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Families Living in the Crisis of Poverty: Why a Motivational Inter-
Viewing Approach Makes Sense

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Abstract

Poverty remains a systemic issue in the 21st century. The research in this paper will define the barriers families' face today accessing Temporary Assistance for Needy Families (TANF) benefits. The evidence-based research on motivational interviewing (MI) will show why this practice is a strong fit when working with TANF recipients. MI has been used in various human service fields to assist individuals make positive changes in their lives.

Keywords: barriers, change, education, empathy, motivational interviewing, public assistance

Author Notes

The Professional Development program at Winona State University is as close to a professional advocate a student could find. As my final semester started, I was not sure what direction this capstone was going to take. I have been a Career Counselor for the last 18 years working with TANF clients. My social justice had an awakening as I discovered the injustices related to the sanction policy under TANF. My passion remains strong to continue working with families receiving TANF. My years of experience and education from Winona State University put me in a position to continue advocating for families at a state level and on a local level. I want to thank Dr. Mary Fawcett, Dr. Jo Hittner, and Dr. Mitch Moore for all their support and guidance. I want to give a special thank you to Dr. Masa Sato for his ongoing support he has given to me this past year. I also want to thank Dr. Gaylia Borrer. As I continue my work, may I always strive to continue to mirror her level of compassion, empathy, and person centered approach in the field of counseling.

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Introduction

Advocacy for families living in the crisis of poverty remains just as critical today in the United States as it was twenty years ago when the Personal Responsibility and Work Opportunity Act (PRWORA) was implemented in 1996 (U.S. Public Law 104-193). There are currently 1.5 million households in the United States living on less than \$2.00 per day. This is roughly one out of every twenty-five households in the United States. These households are living in extreme poverty based on the World Bank metric of global poverty (Edin & Shaefer, 2015; Shaefer & Edin, 2013). The World Bank defines poverty as a “lack of or the inability achieve a socially acceptable standard of living” (Bellu & Liberati, 2005). Recent research found a sharp increase of families living in extreme poverty since the above legislation known as welfare reform was implemented twenty years ago (Shaefer, Edin, & Talbert, 2015). This comprehensive research is significant because many authors (Edin & Lien, 1997; Edin & Shaefer, 2015; Shaefer & Edin, 2012; Shaefer & Edin, 2013) have been studying poverty and the negative impact PRWORA (1996) has had on families accessing the current federal cash assistance program known as known as Temporary Assistance for Needy Families (TANF).

One of those findings was TANF caseloads during the Great Recession continued to drop (Shaefer, et al. 2015). When lawmakers read reports showing a decrease in the number of families accessing TANF benefits they view the program is a success. These reported findings are deceiving because there is a difference between actual reductions based on a family having enough income versus a family not being able to access benefits, because they have been penalized by the current TANF policies (Blank, 2007; Edin & Lein, 1997; Edin & Shaefer, 2015; Shaefer et al, 2015).

Families living in poverty today continue to struggle. In previous case studies on PROWA (1996), this was referred to as *Making Ends Meet* (Edin & Lein, 1997). The current research has found more families are living in extreme poverty and the term *\$2.00-a-day poverty* has been coined (Edin & Shaefer, 2015; Shaefer & Edin, 2013; Shaefer, et al, 2015). This describes the limited safety nets and the current reality of PRWORA (1996) in 2016.

The following literature review is going to examine the TANF program disparities related to the TANF sanction policy, and the four most common barriers that limit the accessibility to services for families receiving TANF in the United States. The four most common personal health barriers cited in the research are chemical dependency, domestic violence, lack of education, and mental health (Blank, 2007; Bloom, Loprest, & Zedlewski, 2012; East & Bussey, 2007; Turner, Danziger & Seefeldt, 2006).

