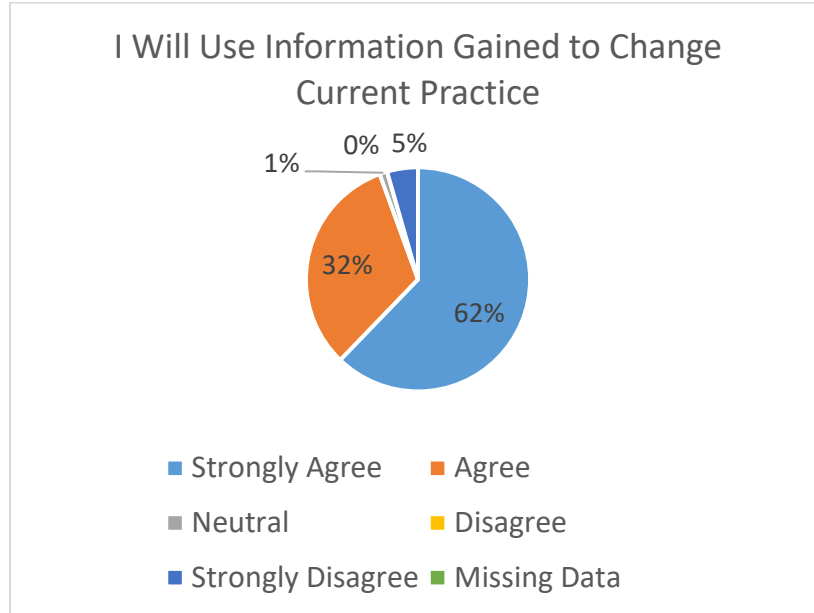
**Figure 03. Expect Training to Benefit Professional Development/Practice Chart**



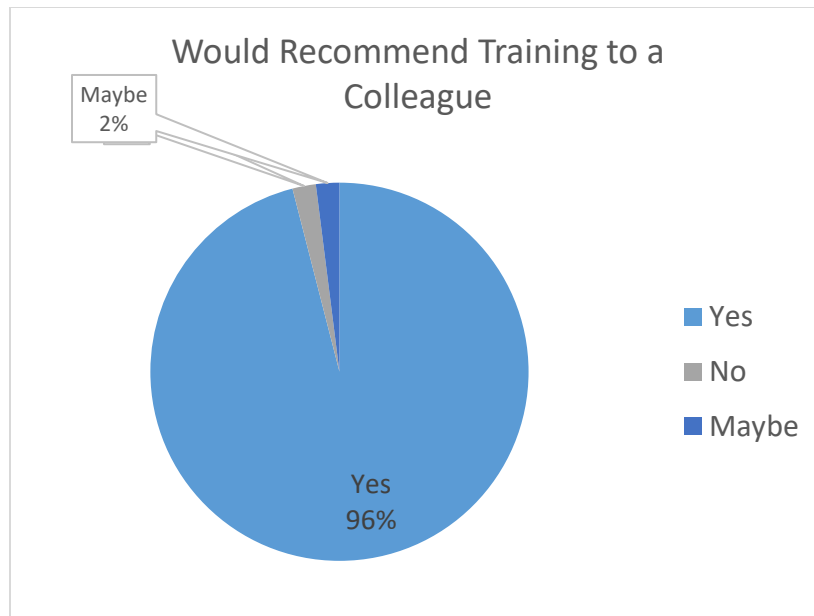
The third GPRA question asked participants to rate the training impact on change to their current practice (see Figure 04). Fifty-six percent of participants “strongly agreed” that the information gained would be used to change current practice, 29% of participants “agreed” with the statement, 1% of participants were neutral, and 4% of participants “strongly disagreed” that the information gained would be used to change practice.

The final GPRA question, Figure 05, was a closed-ended non-committal statement that asked participants if they would recommend the training to a colleague. Ninety-six percent of participants answered “yes” to recommending the training to a colleague, 2% answered “no” and 2% of responses were missing data.

**Figure 04. I will Use Information Gained to Change Current Practice Chart**



**Figure 05. Would Recommend Training to a Colleague Chart**



Overall, the vast majority of participants attending the 2-day MI training reported the training as highly satisfactory with 96% of training participants rated the overall quality of the training as very satisfied and or satisfied. Similarly, 94% of training participants agreed that the 2-day MI training would benefit their current individual or program practice, 94% of training

participants agreed that information gained in the training would be used to change current individual practice, and 96% of training participants would recommend the 2-day MI training to their colleagues. As one measure of acceptability and feasibility, the GPRA data represents a high degree of training satisfaction for tribal child welfare personnel in Oregon.

#### ***4.2 Motivational Interviewing Pre-Post Knowledge Test Results***

Participant MI knowledge was assessed at baseline as an opening activity in all 6 MI trainings. The Motivational Interviewing Knowledge Test (MIKT; Moyers et al., 2005) was adapted to include 15 multiple choice questions. The adaptation of the measure included removing language and questions that referenced the words “counselor,” “therapist,” and or “counseling.” As stated previously, MI was primarily developed as a therapeutic practice utilized by counselors, therapists, and licensed psychologists, and these references and questions were changed to apply to tribal child welfare personnel. The original MIKT included 23 multiple choice questions which included 9 questions based on a dialogue between a therapist and client. These questions were removed from the MIKT because the primary participants for the training were not trained counselors, therapists, or licensed psychologists. In addition to removing 9 questions, the project added an additional question pertaining directly to the MI approach, or MI spirit and style. Training participants were also assessed using the same MIKT as a concluding activity in the training to determine knowledge acquisition from pre-test to post-test.

In addition to presenting MIKT cumulative pre-post data results, a presentation of the MIKT results include controlling for three primary MI domains (spirit & style, change/sustain talk, and ambivalence) that were most relevant to the 2-day MI training curriculum. That is, the 2-day training was designed and delivered as an introduction to MI and the curriculum aligns with the primary stages of the Eight Stages of Learning MI (Miller & Moyer, 2006). MIKT data

are presented in cumulative across the 6 trainings as well as focused on the 3 MI domains most relevant to the MI curriculum experienced by participants.

A total of 85 MIKT tests (n = 85) were scored to assess MI knowledge acquisition across the project. The mean MIKT pre-test score was 53% across all 6 MI trainings (M = 53) and the mean MIKT post-test score was 62% (M = 62). Across the project, this represented a 9% increase from pre-test to post-test scores. However, it is important to note that these results varied by training session and training location. The 9% increase from pre to post-test was statistically significant (P value = 0.00036; *df* = 1; and the *F* value = 13.84774). Table 04 presents the pre-post test data as discussed.

**Table 04. MIKT Pre-Post Scores Across 6 MI Trainings**

<b>Pre-Test Mean Score</b>	<b>Post-Test Mean Score</b>	<b>Mean Increase</b>	<b>df</b>	<b>F</b>	<b>P-value</b>
53%	62%	9%	1	13.84	0.00036

***4.2.1 Cumulative Motivational Interviewing Pre-Post Knowledge Test Results for MI Spirit; Change Talk/Sustain Talk; Ambivalence***

The training curriculum and accompanying knowledge test included additional concepts, language, and domains that extended beyond the primary stages of learning MI, however, the project team was specifically interested in three domains associated with the early stages of learning MI (i.e., MI spirit & style, ambivalence, and change talk/sustain talk) that were representative of a large portion of the training curriculum. MI is a nuanced practice to learn and typically requires multiple instances of exposure and practice in order to become proficient (Ventura et al., 2021). Evaluating these three primary domains allowed the project team to adequately assess MI learning at the appropriate level as some questions within the MIKT were identified by the training team as appropriate for new MI practitioners whereas some questions

did not in whole or part apply directly to tribal child welfare personnel in Oregon at the beginning stages of learning the practice.

A total of 85 MIKT tests (n = 85) were scored to assess MI knowledge acquisition for MI spirit and style (MI spirit domain) across the project. The spirit of Motivational Interviewing is the foundational relational approach to working with people in the process of behavior change. It is central to building a client-centered relationship and a primary domain in learning MI. The training curriculum experienced by Oregon’s tribal child welfare personnel focused on the MI spirit domain because it is a key feature when teaching and training individuals, groups, and communities from minority populations (Self et al., 2023).

As shown in Table 05, the mean score for the MI Spirit domain at pre-test was 16% of training participants answered the spirit domain questions correctly (M = 16%) across the 6 trainings, and the mean post-test score for the MI spirit domain was 39% (M = 39%). The mean score increase of 23% (M = 23%) was statistically significant (P-value = 0.038; df = 1; and the F value = 6.96).

**Table 05. MIKT MI Spirit Domain Pre-Post Scores Across 6 MI Trainings**

<b>MI Spirit domain Pre-Test Mean Score</b>	<b>MI Spirit domain Post-Test Mean Score</b>	<b>Mean Increase</b>	<b>df</b>	<b>F</b>	<b>P-value</b>
16%	39%	23%	1	6.96	0.038

The change talk/sustain talk domain (ct/st domain) was another focus the training team determined to be an early objective for training personnel in Oregon. By most accounts, identifying and working within the ct/st domain separates MI from other client-centered counseling approaches. ct/st is client language that is a primary behavior change mechanism for individuals seeking change. MI practitioners need to understand ct/st, be able to identify ct/st,

and then understand how to reinforce change talk and refocus sustain talk. The ct/st domain is primary for new practitioners to understand and as a result the project team focuses on the domain in trainings.

As shown in Table 06, participants across the 6 trainings (n = 85) scored an average of 52% (M = 52%) at pre-test, and 78% at post-test (M = 78%) within the CT/ST domain. This 26% increase was statistically significant (P-value = 0.0004; df = 1; and the F value = 46.8).

**Table 06. MIKT CT/ST Domain Pre-Post Scores Across 6 MI Trainings**

<b>CT/ST domain Pre-Test Mean Score</b>	<b>CT/ST domain Post-Test Mean Score</b>	<b>Mean Increase</b>	<b>df</b>	<b>F</b>	<b>P-value</b>
52%	78%	26%	1	46.8	0.0004

The third central concept, ambivalence, is a state where individuals feel strongly for and against behavior change. MI practitioners assist individuals in exploring and resolving ambivalence in the behavior change process. Ambivalence is a key concept in the training curriculum for Oregon’s tribal child welfare personnel. As shown in Table 07, training participants (n = 85) mean ambivalence domain score was 73% (M = 73%) on the pre-test and 74% (M = 74%) on the post-test. The 1% (M = 1%) increase was not statistically significant (P-value = 0.79; df = 1; and the F value = .078).

**Table 07. MIKT Ambivalence Domain Pre-Post Scores Across 6 MI Trainings**

<b>Ambivalence domain Pre-Test Mean Score</b>	<b>Ambivalence domain Post-Test Mean Score</b>	<b>Mean Increase</b>	<b>df</b>	<b>F</b>	<b>P-value</b>
73%	74%	1%	1	0.78	0.79

Evaluating these three primary domains provides additional data and information measuring the knowledge acquisition of tribal child welfare personnel in Oregon participating in the introductory MI training. The combined mean pre-test scores across all 6 training sessions

across the 3 domains was 48% (M = 48%) at pre-test and 68% at post-test. This 20% increase is statistically significant ( P-value = 0.0005; df = 1; F-value = 46.1) as shown in Table 08.

**Table 08. MIKT 3 Domains Pre-Post Scores Across 6 MI Trainings**

<b>3 domains Pre-Test Mean Score</b>	<b>3 domains Post-Test Mean Score</b>	<b>Mean Increase</b>	<b>Df</b>	<b>F</b>	<b>P-value</b>
48%	68%	20%	1	46.1	0.0005

### **4.3 Yarning Circle Results from the Oregon Tribal Motivational Interviewing Project**

As a concluding activity at each site, training participants were presented with the opportunity to participate in a confidential Talking Circle (TC). TC’s utilized the Indigenous method of yarning to have informal non-structured conversations about MI concepts from the training participant perspective. Three questions framed the conversations for participants and the TC’s were facilitated by two members of the MI training team. TC’s were recorded, transcribed, and coded by three individual members of the training team led by an independent evaluator. Questions were framed to learn about each participant’s experiences, knowledge, thoughts, and training experience. The yarning process allowed conversations to progress from the client perspective and the facilitators function was not to direct the conversation but facilitate participation. The three questions presented to participants included:

1. What are your thoughts, learnings, or experiences with the spirit of MI?
2. How does the MI change process and ambivalence fit into your community or professional setting?
3. What MI skills are you most comfortable with? Which core skills are you not comfortable with?

TC facilitators presented prompts to the participants and handwritten notes were taken in real-time. Each TC was tape recorded for the purpose of the conversation being transcribed to

make sure all information was captured. The notes and tapes were transcribed for each TC and were reviewed several times to assure accuracy. All final transcripts and notes were used to develop thematic codes through an inductive approach in analysis. During this process of coding, themes, categories, and concepts that were recurring were documented. Thematic codes were created from the actual words of the respondent and then aggregated to develop recurring themes.

#### **4.3.1 Yarning Circle Question One Results**

Each TC was conducted over 60 minutes. Approximately 55 individuals participated in the TC's (n = 55) that were held in the five tribal communities. One tribal community hosted two trainings and the training team offered one TC for that community. The data presented below represents a compilation of the analyses on the transcripts from the TCs and results are grouped and presented by question and thematic analysis.

Responses from the first question, "What are your thoughts, learnings, or experiences with the spirit of MI?", were coded, analyzed, and organized into the following themes: 1. Culture with the subcategories of families and intergenerational perspectives ; 2. Community; and 3. Case practice and engagement.

Participant responses to this question included the importance of culture, tradition, and the connections to culture that helped the communities' resilience. Preserving families in tribal child welfare is preserving culture. The following quote, made by one participant, encapsulates the cultural themes presented from Q1: "There is always a focus on preserving our families, our culture, and MI is good for that."

A subtheme included responses about families. In a number of communities, families were discussed through an intergenerational perspective and how MI can either support the

positive impacts of intergenerational culture or assist with correcting effects of historical impacts on families.

We were told to never speak to any teachers, any counselors, you know, just that... that's our family business or anything like that. So we were actually scared to talk to these teachers and other people that I was around, I believe I was more afraid of them because of what, what I grew up with, the home I grew up with, that they could be taken, we could be taken away...or going to split up the family or, you know, just things like that that have happened in our home with alcoholism, drug addiction, domestic violence.

Another participant expressed an intergenerational perspective about communication between adults and youth, "But just giving them [students] that time to talk because a lot of the times as I was growing up, you know, we children were to be seen, not heard, we were never to be able to speak up." Another example of the intergenerational theme that came from TC responses is the value for listening to Elders while engaged in child welfare work:

I think we have all dealt with an Elder at some point you know they are stuck in their ways... Who am I to tell an Elder what to do? They know... Because we work with grandparents and what not. They are sitting there and here we are trying to tell them this is what the courts want you to do. I'm not going to do that, you know. So that's a whole different level of, MI? Because we have to wrap around how they feel, their culture, you know. But the thing is, we're not going to be telling, we're going to be listening.

The community theme from Q1 also included responses about the positive effects of living in close-knit tribal communities where people take care of each other. Community resiliency and values are embedded in the culture of tribal communities. This quote from a participant expressed the role of MI in impacting their community, "MI provides an opportunity for practitioners, clients, and relatives to develop a better understanding and acceptance of previous generations, which in turn provides a space not only for individual behavior change but also positive change at the community level."

Q1 also generated responses regarding case practice, engaging clients, and the MI approach. There was value placed on the structured approach and intention of MI, “MI is a practice and a way to engage, there is a process to MI with action and steps to follow. MI allows for a process of listening, to sit back and let clients talk.” Other participants highlighted the expression of roles between MI practitioner and client, “It is about the connection with clients, being alongside them in the process. Clients make their own decisions, being sensitive and compassionate helps.”

In summary, asking training participants about their thoughts, learnings, or experiences with the spirit of MI (Q1) evoked varied and diverse responses that ranged from directly referencing the MI spirit principles of partnership, compassion, acceptance, and empowerment to responses that declared the role of MI in helping communities preserve families and culture. Participants expressed that the spirit of MI and its foundational principles were useful tools for assisting child welfare personnel in preserving family and culture, adding to the work and value of tight knit communities, and engaging clients in a different way that has an impact on case practice and service delivery. Listening and the ability to listen, improving listening skills, and helping people to build better listening skills were common threads. In reference to case practice, this quote embodies the value for listening expressed in responses to question one,

It's helping the other person to feel that they're important. That their needs are just as important. And just be more listening, more active listening. I think the part that I liked which I've been working on for several years is being a better listener.”

#### **4.3.2 Yarning Circle Question Two Results**

Responses to Q2 of the TC, “How does the MI change process and ambivalence fit into your community or professional setting?” led to two primary themes. The first theme, MI provides a process, way, and structure to assist people through change. And the second theme is

that defining and naming ambivalence as part of the change process is useful in the context of many tribal communities.

This quote reflects the training participants view of the change process and its relevance in the tribal context, “It gives staff a way to move forward with the client, a way to make a case plan. MI can assist with setting goals.” Another participant reflected on ambivalence and its relation to the change process, MI gives a framework to walk people through their ambivalence. It is the choice of the client to go through the change process.” Another quote that embodies these sentiments includes “We are there to guide individuals through the process, but the client is responsible for their success.”

The second theme that appeared throughout all TCs was the concept that defining or naming ambivalence as an approach for tribal child welfare workers is useful in assisting people individually through a community context. Through this defining and naming of ambivalence, TC participants applied the concept to the community and individuals they serve, “There is a lot of ambivalence in this community, most people have ambivalence. Now we have a word for when people are stuck.” In addition to identifying and naming ambivalence, a subtheme included ambivalence as a positive part of the change process, as opposed to being identified as a negative barrier preventing people from change, “ambivalence can be seen as a weakness, but we can teach people this is perfectly normal.” Another quote from a TC participant included ambivalence as a healthy part of the change process, “ambivalence can be healthy because for some people it gets them to stop and think before acting or making a decision.”