The second part of this literature review links Motivational Interviewing (MI) (Miller & Rollnick, 2013) as an effective tool for employment counselors working with TANF recipients to assist them in identifying and overcoming barriers. The research focuses on the common themes of multi-system involvement, for example, social services, chemical dependency treatment, and the criminal justice system because families are often involved in multiple systems (Blank, 2007).

Literature Review

Only a few years ago there were only 25% of eligible families receiving TANF benefits (Brown, 2010). The limited number of families receiving TANF benefits is a characteristic linked to the complexities families receiving TANF benefits and the barriers families are facing (Shaefer & Edin, 2013). For example, families being flooded with notices from state agencies, especially when literacy or limited English is present in the household. Another reason given by poverty and legal experts is the sanction policy (Casey, 2010). Combined with time limits for

families accessing services, families are penalized before they are able to meet with a qualified job counselor that can assist them in navigating the TANF program. The following literature review is going to identify disparities and barriers that limit access to the TANF program.

TANF Sanctions

Understanding a state's sanction policy is essential when working with a family overcoming poverty. A sanction is a federally mandated penalty that is imposed on a family for not meeting work or program requirements (Lens, 2008). States decide how severely a cash grant is sanctioned (Kirzner, 2015; Wu, 2008)). For example, in Minnesota the grant is partially sanctioned when a family does not follow through with developing an employment plan (Children & Family Services, 2015). There are 17 states where cases are sanctioned 100% for not meeting education and/or the employment requirements (Pavetti, Derr, Heather, 2003; Schram, 2005; Schram, Soss, Fording, & Houser, 2009). TANF work requirements are very stringent (Blank, 2007; Fording, Schram, & Soss, 2013). The severity of the current sanction policy can have a negative impact on a family's ability to survive each month, and can further move families into extreme poverty (Edin & Shaefer, 2015; Lens, 2006; Shaefer & Edin, 2013). The sanction policy should not be used as a tool to reduce TANF caseloads or punish recipients that have employment barriers (Lee & Yoon, 2012; Lens, 2008).

Legal experts refer to the sanction policy as an epidemic (Casey, 2010), and have advocated for the policy to be reformed to be less oppressive (Fording et al, 2013; East & Bussey, 2007). Poverty and legal researchers concur that a sanction should be used as a last resort (Mannix & Freeman, 2013) rather than being used as disciplinary action (Schram et al, 2009) or as a way to *manage* difficult clients (East & Bussey, 2007, p. 60). This is why training for employment counselors to recognize and identify barriers is essential when implementing TANF

programming (Bloom et al, 2012; Bulter, Corbett, Bond & Hastedt, 2008). The following pages will further review the four common barriers families experience that may lead to a sanction while on assistance. In many instances, families do not disclose their barriers to their employment counselors. A copy of the sanction statues in Minnesota are in Appendix A.

Common Barriers to Employment

The symptoms of poverty are the barriers families face each day trying to reach their self-sufficiency goals on little to no cash (Edin & Lien, 1997; Edin & Shaefer, 2015). The barriers families are working to overcome are challenging for employment counselors and the families they are assisting. Chemical dependency, domestic violence, lack of education and mental health issues are the four barriers that consistently show up in the research, and are often the reasons poverty researchers give for families not meeting their self-sufficiency goals (East & Bussey, 2007; Harris & Paris, 2008; Taylor & Barusch, 2004). These four barriers also meet the good cause criteria under TANF. With the proper documentation from a certified expert, a family can be excused from meeting the required work requirements each month. Minnesota is a state that has adopted a Family Stabilization Services (FSS) program (MDHS, 2015). A copy of the terms and criteria that meet good cause in Minnesota are in Appendix B.

Chemical Dependency

In the beginning of the PRWORA (1996), there was limited research on TANF recipients and addiction. There were earlier predictors that women would benefit from social networks, especially women struggling to meet their TANF requirements (Brown, & Riley, 2005). Later studies involved intensive case management and social support systems (Kuerbis, Neighbors, Morgenstern, 2011; Morgenstern, Blanchard, McCrady, McVeigh, Morgan, & Pandina, 2006; Morgenstern, Neighbors, Kuerbis, Riordan, Blanchard, McVeigh, Morgan, & Mcady, 2009).

Women have been reluctant to participate in studies, because they fear being reported to child protection and why women have been reluctant to participate in studies (Kuerbis et al, 2013).

These are legitimate fears; the TANF policies are more stringent, especially for those recipients that live in states that mandate drug testing to access TANF benefits (Hall, 2016). Chemical dependency treatment and aftercare programming meet FSS criteria in Minnesota. See Appendix B.

Domestic Violence

Domestic violence was addressed in the PRWORA (1996). The legislation states that a family member experiencing domestic violence can opt for a family violence option. TANF recipients experiencing domestic violence are referred to a certified domestic violence advocate. The women's advocate is identified by the county service provider and together the advocate, TANF recipient, and employment counselor develop a plan that addresses their safety concerns. Abuse may not always be disclosed and is why women may apply or return to TANF benefits (Seefeldt & Orzol, 2005). TANF recipients in Minnesota are made aware that a family violence option is available during their initial appointment and are assessed throughout the working relationship with their employment counselor. See Appendix C and D.

Lack of Education

Education continues to be one of the primary ways families are able to break the cycle of poverty (Larson, Singh, & Lewis, 2011). Poverty research shows TANF recipients without their high school diploma or general education development (GED) consistently earn less (Beegle, Ellis, & Akkary, 2007; Hall, 2016). Not being able to pursue education goals create an additional barrier, especially when the state they reside in does not allow education as a countable activity (Lower-Basch, 2007; Weikart, 2005). Investing in education and job training programs are

important for families meeting their self-sufficiency goals (Hall, 2016). Minnesota found 40% of the MFIP participants did not have their high school diploma or General Equivalency Degree (GED) and recently passed legislation to allow program participants to pursue a four-year degree (Hall, 2016; Mohan, 2014).

Mental Health

Mental health researchers have found that almost 50% of TANF recipients have experienced a mental health issue (Blank, 2007), and are at greater risk and need high quality services (Santiago, Kaltman, & Miranda, 2012). The qualitative studies state the stress of accessing and retaining TANF benefits have contributed to some of the anxiety and stress among program recipients (East & Bussey, 2007; Edin & Lien, 1997). Mental health concerns among the TANF population are consistently identified as barrier in the literature, and are linked to having a negative impact on their employment (Chandler, Meiel, Jordan, Rienzi, & Goodwin, 2005; Marrone, Foley, Selleck, 2005; Taylor & Barusch, 2004; Taylor Barusch, & Vogel-Ferguson, 2006). Research clinicians found greater outreach and empathetic understanding is needed when working with families living in poverty and receiving behavioral health services (Santiago et al, 2012; Stromal, 2015). Recent search has emphasized the need to educate public welfare systems about the needs and characteristics of TANF women diagnosed with psychiatric disorders (Stromwall, 2015).

Solutions to TANF Barriers

Each of the four barriers outlined above could stand alone as a research topic and further explore racial disparities related to the sanction process (Lee & Yoon, 2012). This is why it is essential for job counselors to recognize and identify the barriers. These are the reasons that are preventing TANF recipients from meeting their self-sufficiency goals. The following section is

going to recommend why motivational interviewing (MI) is logical approach when working with families living in the crisis of poverty.

Motivational Interviewing

Knowing that change is at the core of the TANF rules and communicating change is an important aspect of working with families living in the crisis of poverty. One proven way to communicate change is Motivational Interviewing (MI) (Miller, 1983). MI is defined as follows: “Motivational interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change” Miller and Rollnick, 2013, p. 12). MI is evidence based practice and was first used in the field of chemical dependency (Miller, 1983); and has since been used in the fields of social work, correction, smoking cessation, and chemical dependency counseling (Miller & Rollnick, 2013).