#### **4.3.3 Yarning Circle Question Three Results**

Q3 focused specifically on what MI skills and OARS (open-ended questions, affirmations, reflections, and summaries) the participants’ were most and least comfortable with

employing. Responses varied throughout TC's and communities. New tribal MI practitioners are varied in their comfortability in using the OARS or MI skills.

The skill mentioned as the most comfortable included open-ended questions, yet the comfort with skills appeared to be based on individual preference, experience, and exposure. For example, as one participant explained their perspective on OARS, "I'm good at the open-ended questions, affirmations, and the summarizing. It's just that reflections, yeah. It just seems... to just be that extra step, just depending upon how many people I see or hear from in a day." Another participant identified open-ended questions as the least comfortable skill, "I struggle with open-ended questions, feel like I don't want to pry, or don't really want to go there."

In some instances, affirmations were identified as an MI skill that participants felt most comfortable with, "And then the affirmations for me are personal, so I feel like sometimes those just come out without me knowing sometimes." Another participant identified open-ended questions as the most comfortable skill and provided a brief explanation as to why affirmations were difficult,

Open-ended questions come pretty easy to me, too, but the affirmation part is actually harder for me. And I think that's just, I don't think we had a lot of affirmations growing up, and I didn't receive them growing up."

Reflections were identified in a number of instances as being the skill participants were comfortable with using, "I like to reflect, because I like to know that I have an understanding of what they're talking about." One participant expressed their comfort with two skills that included reflections, "I think the open-ended questions and the reflections are easy." Another participant explained a reason as to why reflections were a difficult skill for them,

I felt that the reflections part was difficult for me, too, and I don't know if it's like some weird, like, like a sense of potential rejection, 'No, no, like, you got that totally wrong. That is not what I meant at all.'

Summaries were mentioned as the skill that participants felt least comfortable with using, however, there were individuals across training sites who identified summaries as a skill they are confident in utilizing. For example, one participant stated “ I'm good at the open-ended questions, affirmations, and the summarizing.” But another participant stated “Summarizing was hard for me... because I felt like I couldn't focus on what they were saying, like, right here and now. I felt like I had to, like, memorize all these things, rather than being in the moment.” Similarly, another participant noted that summarizing was their least favorable skill by stating the following, “For me I think the open-ended questions and affirmations are the easiest to complete. The reflections is a little bit harder, and the summary is definitely the hardest one for me.”

Thus, Q3 evoked varied responses across communities, with open-ended questions being the skill most participants felt comfortable using and summaries being the least comfortable. In many instances, TC participants expressed why they felt more comfortable or less comfortable with these particular skills.

## **CHAPTER V: DISCUSSION**

This chapter provides an interpretation of the findings presented in Chapter IV and explores their significance in the context of a culturally adapted Motivational Interviewing (MI) training for tribal child welfare personnel in Oregon. The discussion is organized around the study's three primary research questions and includes a review of implications for practice and policy, study limitations, and recommendations for future research. It also incorporates a deeper discussion of how the Indigenous Instructional Praxis (IIP) shaped participant experiences and contributed to the training's impact. The pilot study's aims were to measure the acceptability and feasibility of a culturally adapted Motivational Interviewing training for tribal child welfare and other tribally based personnel using three primary data sources: (a) A validated federal tool that measures participant's satisfaction with overall quality of training, the impact of training on current practice, and the impact of the training on changing current practice; (b) An adapted pre-post MI knowledge test that measured the basic knowledge acquisition of training participants; and (c) The Indigenous method of yarning as a way to assess if the 2-day training and the practice of MI was culturally congruent with the communities working to implement the evidence-based practice with tribal child welfare practice. The following includes brief summaries of data and results as they relate to the study's research questions.

### **5.1 Summary of Findings**

Results of the GPRA data provided relatively strong support for the acceptability of the culturally adapted training (research question 1). A large proportion of participants (96%) reported that they were either satisfied or highly satisfied with the overall quality of training, 94% believed the training would positively impact current program and or individual case

practice, and 94% of agreed that the information learned in the training will impact a change in individual practice. Based on the results of the GPRA the study can conclude that tribal child welfare and other tribal personnel (behavioral health personnel, prevention, and education personnel) are highly satisfied with the 2-day introductory MI training.

The question then becomes: What aspects of the training contributed to such high levels of satisfaction? Participant feedback shed some light on this, with open-ended responses citing appreciation for group activities, demonstrations, hands-on practice, and especially the integration of cultural elements. As one participant shared, “I liked the cultural pieces intertwined and watching MI help people break through ambivalence.” One possible explanation for this satisfaction is positioned in the training’s emphasis on professional learning rather than conventional professional development. As Webster-Wright (2009) notes, professional learning emphasizes holistic and transformative approaches to adult learning, rather than a simple transfer of content. The training modeled this philosophy by incorporating cultural responsiveness, spiritual grounding, and relational learning strategies through the Indigenous Instructional Praxis.

With regard to research question 2, results from the pre-post test of the Motivational Interviewing Knowledge Test (Moyers, 2005) suggested that the training participants’ MI knowledge increased from baseline to post-training on most but not all questions and that results varied depending on training site. The analysis of the three primary domains associated with the first two stages of the Eight Stages of Learning MI (Miller & Moyer, 2006) indicated that knowledge increase was statistically significant from pre- to post-training in both the spirit domain and change talk/sustain talk domain, but not in the ambivalence domain. However, it is important to note that training participants maintained a high degree of knowledge about ambivalence prior to attending the training as evidenced by high percentage scores on

ambivalence questions at pre-test (73%). While limited by design, the study can conclude that training participants' knowledge generally increased from pre- to post-training suggesting that the approach provided new opportunities for tribal personnel to learn new skills in a safe and culturally relevant setting. It might also be important to examine the content and methods used for teaching ambivalence to explore new ways of developing these skills among professionals.

To address the third research question, cultural congruence was measured through the Indigenous qualitative method of yarning, the study can associate that MI and the 2-day culturally adapted MI training aligns with the cultural values, beliefs, and practices of five of the nine tribal communities in Oregon. Further, qualitative data provided evidence that tribal child welfare personnel and other tribal personnel believe that MI is a good practice to assist in preserving tribal families and cultures. These data also suggested that MI supports family and intergenerational communication, with a emphasis on the cultural value of listening and working with tribal Elders.

Together, these findings provided generally positive support that the practice of Motivational Interviewing and the 2-day culturally adapted MI training for tribal child welfare and other tribal personnel are feasible. Important in the consideration of these results and findings is the study's design with the use of a culturally sustaining instructional practice as the primary tool for cultural adaptation.

## **5.2 Lessons Learned**

A key instructional goal was to create a learning space centered on belonging. This concept is foundational in Indigenous pedagogies and contrasts with behaviorist or outcome-driven approaches. As Orr (2000) notes, adult learning rooted in belonging fosters balance

through spirituality, relationality, and healing. The training's design intentionally cultivated belonging by:

- Opening with spiritual invocations
- Encouraging cultural expression
- Facilitating Talking Circles
- Structuring activities to build relational connection

A participant reflected on this spiritual-communal dynamic: “We’re spiritual beings having a human experience... being able to connect with the spirit in you as the spirit in me... that source of connection we have with each other in that space.” Such moments reflect how instructional design facilitated not just knowledge acquisition, but relational transformation.

A second important lesson-learned was related to instructional approach and professional transformation. By design, the training structure promoted safe vulnerability and experiential engagement. Breakout groups provided participants with opportunities to role-play, reflect, and connect across shared human experiences. One participant explained, “It was nice to feel comfortable in those smaller breakaway groups... to be able to be vulnerable... our human experiences are not really that different.” Trainers were attentive to the learning environment, mirroring MI’s emphasis on reflexive empathy and engagement. Just as MI practitioners assess client readiness and resistance, trainers continually assessed group dynamics and emotional safety. This alignment between content (MI) and method (IIP) transformed instructional time into transformational learning spaces.

A third important lesson was related to concepts of cultural congruence and authenticity. Cultural congruence emerged as a powerful theme in participants’ reflections. The MI framework, when taught through an Indigenous lens, was perceived as more authentic, less

coercive, and more aligned with tribal values. One participant contrasted this experience with prior MI training: “I felt like it was a manipulation tactic... but learning it today in this space, with my people, and this cultural component... made it feel way more genuine.” This quote underscores how culturally adapted instruction can shift the perception of evidence-based practices. What may be experienced as prescriptive or colonial in mainstream contexts can feel empowering and relational when grounded in cultural values and Indigenous pedagogy.