It has been 33 years since the first literature was published on MI (Miller, 1983). MI was first used with problem drinkers. At that time the recovery community viewed denial as a personality characteristic of alcoholics (Miller, 1983). Since 1990, the scientific publications on MI have doubled every 3 years. There are more than 1,200 publications on this treatment method including 200 randomized clinical studies (Miller and Rollnick, 2013, p. 279). The research on MI has been so extensive that it has its own a meta-analysis, which includes the literature and biography (Mc Louth, 2013, p. 415-433).

MI is unique, because it has evolved over time. Miller and Rollick (2003) are committed to the training aspect of MI. Considerable thought went into Miller and Rollnick’s (2013) decision to a possible trademark of MI. Their attempt to trademark MI by another group failed, because MI was considered commonplace today. This speaks to Miller and Rollnick’s (2013) diligence to the process and commitment to the training aspect of MI. This commitment to the

training aspect of MI has ensured proper implementation of MI through coaching and practice (Miller and Rollnick, 2011). There are universal characteristics related to change that makes MI appropriate when working with TANF recipients (Hetteema, Ernst, Williams, & Miller, 2014).

The section below is going to outline programs that have implemented MI.

Implementation

Training alone is not enough to become proficient at MI. In fact, the training process is ongoing. MI is a complex set of skills that are used in the moment with clients and are not easy to learn (Miller & Rollnick, 2009). This is why the most successful models have implemented coaching and practice sessions (Miller & Rose, 2009; Snyder, Lawrence, Weatherholt, & Nagy, 2013). Clinically, MI is ideally used in a 4-session approach and is not meant to stand alone (Miller & Rollnick, 2013). MI is meant to be used in conjunctions with a clinician's theoretical approach, for example, a person centered approach (Rogers, 1965; Csillik, 2013). MI is an appropriate way to address the barriers when families are living in the crisis of poverty. Being empathetic and meeting families where they are in life makes MI an effective approach when working with TANF recipients. Social service agencies have started to implement MI into their training for case manager (Snyders et al, 2013). Minnesota did offer MI training for their MFIP job counselors until recently when the state is no longer able to funds this training (MDHS, 2015).

As with any body of research, there are concerns of the future development of MI (Miller & Rollnick, 2013). The possibilities would be to explore with other populations that are not currently in the research, for example, TANF recipients. The literature was limited in linking MI with TANF recipients. One study in the research studied substance-dependent women receiving TANF, and the effectiveness of intensive case management for substance-dependency (Morgenstern et al, 2006). This study, as referenced under chemical dependency barriers in-

volved intensive case management and ongoing social support for women receiving TANF and in substance abuse treatment. This study discussed the complexities of TANF recipients and the multiple barriers they are facing (Morgenstern et al, 2006).

MI and TANF

TANF and MI have not been formally researched; however, the practice has been implemented in various programs throughout the United States and is considered a best practice (Farrell, Baird, Barden, Fishman, & Pardoe, 2013; Leukefeld, Carlton, Staton-Tindall, & Delaney, 2012). For example, Kentucky has used MI in their assessment process for the last decade (Leukefeld et al, 2012) and Minnesota participated in a pilot project that required their case managers to utilize MI. The program is Families Achieving Success Today (FAST) and was implemented in Ramsey County (Leeukefeld et al, 2013). The two programs have added to the literature and are promising for the future implementation of MI and TANF.

Career Counseling & MI

MI has recently been linked to career counseling (Stoltz & Young, 2012). Understanding that TANF recipients are required to enter and maintain work. MI is an option for career counselors to move clients in the direction of change (Miller & Rollnick, 2002; Stoltz & Young, 2012). MI is a promising intervention that creates autonomy and supports change (Stoltz & young, 2012).

Limitations

The research is limited in the area of implementing MI with multicultural clients. There was one study in the literature that implemented MI with driving under the influence (DUI) clients (Osilla, D'Amico, Díaz-Fuentes, Lara & Watkins, 2012). The researchers had concerns about using MI when the counseling sessions involved an interpreter. The reason states that the

practice of MI would be appropriate when used in the same language (Osilla et al, 2012). The spirit of MI will assist an individual to recognize that they have the potential to make small changes to better themselves (Miller & Rollnick, 2013). This is why another theoretical approach is needed when implementing MI (Csillik, 2013; Miller & Rollnick, 2013), for example, a person centered approach (Rogers, 1965). A person-centered approach (Rogers, 1965) is a good fit in career counseling.

Discussion

Advocacy

Ongoing education and advocacy are needed to ensure families have the safety nets they need to meet their basic living expenses (Purtell, Gershoff, & Aber, 2012). Advocacy was emphasized in (Edin & Shaefer, 2015) recent work. The authors found there were various points within a family struggle when advocacy had happened on behalf of the family the outcome would have been different. Understanding the safety-nets families rely on to provide for their children are essential for all helping professions, and being able to communicate genuine empathy and understanding for families living in the crisis of poverty. It is critical to educating the community, collaborating agencies, educators, human service providers, and policy makers to understand the ongoing challenges families face each month accessing their monthly benefits (Segal, 2007). Particularly when not having their benefits has a negative impact on the family's overall health (Eden & Shaefer, 2015) and leads to further hardship for the family (Kalil et al, 2002; Fording et al, 2013). Empathy is a core principle of MI (Miller & Rollnick, 2009; Young, Gutierrez, & Hagedorn, 2013; Lord, Sheng, Imel, Baer, & Atkins, 2015), and is an essential attending skill needed when working with families living in the crisis of poverty.

The research in the past three decades have found MI to be an evidence-based approach that has been implemented in a variety of helping professions (Miller & Rose, 2006). The timing for additional research and funding for TANF policy changes are strong. PROWORA (1996) has been public law for the past twenty years. Poverty and legal advocates are currently lobbying for policy changes in the pending a reauthorization of the current TANF policy.

Recommendations

As employment, school, and mental health counselors interact with families facing financial hardship, one must recognize that motivational interviewing is vital to helping families reach their goals of becoming economically self-sufficient. This is why MI is an essential practice when working the cases of families living in the crisis of poverty. By utilizing motivational interviewing as a core competency, families have ownership and can focus on the real change that will make a difference in their lives. Professionals who model an empathic approach can recognize issues and meet families where they are. This is why motivational interviewing is an appropriate strategy that helps families address the barriers associated with poverty and the economic crisis they routinely experience.

References

- Ayala, L., & Rodriguez, M. (2013). Health-related effects of welfare-to-work policies. *Social Science & Medicine*, 93, 103-112. doi:10.1016/j.socscimed.2013.05.037.
- Beegle, D. M., Ellis, D., & Akkary, R. (2007). *See poverty-- be the difference!: Discovering the missing pieces for helping people move out of poverty*. Tigard, OR: Communication Across Barriers, Inc.
- Bellu, L. G., & Liberati, P. ((2005, November). *Impacts of policies on poverty: A definition of poverty*. EASYPol, 1-16. Food and Agriculture Organization of the United Nations, Rome, Italy. Retrieved from http://www.fao.org/docs/up/easypol/312/povanlys_defpov_004en.pdf
- Blank, R. M. (2007). Improving the safety net for single mothers who face serious barriers to work. *Future of Children* 17(2), 183-193.
- Bloom, D. Loprest, P.J., & Zedlewski, S. R. (2012). *TANF recipients with barriers to employment. Temporary Assistance for Needy Families*. (Research Synthesis Brief #8). Washington, DC: The Urban Institute.
- Brown, V. L. & Riley, M. A. (2005). Social support, drug use, and employment among low-income women. *The American Journal of Drug and Alcohol Abuse*, 31, 203-223. doi.1081/ADA-200047920.
- Brown, K. E. (2010, February). *Temporary assistance for needy families: Fewer eligible families received cash assistance since the 1990s, and the recession's impact on caseloads varies by state*. (GAO-10-164). GAO, Washington, D.C. Retrieved August 22, 2016 from <http://www.gao.gov/new.items/d10164.pdf>
- Bulter, S., Corbett, J., & Hastedt, C. (2008). Long-term TANF participants and barriers to