### **5.3 Implications for Practice and Policy**

Although this initial pilot test was relatively small, the findings are promising and have important implications for practice. First, there is an ongoing need to improve the quality of services provided through the child welfare system and approaches such as the one studied here offer great promise for improving these services. Despite the promise of MI in general, identifying how promising practices such as this approach can be adapted and implemented in tribal communities is a new area that has not been carefully tested or evaluated. In this study we adapted an approach that was based primarily on western traditions (MI) by incorporating an exploratory instructional approach based on the epistemological principles of Indigenous education. The high acceptability and observed knowledge gains suggest that this culturally adapted MI training model is a viable approach for capacity building among tribal child welfare personnel. Incorporating cultural practices like yarning and adjusting language within assessment tools can significantly enhance participant engagement and learning. Furthermore, the alignment between MI principles and tribal values supports further investment in culturally adapted evidence-based practices. Training models that center cultural values not only improve acceptability but also promote sustainability by increasing the likelihood that participants will integrate new practices into their work. Lastly, at a broader level, this study underscores the

importance of tailoring training to reflect participants' roles and experiences. While MI was originally developed for counselors and therapists, the adaptation of the MIKT and curriculum for tribal child welfare personnel demonstrates how evidence-based practices can be responsibly and effectively modified for new contexts.

#### **5.4 Study Limitations & Future Research Directions**

While the findings are promising, several limitations should be acknowledged. First, the study was limited to six training sessions across five tribal communities, representing only a portion of Oregon's nine federally recognized tribes. There are many other tribal communities and further research on approaches such as the one taken here are needed. A similar and related issue is that there are many differences in cultural values and practices both within and between tribal communities in Oregon. This study attempted to address those differences to some extent by tailoring training for each community but further research on how variations in culturally adapted training approaches affect variables such as the ones studied here could include co-creating tribal-specific MI training materials and evaluation tools in collaboration with community members to further strengthening cultural congruence and community ownership.

A second limitation is related to the length of the study. This study used a pre-test post-test design to evaluate changes in knowledge over a relatively short period of time. Future research should explore the longer-term impact of MI training on practice behaviors and outcomes for families served by tribal child welfare programs. Longitudinal studies could assess whether training leads to sustained changes in communication styles, engagement strategies, and case outcomes.

A third issue is related to the measures we used for this study which focused on acceptability and knowledge change using the MIKT, a measure that is commonly used to assess

features of MI. While the MIKT was adapted for this training, it may still contain language or constructs that are less aligned with tribal perspectives, despite best efforts at cultural tailoring. Therefore, future research should continue to explore the relationship between training structure, sustainability, MI fidelity, and culturally responsive fidelity measures.

Another limitation involves the use of the Indigenous Instructional Praxis (IIP) as an adaptation tool for culturally adapting instruction. While the IIP is innovative in cultural adaptation research, it must be noted that this instructional method is exploratory and developed specifically for an MI training program. The instructional praxis needs further structure and refinement in order to further test its applicability to other behavioral health, educational interventions, and contexts.

## **5.5 Conclusion**

This study demonstrates that a culturally adapted Motivational Interviewing training is both acceptable and feasible for tribal child welfare personnel in Oregon. The findings show statistically significant gains in knowledge, especially in domains central to introductory MI practice, and strong alignment with cultural values as evidenced by participant feedback during yarning sessions. By centering tribal voices and cultural frameworks in both training and evaluation, the project provides a promising model for implementing evidence-based practices in Indigenous contexts.

## APPENDIX A

### MOTIVATIONAL INTERVIEWING IMPLEMENTATION PLAN

Motivational Interviewing & Oregon Tribal Nations  
Implementation Plan Update, April 2022

#### Summary:

Motivational Interviewing (MI) is an evidence-based practice identified in the Title IV-E Prevention Services Clearinghouse as “Well Supported”. MI is a goal-driven style of communication that is collaborative and designed to strengthen personal motivation for changing behavior. At the heart of MI is a trauma-informed style of guiding communication that centers around good listening and direction that empowers personal change based on self-determination. It is said to be less of a practice and more of a way of thinking and way of building relationship. MI assists to identify thoughts around behavior change and increase motivation through the five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance. MI has been culturally adapted in a number of settings with evidence of significance with American Indians/Alaskan Natives (AIAN) in the substance abuse context.

This document is a draft implementation plan created through meetings with AJ Goins, ODHS Sr. Federal Policy Analyst and Dr. Kathy Tomlin, Cheyenne River Sioux, and adjunct faculty at the Native Center for Behavioral Health at the University of Iowa. Kathy has implemented, trained, and adapted MI for Native communities as well as being a published author in the field. Introductory themes were identified through a number of scoping meetings that resulted in this draft implementation plan to be proposed to Oregon’s tribal child welfare and social service leaders.

The implementation plan is being coordinated with the Native American and Alaskan Native Mental Health Technology Transfer Center (NAIAN MHTCC). This implementation plan mobilizes key themes and concepts identified in literature, practice, and lived experience and is both a roadmap and an iterative process that changes and adapts as the work proceeds. This MI implementation plan extends to the nine tribes of Oregon and is organized in a phased approach:

<i>Training Plan Phase:</i>	<i>Phase Component:</i>
<b>Pre-implementation:</b>	<ol style="list-style-type: none"><li>a. Scoping</li><li>b. Informal needs assessment</li><li>c. Pre- planning</li><li>d. Timeline</li><li>e. Reporting &amp; fidelity</li></ol>

<b>Implementation:</b>	<ul style="list-style-type: none"> <li>a. Training structure</li> <li>b. Training dates</li> <li>c. Training modes</li> <li>d. Practice integration</li> <li>e. Clinical supervisory training</li> <li>f. Supervisory coaching sessions</li> <li>g. Reporting &amp; fidelity</li> </ul>
<b>Sustainability:</b>	<ul style="list-style-type: none"> <li>a. Booster sessions</li> <li>b. Supervisory coaching</li> <li>c. New staff onboarding</li> <li>d. Policy considerations</li> <li>e. Reporting &amp; fidelity</li> </ul>

Full implementation of MI follows a 3-to-5-year time frame with a number of considerations to address at each phase. Literature and experience provide strong evidence that sustainability, fidelity, and effectiveness of MI increases when planning is frontloaded with consideration for fidelity, decision-making, policy, supervisory, staff turnover, and community & contextual settings (culture).

**Implementation Plan:**

At the center of MI implementation within Oregon’s tribal programs is the development of a training structure that attends to the varying degrees of exposure to MI and the breadth of already held knowledge of the practice of MI among Tribal social service staff Through the scoping sessions with the planning team a draft training structure has been developed that promotes administrative and supervisory integration as well as attends to the various degree of previous MI exposure and sustainability (*training structure graphic*):



### **Training Structure:**

The graphic represents the three tracks of training and sustainability for implementation of MI within Oregon's tribal programs. There are informal tools to assist tribal supervisors and personnel to determine between a core track training and booster & coaching track.

- 1) **Supervisory & Administrative track:** Includes MI skill acquisition as well as focuses on areas needed for supervisors and administrators to include MI within departmental and daily coaching – integration of MI techniques in staffing and consideration of policy discussions.
- 2) **Core track:** Includes introduction to MI and skill building for first time or limited exposure personnel. Focuses on skill acquisition in a frontline capacity, i.e., caseworkers, family advocates, and behavioral health clinicians who work with clients and or families. Important is that any personnel not exposed to MI in any previous capacity will begin the journey through this track.
- 3) **Booster track:** Includes refresher and skill refinement for personnel with a working to expert knowledge of MI. Booster sessions are a large component of sustainability. Initial booster sessions will most likely begin with MI skill review and progress to true booster and coaching sessions as personnel complete the core track further in the implementation process.

### **Implementation Plan by Phases:**

#### **Pre-implementation Phase:**

- a. **Costs:** Initial training costs can be covered through Native American Indian and Alaska Native Mental Health Technology Transfer Center .
  - i. Important for discussion is what does initial funding cover? Initial onboarding of all tracks including booster sessions, etc?
- b. **Ongoing costs:** Ongoing costs after the work with NAIAN MHTTC is complete need to be determined and funding secured.
- c. **Scoping:** To date there have been four meetings to begin the outline and implementation of MI within Oregon's tribal programs – The development of this draft plan is one step; the next step is presenting to tribal leadership seeking feedback.
- d. **Formal & Informal needs assessments:** As a component of scoping and feedback, there is a range of needs driven by community, departments, governments, and agencies. Some of these are static needs and others are fluid based on a number of considerations. Individual meetings with tribal agencies during the pre-implementation phase provides an opportunity to identify and address community specific needs as well as begin onboarding tribal personnel.
- e. **Development of central repository:** There is a need to develop an Oregon tribal MI resource center. The resource center will serve as a digital repository for various tools, instruments, and documents used for implementation and sustainability. The ODHS Tribal Affairs Unit has been approached regarding housing this repository on its website.

- f. **Progression to implementation phase:** It is expected that once tribal leadership has been presented with draft plan, feedback will be incorporated and follow-up & reporting to appropriate agencies and individuals the plan will move to implementation.
- g. Important for discussion is timeframe and progression to first training and beyond – an informal timeline identifying key checkpoints within the implementation.

**Implementation Phase:**

a. **Training structure:** As identified earlier, trainings will focus on skill acquisition in the supervisory & core tracks and skill review and coaching within the booster & coaching sessions.

b. **Training Mode:** All MI sessions at this point will be conducted virtually (due to the ongoing pandemic). Under ideal considerations, MI trainings would maintain a capacity at 25-30 per session and require supervised practice sessions etc. The trainer recommends under a virtual training format requires that all MI trainings be capped at 10 participants. This requires additional coordination and scheduling. MI training usually consists of 2-3 all day sessions, and given the change to a virtual training, this will certainly change – multiple half-day virtual trainings etc.