- employment: a qualitative study in Maine. *The Journal of Sociology & Social Welfare*, 35 (4), 49-69. Retrieved from <http://scholarworks.wmich.edu/jssw/vol35/iss3/4>
- Casey, T. (2010). *The sanction epidemic in the temporary assistance for needy families program*. Legal Momentum: The Women's Legal and Education Fund. New York: NY. Retrieved August 22, 2016 from <http://www.legalmomentum.org/resources/tanf-sanctions-harm-nation%E2%80%99s-neediest-families>
- Center on Budget and Policy Priorities (2015). *Chart book: TANF at 19*. Washington, DC: Author. Retrieved August 22, 2016 from <http://www.cbpp.org/research/family-income-nf-at-19>
- Chandler, D., Meisel, J., Jordan, P., Rienzi, B. M., & Goodwin, S. N. (2005). Mental health, employment, and welfare tenure. *Journal of Community Psychology*, 33(5), 587-609. doi:10.1002/jcop.20070.
- Children & Family Services (2015, February). *Minnesota temporary assistance for needy families expenditures task force final report*. St. Paul, MN Department of Human Services. Retrieved from August 22, 2016 from http://mn.gov/dhs-force_final_report.pdf
- Csillik, A. S. (2013). Understanding Motivational interviewing effectiveness: Contributions from Rogers' client-centered approach. *Humanistic Psychologist*, 41(4), 350-363. doi:10.1080/08873267.2013.779906.
- Danziger, S. K., Danziger, S., Seefeldt, K. S. & Shaefer, H. L. (2015). From welfare to a work-based safety net: An incomplete transition. *Journal of Policy Analysis and Management*, 35(1), 231-238. doi: 10.1002/pam.21880.
- East, J. E., & Bussey, M. (2007). "I was scared every day": Surviving in the TANF environment. *Journal of Policy Practice*, 6(3), 45-64. doi: 10.1300/J508v06n03_04.

Edin, K. & Lein, L. (1997). *Making ends meet: How single mothers survive welfare and low-wage work*. New York: NY. The Russel Sage Foundation.

Edin, K. & Shaefer, H. L. (2015). *\$2.00 a day: Living on Almost nothing in America*. New York, NY: Houghton Mifflin Harcourt.

Farrell, M., Baird,, P., Barden, B., Fishman, M. & Pardoe , R. (2013, December). *The TANF/SSI disability transition project: Innovative strategies for serving TANF recipients with disabilities*. (OPRE Report 2013-51). Retrieved October 7, 2016 from http://www.mdrc.org/sites/default/files/tanf_ssi_disability_transition_project_es.pdf

Fording, R. C., Schram, S. F., & Soss, J. (2013). Do welfare sanctions help or hurt the poor? Estimating the causal effect of sanctioning on client earnings. *Social Service Review*,7(4), 641-676.

Hall, R. (2016, February). *Drug testing and public assistance*. Washington, DC: Center for Law & Policy. Retrieved August 23, 2016 from <http://www.clasp.org/resources-and-publications/publication-1/2016.02.04-Drug-Testing-and-Public-Assistance-Brief-Final.pdf>

Hall, R. (2016, July). *Expanding education and training opportunities under TANF: A path to stable employment in today's economy*. Washington, DC: Center for Law & Social Policy. Retrieved August 22, 2106 from <http://www.clasp.org/resources-and-ublications/publication-1/07.2016-Expanding-Education-and-Training-Opportunities-under-TANF.pdf>

Harrington, T., & Long, J. (2013). The History of Interest Inventories and Career Assessments in Career Counseling. *Career Development Quarterly*, 61(1), 83-92.

- Hettema, J., Ernst, D., Williams, J., & Miller, K. (2014). Parallel processes: Using motivational interviewing as an implementation coaching strategy. *Journal of Behavioral Health Services & Research, 41*(3), 324-336. doi:10.1007/s11414-013-9381-8
- Kalil, A., Seefeldt, K. S., & Hui-chen, W. (2002). Sanctions and material hardship under TANF. *Social Service Review, 76*(4), 642- 662.
- Kirzner, R. (2015, March 23). *TANF sanctions: Their impact on earnings, employment & research brief*. Philadelphia, PA: Center for Hunger-Free Communities. Retrieved August 24, 2016 from <http://www.centerforhungerfreecommunities.org/our-research/research-briefs>
- Kuerbis, A. N., Neighbors, C. J., & Morgenstern, J. (2011). Depression's moderation of the effectiveness of intensive case management with substance-dependent women on temporary assistance for needy families: Outpatient substance use disorder treatment utilization and outcomes. *Journal of Studies on Alcohol & Drugs, 72*(2), 297-307.
- Lane, C., Huws-Thomas, M., Hood, K., Rollnick, S., Edwards, K., & Robling, M. (2005). Measuring adaptations of motivational interviewing: the development and validation of the change counseling index (BECCI). *Patient Education & Counseling, 56*(2), 166-173. doi:10.1016/j.pec.2004.01.003.
- Larson, A. M., Singh, S. & Lewis, C. (2011). Sanctions and education outcomes for children TANF families. *Child & Youth Services, 32* (3), 180-199. doi:1080/0145935X.2011.605305.
- Lens, V. (2006). Examining the administration of work sanctions on the frontlines of the welfare system. *Social Science Quarterly, 87*(3), 573-590. doi:10.1111/j.1540-6237.2006.00397.x.

- Lens, V. (2008). Welfare and work sanctions: Examining discretion on the front lines. *Social Service Review, 82*(2), 197-222.
- Leukefeld, C., Carlton, E. L., Staton-Tindall, M. & Delaney, M. (2012). Six-month follow-up changes for TANF: Eligible clients involved in Kentucky's targeted assessment program. *Journal of Social Service Research, 38*(3), 366-381. doi: 10.1080/01488376.2011.651412
- Lord, S. P., Sheng, E., Imel, Z. E., Baer, J., & Atkins, D. C. (2015). More than reflections: Empathy in motivational interviewing includes language style synchrony between therapist and client. *Behavior Therapy, 46*(3), 296-303. doi:10.1016/j.beth.2014.11.002.
- Lower-Basch, E. (2007, May 18). *Improving access to education and training for TANF Participants*. Washington, DC: Center for Law and Social Policy. Retrieved, July 2, 2016 from <http://eric.ed.gov/?id=ED537495>
- Mannix, G. & Freedman, H. A. (2013). TANF and racial justice. *Journal of Poverty Law and Policy, 47* (5-6), 220-228.
- Marrone, J., Foley, S., & Selleck, V. (2005). How mental health and welfare to work interact: The role of hope, sanctions, engagement, and support. *American Journal of Psychiatric, 8*(1), 81-101. doi:10.1080/15487760590953911.
- McLouth, C. J. (2013). A bibliography of motivational interviewing. In Miller & Rollnick (Eds), *Motivation Interviewing: Helping people change*, (3rd ed) (pp. 415-433).
- Miller, W. R. (1983). Motivational interviewing with problem drinkers. *Behavioral Psychotherapy 11*, 147- 172. doi: 10.1017/so141347300006583
- Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not.

Behavioral & Cognitive Psychotherapy, 37(2), 129-140. doi:
10.1017/S1352465809005128.

Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Helping people change* (2nd ed). New York, NY: Guilford Press.