- i. Important to note is the identification of preferred training frequency & intensity – how many times and for how long?
- ii. Important to note is the coordination of virtual trainings with consideration for type of work and or field.

c. **Training dates:** The initial plan is to establish training dates for early spring – late February or early March 2022, depending upon feedback and further planning.

- i. Important to note is the need to identify with Dr. Tomlin the progression and estimated number of trainings for personnel to progress from core to booster etc.
- ii. There are an estimated 65 plus tribal personnel with confirmed interest in attending trainings.

d. **Reporting & Fidelity:** Reporting is a key component of implementation and sustainability and is fundamental throughout the implementation. The development of a reporting structure that includes agencies, decision makers, personnel, and targeted populations increases sustainability of the practice of MI. The rough reporting mechanism currently includes working with tribal personnel and agencies in the development of this initiative. Important to reporting are fidelity checks at every level of implementation – Is MI being implemented as planned? Is MI being practiced as trained? What adjustments and or considerations need to be

made and do those adjustments change the implementation and or practice?

### **Sustainability Phase:**

- a. **Booster sessions:** It has been identified that booster & coaching session will be scheduled every 3 to 6 months. This is contingent upon overall schedule after participant numbers and progression through core track as well as the identification of personnel needing booster & coaching at the onset of MI training.
- b. **Supervisory coaching:** This has been identified as a fidelity & sustainability component of implementation. The idea is to provide supervisor & administrators the exposure and tools to incorporate MI strategies within their own daily supervisory and administrative roles: concepts, practices, and tools to utilize in staffing, check-ins, etc.
- c. **New staff onboarding:** Literature and experience identifies staff turnover as a barrier to full implementation. Developing plans for onboarding new and changing staff roles at the onset of implementation strengthens sustainability of MI at the community & practice level.
- d. **Policy considerations:** This is a broad reference that suggests the practice of MI can possibly impact service delivery and policy considerations. Also grouped into this category is the concept of community reporting and leadership “buy-in”. This is an area that can be uniquely addressed in the supervisory & administrative track. However, the fundamental concept is that if the practice of MI can be instituted through policy it increases sustainability.
- e. **Reporting & Fidelity:** Reporting is a key component of implementation and sustainability and is fundamental throughout the implementation. The development of a reporting structure that includes agencies, decision makers, personnel, and targeted populations increases sustainability of the practice of MI. The rough reporting mechanism currently includes working with tribal personnel and agencies in the development of this initiative. Important to reporting are fidelity checks at every level of implementation – Is MI being implemented as planned? Is MI being practiced as trained? What adjustments and or considerations need to be made and do those adjustments change the implementation and or practice?

### **Conclusion:**

This draft plan has resulted from meetings with trainer and ODHS representatives and will continue to evolve as it progresses. Evidence, literature, and experience confirm that evidence-based practices, and MI specifically are more effective at the community and practice level with coordinated planning. There are a number of considerations at the pre-implementation and scoping phase and should be included in next steps:

- a. Discussion of continued funding through full implementation
- b. Tribal agency and community feedback and informal needs assessments

- c. Development of OTN MI Resource Center
- d. Development of implementation schedule by phase
- e. Identification of fidelity check mechanisms at the community level
- f. Development of reporting processes & mechanisms – How is the implementation going and is it working at the tribal & community level?
- g. Development of new staff onboarding plan
- h. Discussion about the creation of community level “MI Champions”

***Draft Schedule & Timeline to date:***

Dates:	Phase:	Activity:	Reporting:
<b>Late 2021 – early 2022 (December &amp; January)</b>	Pre-implementation	Scoping- Early meetings with MI trainers & agency personnel	
<b>1/20/2022</b>	Pre-implementation	Scoping – draft implementation plan & considerations	
<b>1/24 – 2/2/2022</b>	Pre-implementation	Scoping – ODHS agency feedback & preparation for tribal leadership sessions	
<b>2/3/2022</b>	Pre-Implementation	Scoping – Tribal leadership presentation of OTN Implementation Plan – seek feedback	
<b>**2/7 – 2/28/2022</b>	Pre-Implementation	Informal community needs assessments – meetings with individual tribal leaders to determine specific community needs	
<b>2/7 – 2/28/2022</b>	Pre-implementation	Early Development of OTN MI resource repository	
<b>3/2022</b>	Pre-Implementation	Presentation of final OTN MI Implementation Plan to tribal leadership	
<b>3/2022</b>	Pre-implementation	Development of training schedule &	

		coordinate tribal personnel into tracks	
<b>3/2022</b>	Implementation	MI virtual training begins	

## APPENDIX B

### MIE PARTICIPANT DEMOGRAPHIC TABLE

#### MIE Participant Demographic Table

##### Participant Gender:

Sample Size	N = 113
Female	80%
Male	19%
No Response	<1%

##### Race & Ethnicity:

American Indian – Alaskan Native	56%
White	24%
Mixed with American Indian – Alaskan Native	12%
No Response	8%

##### Education Level:

Less than high school	8%
High school or equivalent	19%
Some college	33%
Baccalaureate degree	29%
Graduate school	10%
No response	<1%

##### Employment & Field of Work:

Social worker	23%
Case manager	12%

Addiction Professional	11%
Peer Recovery	9%
Teacher/Educator	5%
Community Health Professional	4%
Student	17%
No Response	19%

**APPENDIX C**

**GPRA TOOL**

**Substance Abuse and Mental Health Services Administration  
(SAMHSA)**

**GOVERNMENT PERFORMANCE AND RESULTS ACT  
(GPRA)**

**Training and Technical Assistance (TTA) Tools  
Question-By-Question Guide**

Updated November 2023

# TTA Event Description Form Questions

The Training and Technical Assistance (TTA) Event Description Form is to be completed by grantee staff after an event has occurred. For a series of events on the same topic, grantees should consider the series as one event and administer the TTA tool at the end of the series. The TTA Event Description Form must be completed for each event implemented or sponsored by the grantee’s program center. Grantees must enter all data in SPARS as close to the actual time of the event as possible. SAMHSA recommends entering data within 1 business day and no later than 7 business days after completing or receiving TTA forms.

## Event Date

Date the event was conducted.

## TTA Program

Training and Technical Assistance Program implementing or sponsoring the event.

## Event Format

Type of event delivery modality. The response options are: Virtual, In-Person, Hybrid (Virtual and in-person); Other. If grantees select “Other”, they can specify the delivery modality of the event.

## Event Title

Title of the event.

## Event Code

The event code is created by the grantee. The event code will assist the grantee to sort types of events by subject area or modality. It can be numeric, alphabet characters, or a combination of both.

## Total number of participants

Number of participants attending the event when implemented (not listening to recorded sessions) or number of participants expected to attend the event if it is a required/ mandatory session. If the

event is a self-paced online training, then this variable should be left unanswered.

**How many contact hours is this event?**

Number of hours that the event was conducted with participants.

**Number of participants consenting to follow-up**

The number of participants who consented to participate for follow-up data collection. Enter N/A for “Not applicable” if the event is less than 3 hours.

**Event Type**

Type of event session.

- **Presentation or Training.** Presentations may include the delivery of awareness, information/explanation related to an idea, a practice, or a new product to an audience delivered in person, virtual/webinar, private audience or in a major, local, or national conference. Trainings includes teaching a skill, knowledge, or experience for personal or professional development.
- **Meeting.** A meeting is the assembly of individuals or committees for discussion of a specific topic or planning.
- **Technical Assistance.** A technical assistance event is a series of activities designed to reach an outcome via sharing of information and expertise, skills training, transmission of knowledge, consulting services, or the transfer of technical guidance or data.

### **Event Primary Audience**

Grantees select the primary audience the event was created for. This information is used for the purpose of SAMHSA reporting obligations. The primary audience response options are defined below. Grantees can select more than one primary audience for the event.

- **Professionals or organizations.** This audience includes practicing professional and paraprofessional healthcare providers, including substance use and mental health prevention, treatment, recovery, and peer support services, or staff of local, state, tribal, and other health care organizations; counselors; social workers; case managers; faith leaders; and criminal justice/law enforcement professionals.
- **Students or educators.** This audience includes faculty, administrators, supervisors, etc.
- **Community members.** This audience includes members of a community or consumers.
- **American Indian and Alaska Native Tribes.** This audience includes community members that identify as members of American Indian and Alaska Native Tribes.
- **Hispanic and Latino communities.** This audience includes Hispanic and Latino community residents.
- **Rural communities.** This audience includes rural residents or providers serving rural communities.

## TTA Post-Event Form Questions

The Training and Technical Assistance (TTA) Post-Event Form contains a total of 16 questions. The Post-Event Form should be completed by the participant immediately after attending an event. Grantees must enter all data in SPARS within 7 business days after completing or receiving TTA forms.

### **Event Name**

Title of the event. This should be the same event name listed in the Event Description Form.

### **1. How satisfied were you with the overall quality of this event?**

This question asks the participant the degree of satisfaction they have regarding the event. The participant can rate their satisfaction on a scale with the following options: very satisfied, satisfied, neutral, dissatisfied, very dissatisfied.

### **2. I expect this event to benefit me and /or my community.**

This question asks about the benefits of the event to the participant, and/or to their community. The participant selects from the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

### **3. I expect this event will improve my ability to work effectively.**

This question asks the participant to rate their level of agreement that the event will improve their work in their primary profession. The participant selects from the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

### **4. I would recommend this event to a friend/colleague.**

This question asks whether the participant would recommend this event to a friend or colleague. The participant can answer Yes or No.

### **5. What about the event was most useful to you?**

This open-ended question asks for the participant to provide feedback about what they thought was most useful about attending the event.

#### **6. How could this event be improved?**

This open-ended question asks for feedback from the the participant on how the event could be improved.

#### **7. What do you consider yourself to be?**

This question is meant to identify the participant's gender identity. The response options are:

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)
- Gender non-conforming

- Other (Specify)
- Prefer not to answer

If the response “Other (Specify)” is selected, the participant can specify an additional write-in response.

## **8. Are you Hispanic, Latino/a, or Spanish origin?**

**[IF YES] What ethnic group do you consider yourself? You may indicate more than one.**

This question asks if the participant identifies as Hispanic, Latino/a, or of Spanish origin. The response options are Yes, No, and Prefer not to answer. If the participant responds “Yes,” they are also asked to specify the ethnic group(s) they identify with. The response options for ethnic groups are:

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other (Specify)
- Prefer not to answer

The participant can select more than one ethnic group. If a participant belongs to an ethnic group that is not represented as an answer choice, the participant should select “Other (Specify)” and write in the group in the space provided. If a participant responds “No” or “prefer not to answer,” they can continue to the next question.

## **9. What is your race? You may indicate more than one.**

This question asks about the race categories they identify with. The response options are:

- Black or African American
- White
- American Indian
- Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other (Specify)
- Prefer not to answer

The participant can choose multiple response options. The “Other (Specify)” option should be used to write-in a response. If a participant responds “prefer not to answer,” they can continue to the next question.

#### **10. Do you think of yourself as...**

This question asks the participant about their sexual orientation. The response options are:

- Straight Or Heterosexual
- Homosexual (Gay Or Lesbian)
- Bisexual
- Queer, Pansexual, and/or Questioning
- Asexual
- Other (Specify)
- Prefer not to answer

The “Other (Specify)” option should be used to write-in a response. If a participant responds “prefer not to answer,” they can continue to the next question.

#### **11. Please select the best category that describes your community (Select one or more):**

This question is meant to identify the type of community setting that the participant is from. Multiple response options can be selected. The response options are defined as follows:

- **Metropolitan or Suburban Community.** Participant’s community is located in a city or town.
- **Tribal Community.** Participant’s community is any American Indian or Alaska Native tribe, band, pueblo, village, or community.
- **Rural or Frontier.** Participant lives in a sparsely populated areas that are geographically isolated from population centers and services, usually has few homes or other buildings, and not very many people.
- **Unknown.** Participant is unsure about how to categorize their community.
- **Other (Specify).** The participant has the option of adding a write-in response to identify their community.

#### **12. What is the highest degree you have received? (Select one):**

This question is meant to record the highest degree the participant has received. The participant should select one response from the options below:

- **Less than 12<sup>th</sup> Grade.** The participant should choose this response if they never attended school or completed schooling prior to the 12<sup>th</sup> grade.
- **12<sup>th</sup> Grade/High School Diploma/Equivalent.** The participant completed the 12<sup>th</sup> grade,

graduated from high school, or completed a general equivalence degree.

- **Vocational/Technical (Voc/Tech) Diploma.** The participant completed their vocational or technical training after high school.
- **Some College or University.** The participant completed less than 4 years of college or university coursework or completed some college coursework but did not graduate.
- **Bachelor's Degree (For example: BA, BS).** The participant received their undergraduate degree.

- **Graduate Work/Graduate Degree.** The participant received a graduate degree or completed some graduate coursework. This includes those who have a received a master, professional, or doctoral level degree.
- **Other (Specify).** The participant received a degree that is not listed. Participant specifies the highest degree they have received.
- **Prefer not to answer.** The participant preferred not to provide information about the highest degree they received. If a participant responds, “prefer not to answer,” they can continue to the next question.

### 13. What is your primary occupation/profession? (Select one):

This question asks the participant to identify their primary occupation or profession. If a participant selects “Other (Specify),” they should specify the primary occupation/profession in the write-in space provided. Students should select if they are a full-time student, part-time student (not working), or a part-time student (working).

- **Full-time student.** If a participant is enrolled in 12 or more credit hours per week for undergraduate enrollment and 9 or more credit hours per week for graduate enrollment.
- **Part-time student (not working).** If a participant is enrolled in school for anything less than full time and is not employed.

**Part-time student (working).** If a participant is enrolled in school for anything less than full time and is employed. The response options are:

- Addictions Professional
- Psychiatrist
- Psychologist
- Counselor/therapist (all types)
- Social Worker
- Recovery coach
- Peer or recovery specialist
- Prevention specialist
- Case manager/care coordinator
- Clinical supervisor
- Faith leader
- Community Health Worker/Educator/Health Educator
- Criminal Justice/Law Enforcement Professional
- Public or Business Administrator
- Researcher
- Physician
- Physician Assistant
- Pharmacist
- Nurse/Nurse Practitioner
- Advance Practice Registered Nurse
- Midwife

- Teacher/educator
- Dentist
- Student

- Full-time
- Part-time (not working)
- Part-time (working)
- Business owner
- Rural worker or Farmer
- Family member/caregiver
- Retired
- Unemployed
- Other (Specify)

#### **14. If you are a Student, what is your primary field of study?**

This question asks the participant to identify their primary field of study. If participant is not a student, they should select the first response, “Not Applicable – not a student.” The participant may only select one option. The response options are:

- Not Applicable – not a student
- Addiction Medicine
- Counseling
- Criminal Justice/Law Enforcement
- Medicine (general or residency)
- Nursing (general or registered nurse)
- Nursing Practitioner
- Peer or Recovery Specialist
- Pharmacy
- Physician Assistant
- Prevention science
- Psychiatry
- Psychology
- Public Health (Master’s or PhD)
- Recovery Coach
- Social Work
- Certification program
- Other (Specify)

The “Other (Specify)” option should be used to write-in an additional primary field of study response.

#### **15. Which of the following best describes your principal employment setting?**

This question aims to identify the setting of the participant’s place of primary employment or primary occupation/profession specified on question 13. If the participant is not employed, they should select

the first item, “Not Applicable – not employed.” Only one option can be selected. The response options are:

- Not Applicable – not employed
- State/county/jurisdiction/territorial/tribal government
- Substance use disorder treatment program

- Substance use prevention program
- Community recovery support program
- Group home
- Transitional/supported living facility
- Mental health clinic or treatment program (Community mental health program)
- Community health/Community health coalition
- Community coalition
- Primary care
- Federally Qualified Health Centers (FQHC)
- Hospital
- State or private psychiatric hospital
- Aging Services Network
- Skilled nursing facility
- Criminal justice/corrections (court, prison, jail, prison/probation, TASC)
- Military/VA
- Higher education setting
- Elementary or secondary education setting
- Community-based organization (including faith-based organizations)
- Self-employed (any type of business)
- Farm or rural establishment
- Family-run or consumer-run organization
- Homecare
- Shelter
- Government
- Other (Specify)

The “Other (Specify)” option should be used to write-in an primary occupation/profession.

**16. What is the Zip Code of your principal employment setting or school (if you are a student)?**

The participant enters the 5-digit zip code of the location of their primary employment setting or school. Grantees can enter “00000” if they do not have a current employment or school zip code.

## TTA Follow-Up Form Questions

The Training and Technical Assistance (TTA) Follow-Up Form contains a total of 13 questions. The Follow-Up Form should be completed by the participant 60 days after the completion of the event or event series. Completed follow-up forms should be entered into SPARS no later than 120 days after the event. SAMHSA recommends entering data within 1 business day and no later than 7 business days after completing or receiving TTA forms.

### Event Name

Title of the event. This should be the same event name listed in the Event Description Form and Post-Event Form.

### 1. Prior to participating in this event, I felt there was a need for me, my organization, and/or my community to make a change related to the topic of the event.

This question asks the participant if prior to the event, there was a need for themselves, their organization, and/or community to make a change related to the event topic. This question uses the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

### 2. The information from this event has benefited or met a need for me, my family, and/or community.

This question asks participants if the event was beneficial to themselves, their family, and/or community. This question uses the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

### 3. The information from this event has benefited me professionally.

This question asks the participant if they believe that the information presented from the event benefited them professionally. This question uses the following responses: strongly agree, agree, neutral, disagree, strongly disagree. If a participant is not employed, they can mark “not applicable – not professionally engaged.”

### 4. I have used the information gained from this event to make changes in my practice or to help my family and/or community.

This question asks the participant if they believe that the information gained from the event has been

used to make changes at their practice or help their family and/or community. This question uses the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

**5. I expect to continue using the information from this event in the future.**

This question asks if the participant believe they will continue to use information presented at the event in the future. This question uses the following responses: strongly agree, agree, neutral, disagree, strongly disagree.

**6. I have shared the information gained from this event with my family, community, or colleagues.**

This question asks the participant if they have shared information from the event with their family, community, or colleagues. This question is responded with yes or no.

## **7. What about the event was most useful in supporting your work responsibilities or your role in your community?**

This question asks the participant what aspects of the event they found to be the most useful for their work responsibilities or for their role in their community. The participant can select from the following options:

- Handouts and resources
- Online resources
- General information acquired
- New ideas to help my community
- New ideas to help my practice/patients/consumers
- Networking/interaction with trainers/leaders and participants
- Learning new modalities/interventions to improve life in my community
- Learning new modalities/interventions to improve my practice
- Learning how to be more empathic with community members or patients/consumers
- Better understanding of the content of the event
- Better understanding of patients/consumers' needs
- Learning the importance of making ongoing improvements to my practice
- Other (Specify)

The participant may select multiple responses to this question. The “Other (Specify)” is used to write-in a response.

## **8. If you are a healthcare provider, what has improved in your organization/practice because of this event.**

This question asks healthcare providers what has improved in their organization/practice because of the event. If a participant is not a healthcare provider, they should select the first response, “I am not a healthcare provider.” The participant can select from the following options:

- I am not a healthcare provider
- Improved communication/interaction with patients/consumers/participants/key stakeholders
- Improved communication with staff
- Improved leadership/management style
- Increased awareness of patients/consumers/participants/key stakeholders' needs
- Better application of culturally responsive practices
- Adopted new practices/interventions
- Improved implementation of existing practices/interventions
- Implemented telehealth

- Expanded access to underserved populations
- Improved collection and/or use of assessment and/or evaluation data
- Adapted programs, policies, practices, or other interventions to meet local culture
- Improved community readiness and/or increased community mobilization
- No change
- Other (Specify)

Healthcare providers include professional and paraprofessional healthcare providers, including prevention, addiction and mental health treatment and recovery services from states, local, tribal, or healthcare organizations. The participant may select more than one response option. The participant can also use the “Other (Specify)” option to write-in their own response.

### **9. If you are a student, how has this event impacted you?**

This question asks the participant how they have been impacted by the event. If a participant is not a student, they should answer “Not applicable – not a student.” The participant can select from the following options:

- Not applicable – not a student
- Improved my understanding of the subject
- Inspired me to learn more about the subject
- Prepared me to better serve patients/consumers/participants/key stakeholders
- Helped me to choose a specialty area
- It did not
- Other (Specify)

The participant may select more than one response option. The participant can also use the “Other (Specify)” option to write-in their own response.

### **10. If you are a community member, from your observation, what has improved in your community because of this event.**

This question should only be answered by the participant who attended the event as a community member. If a participant is not a community member, they should select, “Not Applicable – not a community member.” The participant can select from the following options:

- Not Applicable – not a community member
- Better understanding of substance use disorders and/or mental illness
- Better understanding of effective behavioral health interventions
- Increased implementation of prevention programs
- Better communication with family or community members
- Increased awareness of community members’ needs
- Increased community action/group action/collective advocacy
- Enhanced community dialogue or increased accessibility to support groups
- Decreased stigma toward people with substance use disorders or mental illness
- Collective sense of wellbeing

- No change
- Other (Specify)

This question is meant to determine how communities have improved since the event. More than one response option can be selected. The “Other (Specify)” option should be used to write-in a response.

### **11. What, if any, barriers exist to applying the information presented at this event?**

This open-ended question asks the participant to record any barriers that have made it difficult to apply the information presented at the event.

### **12. What about the event was most useful to you?**

This open-ended question asks for feedback from the participant about what they found to be the most useful aspects of the event.

### **13. How could this event be improved?**

This open-ended question asks for feedback from the participant on how the event could be improved in the future.

**APPENDIX D**

**MOTIVATIONAL INTERVIEWING KNOWLEDGE TEST**

# Motivational Interviewing Knowledge Test

Theresa B. Moyers, Tim Martin, and Paulette Christopher 2005

Choose the best answer for each of the following questions. Each question has only one correct answer.

FOR OFFICE USE ONLY
_____ Study
_____ ID
_____ Point
_____ Date

1. Which of the following is NOT consistent with the MI approach to counseling?
  - a) Rolling with resistance
  - b) Avoiding argumentation
  - c) Confronting denial
  - d) Supporting self-efficacy
  
2. Within the MI framework, advice may be given by a therapist to a client
  - a) at any time
  - b) when the client requests it
  - c) after the therapist receives permission to give it
  - d) never
  - e) both a and b
  - f) both b and c
  
3. According to Miller and Rollnick (1991), when a therapist argues that a client's behavior needs to change, the client often responds by
  - a) accepting the need for change..
  - b) arguing against change.
  - c) asking for advice.
  - d) moving to the next stage in the process of change.
  - e) all of the above
  
4. Two strategies which are usually effective for avoiding the confrontation-denial trap are
  - a) giving advice and reflective listening
  - b) reflective listening and eliciting self-motivational statements
  - c) skills training and warning

d) aversive conditioning and supporting self-efficacy

5. The MI approach is

- a) completely non-directive
- b) highly authoritarian
- c) directive but client-centered
- d) primarily educational
- e) all of the above

In order to develop discrepancy, therapists using the MI approach

- f) inform clients about the harmful effects of their behavior
- g) direct clients to stop the problem behavior
- h) warn clients about the future consequences of their behavior
- i) point out differences between the client's own stated goals and current behavior.
- j) none of the above

6. According to Miller & Rollnick (1991), resistance is best seen as

- a) a trait of difficult clients
- b) a healthy assertion of independence
- c) a function of a mismatch between the client's stage of change and the therapist's strategies
- d) an indicator of poor prognosis which, if persistent, indicates that the client should be dropped from counseling.
- e) none of the above

7. Within the MI framework, ambivalence about change on the part of the client is seen as

- a) normal and useful
- b) a major roadblock to change
- c) pathological
- d) irrelevant

8. Which of the following therapist behaviors is NOT a roadblock to a client's self-expression:

- a) interpreting or analyzing
- b) warning
- c) reflecting
- d) reassuring, sympathizing or consoling

9. Within the MI framework, individual client assessment is seen as

- a) a stumbling block to change
- b) an unnecessary distraction since the only effective treatment is already known
- c) a vital part of determining a client's needs
- d) a dehumanizing and authoritarian exercise.

10. Which of the following is NOT an MI-consistent strategy for handling resistance?

- a) simple reflection
- b) amplified reflection
- c) argument
- d) reframe
- e) emphasizing personal control

Please read this exchange between counselor and client and answer the questions that follow.

1-C: I know I messed up. I ruined my family, my wife hates me, I got fired from my job, and now I just feel so hopeless. I'm sad all the time, and it's like I can't do anything about it.

2-T: Where did you work?

3-C: Joe's Auto. I just felt lost there all day, like I didn't want to be there.

4-T: Did your boss know you were drinking?

5-C: Yeah, when he fired me, he told me he could smell the alcohol.

God, he must really think I'm a loser.

6-T: What you are is an addict.

7-C: I'm not addicted, ok. I just need a few beers after work to calm down.

8-T: No, you are an addict. You have to admit you are powerless over it before you can better.

11. Therapist statement #2 represents

- a) a failure to express empathy
- b) a failure to develop discrepancy
- c) a failure to explore ambivalence
- d) all of the above
- e) none of the above

12. Therapist statements #2 and #4 indicate which MI trap?

- a) Labeling trap
- b) Q-A trap
- c) Expert trap
- d) Premature focus trap
- e) Blaming trap

13. Therapist statement #6 reflects which MI trap?

- a) Labeling trap
- b) Q-A trap
- c) Expert trap
- d) Premature focus trap
- e) Blaming trap

14. Therapist statement #8 represents

- a) a confrontation of denial
- b) an accurate reflection
- c) a failure to roll with resistance
- d) both a and b
- e) both a and c

For the following exchange between client and therapist, answer the questions below

1-T: What would you like to discuss today?

2-C: Look, the judge said I gotta come here, but I don't think I need to be here, so don't expect me to cooperate with you.

3-T: You feel that things are fine.

4-C: I'm not saying that everything is perfect, but I'm not a dope fiend.

5-T: Do you feel that others see you that way?

6-C: Yeah! People at work are always on my case about it, saying I'm gonna die someday from it. They just need to mind their business.

7-T: Sounds like they're concerned.

8-C: Yeah, well, I guess.

15. Therapist statement #3 is a demonstration of

- a) the MI trap of labeling
- b) the MI trap of premature focus
- c) the MI principle of rolling with resistance
- d) the MI principle of expressing empathy
- e) both c and d

16. This therapist is using which opening strategy?

- a) listen reflectively
- b) affirm
- c) summarize
- d) all of the above

19. A therapist who responds to a client's reluctance to accept the label of alcoholic by saying, "I've been in this business for fifteen years and I know an alcoholic when I see one" has fallen into:

- a) the reflection trap
- b) the authenticity mode
- c) the expert trap
- d) the motivational interviewing mode

20. The importance and confidence rulers are:
- a) a means of assessing client readiness
  - b) a intervention that is inconsistent with MI
  - c) used only with clients who are in the action stage of change
  - d) a way of rolling with resistance
21. According to Miller and Rollnick (2002), a therapist should respond to client change talk in all of the following ways, except by:
- a) elaborating on the change talk with an open question
  - b) reflecting the client's change talk
  - c) asking the client to commit to a treatment plan
  - d) summarizing the client's language
22. The purpose of querying extreme consequences of maintaining behavior is:
- a) to elicit the cons of behavior change (Counter change talk)
  - b) to warn the client about negative consequences of their behavior
  - c) to elicit the pros of behavior change (Self-motivating statements)
  - d) to scare the client straight
23. What would be the best therapist response to elicit change talk in the following situation?
- T: "How confident are you on a scale of 0 to 10 that you can make this change?"
- C: "About a 4."
- a) So, you're about a 4.
  - b) Why are you a 4 and not a 0?
  - c) You've got some confidence, but not a lot.
  - d) Why are you not a 10?

**APPENDIX E**

**Oregon Tribes MI Essentials**

**Yarning – Talking Circle**

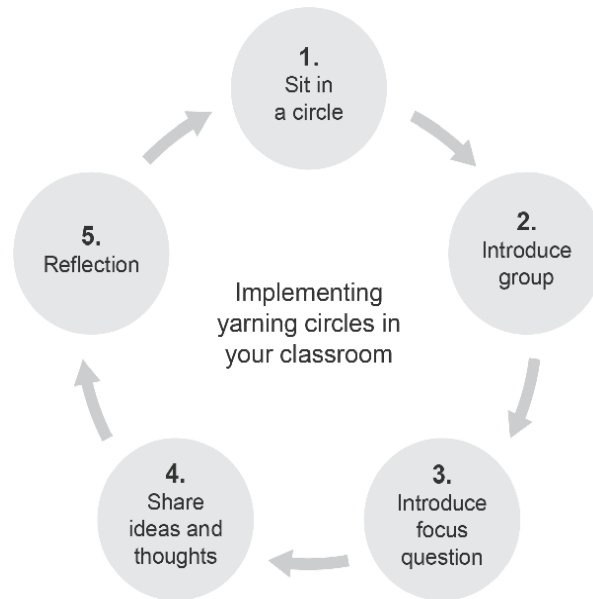
## **Oregon Tribes MI Essentials Yarning – Talking Circle**

Oregon Tribes MI Essentials training aims to employ Indigenous methodologies throughout the project in an attempt to align planning, implementation, training, evaluation processes and methods with the tribal communities it serves. As one function of the project the Indigenous qualitative method of Yarning, or a Talking Circle (Circle) will be employed. The Circle captures training participant’s communication, experiences, thoughts, and stories associated with learning a western-based evidence-based practice. Important to note that we use the names Yarning and Circle in this brief interchangeably; in either case, we are referring to an Indigenous-centered qualitative method.

Qualitative methods are used in research as a means to capture story as well as gauge cultural experiences, expressions, and congruence of basic concepts and processes around a research topic. In the case of Oregon Tribes MI Essentials training, the use of the Circle method provides the team with the opportunity to learning about training participants knowledge of basic MI concepts, processes, and practices as well as achieves the need to capture the MI story. Participant experiences, perceptions, and knowledges of MI will be collected through facilitated Circles and or Yarning sessions.

Oregon Tribes MI Essential training introduces participants to five basic MI concepts: 1) MI Spirit & Style; 2) MI Change Processes; 3) Readiness and Ambivalence in the client context; 4) Working with discord; and 5) Sustain and Change Talk. Yarning as a research method to hear MI training experience in the 5 essential areas of training aligns with MI practice and centers tribal knowledges, practices, and experiences through conversation.

As with any methodology, appropriate consent, protocol, and analysis will be designed and employed to obtain applicable data through yarning; there are appropriate procedures and protocols that are attended to during the MI Essentials Yarning and Circle session. The following graphic depicts the general structure of a Circle session and provides a general idea of the movement of a Yarning and Circle session.



**A. Talking Circle overarching questions**

- 1) *How are training participants relating to MI knowledge from the Oregon Tribes MI Essentials Training and how does it align or not align with community specific cultural values, expression, and practice?*
- 2) *How and what are training participants able to articulate about essential MI skills (OARS, Change talk, Ambivalence) and how it relates to their community specific cultural values, expression, and practice?*
- 2) *What are the individual stories and the collective story from Oregon Tribes MI Essentials Training?*

**B. Participant recruitment (See attached)**

**C. Yarning protocols, processes, facilitation, and data collection (timeframe, script, prompts, and recording) (See attached)**

**D. Yarning analysis (qualitative coding, analysis, and data dissemination) (TBD)**

**Oregon Tribes MI Essentials (Klamath)**  
**Evaluation Talking Circle**  
**Written Recruitment Script**

Hello,

As a part of the MI Essentials Training, we are conducting a Yarning or Talking Circle (“The Circle”). This mobilizes and honors the Tribal Knowledge Systems and methods used in tribal communities to enact, maintain, and report about change as a result of the MI Essentials training.

We are inviting participants for the Circle that will take place as a part of this MI Essentials Training. The Circle will take place the 2<sup>nd</sup> day of training at lunch time and will be facilitated by Training staff #1 and Training staff #2 . As the lead evaluator Training staff #3 from the University of Miami will also participate in the circle as a note catcher.

The Circle will be digitally recorded. This session is completely voluntary and follows all appropriate community and research protocols. All efforts are made to maintain confidentiality of Circle participants – no identifying information will be used or shared during any part of the process of analyzing and or reporting. We offer a final transcript and analysis of the Circle to participants upon request.

The Circle is an opportunity for participants to share their experiences, knowledges, and insights of MI and the training. You will not be asked to practice MI; the Circle is meant for conversation and discussion about MI. The Circle will take approximately 60 minutes during lunch. If you have any questions, comments, or wish to participate in the Circle, please let me (know prior to the end of the morning training session).

Thank you for your participation,

## **Yarning/Talking Circle Protocols**

### **WELCOME**

Welcome everybody – We are here today to take part in a circle process to have a conversation about Motivational Interviewing - This is a conversation about MI and the learning and knowledge being shared in the trainings this week

We are wanting to collect information about the trainings. Specifically, we are wanting to collect information about how you as a training participant are receiving MI information and practice knowledge (doing MI...).

In keeping with the spirit of MI and Native cultural ways, we are utilizing the “talking circle” or “yarning circle” as one method for evaluation.

We appreciate your involvement in this process – We are digitally recording this talking circle – All efforts are made to hold this information and recording as sacred information - We respect and honor your confidentiality – No identifiable information will be used in reporting – If you want to receive a final transcript/recording of this talking circle, you can do so by contacting....

We highlight that we have invited staff into the circle – We acknowledge that staff is a part of this circle as note catcher and circle participant maintains a significant role in the circle.

### **Guidelines:**

We invite you today as a participant to follow the spirit of MI and be a collaborative partner in the circle process – We are all here together and every participant in the circle is valued – We are all here by choice – you can choose to share or pass – As well, you are free to leave the circle whenever you choose –

We accept that every person in the circle maintains a knowledge and experience – We respect this personhood and invite all members of the circle to do the same - The speaker holding the talking piece has the floor – the information being shared is valued because the individual sharing is valued –

We seek to evoke knowledge and experiences with Motivational interviewing, this training, and MI practice – We commit to providing a space of respectful listening

and sharing and encourage all participants to share their experiences and knowledge at a level in which they feel safe and comfortable –

We commit to creating and maintaining a compassionate space that acknowledges all experiences, knowledges, and perspectives – We invite participants of the circle to view all things as related and deserving of compassion and love.

We acknowledge that we are working within a timed space – as a circle keeper my specific role is to facilitate the circle and conversation – For the sake of this exercise, I may move the conversation at a pace that provides space for multiple voices to be heard on a particular topic –

We will start the process by asking everyone to briefly introduce themselves: name, tribe and or organization and professional or community role –

We will then pose some questions for discussion - We will be using a talking piece that will be passed around the Circle, allowing the holder to speak.

## **CIRCLE**

- 1) Introductions – name, tribe and or organization and community or professional role (30 seconds each)
- 2) What are your thoughts, learnings, or experiences with the Spirit of MI ...?
- 3) How does the MI change process and ambivalence fit into your community or professional setting?
- 4) What MI OARS skills are you most comfortable with – which core skills are you not comfortable ?

## **CLOSING**

We appreciate your time, energy, and experiences that you have shared today – As a reminder, if you would like the recording, transcript, and or final report of this yarning/talking circle, please contact Korrine Rodrigue or any other team member.

**Facilitator closes with a final thought -**

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