Miller, W. R. & Rollnick S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.

Miller, W. R., & Rose, G. S. (2009). Toward a theory of motivational interviewing. *American Psychologist*, 64(6), 527-537. doi:10.1037/a0016830.

Minnesota Department of Health & Human Services (2015, June). *Learning knowledge: MFIP-resources and training at-a- es- worker glance*. (DHS-MFIP-ES-Resources).
St. Paul: Minnesota Department of Human Services.

Minnesota Department of Health and Human Services (2016). *Domestic Violence Information*. (DHS-3477-ENG-2016-1). St. Paul: Minnesota Department of Human Services. Retrieved August 22, 2016 <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3477-ENG>
Appendix C

Minnesota Department of Health and Human Services. (2016). *Family Violence Referral*. (DHS-3323-ENG- 2011-1). St. Paul: Minnesota Department of Human Services. Retrieved August 22, 2016 from <https://edocs.dhs.state.mn.us/lfsrver/public/DHS-3323-ENG>
Appendix D

Mohan, L. (2014, July 1). *Minnesota a step in the right direction Minnesota expands access to TANF education and training activities*. Washington, DC: Center of Legal & Social Policy. Retrieved August 23, 2016 from <http://www.clasp.org/issues/temporary->

[assistance/in-focus/a-step-in-the-right-direction-minnesota-expands-access-to-tanf-education-and-training-activities](#)

Montoya, I. D., Bell, D. C., Atkinson, J. S., Nagy, C. W., & Whitsett, D. D. (2002). Mental health, drug use, and the transition from welfare to work. *Journal of Behavioral Health Services & Research, 29*(2), 144-156.

Morgenstern, J., Blanchard, K. A., McCrady, B. S., McVeigh, K. H., Morgan, T. J., & Pandina, R. J. (2006). Effectiveness of intensive case management for substance-dependent women receiving temporary assistance for needy families. *American Journal of Public Health, 96*(11), 2016-2023.

Morgenstern, J., Neighbors, C., Kuerbis, A., Riordan, A., Blanchard, K., McVeigh, K., & McCrady, B. (2009). Improving 24-month abstinence and employment outcomes for substance-dependent women receiving temporary assistance for needy families with intensive case management. *American Journal of Public Health, 99*(2), 328-333.
doi:10.2105/AJPH.2007.133553.

Osilla, K. C., D'Amico, E. J., Díaz-Fuentes, C. M., Lara, M., & Watkins, K. E. (2012). Multicultural web-based motivational interviewing for clients with a first-time offense. *Cultural Diversity & Ethnic Minority Psychology, 18*(2), 192-202.
doi:10.1037/a0027751.

Pavetti, L., Derr, M. K., Anderson, J., Trippe, C., & Paschal, S. (2001). Changing the culture of the welfare office: The role of intermediaries in linking TANF recipients with jobs. *Economic Policy Review, 7*(2), 63.

Personal Responsibility and Work Opportunity Act (PRWORA) (1996). *Public Law*

- (104-193). Retrieved August 22, 2016 from <http://www.gpo.gov/fdsys/pkg/PLAW-104publ193/content-detail.html>
- Rogers, C. (1965). *Client centered therapy*. New York, NY: Houghton Mifflin.
- Rollnick, S., Miller, W. R., & Butler, C. (2008). *Motivational interviewing in health care: Helping patients change behavior*. New York, NY: Guilford Press.
- Santiago, C. D., Kaltman, S., & Miranda, J. (2013). Poverty and mental health: How do low-income adults and children fare in psychotherapy? *Journal of Clinical Psychology, 69*(2), 115-126. doi:10.1002/jclp.21951.
- Schram, S. F., Soss, J., Fording, R. C., & Houser, L. (2009). Deciding to discipline: Race, choice, and punishment at the frontlines of welfare reform. *American Sociological Review, 4* (3), 398-422.
- Seefeldt, K. S., & Orzol, S. M. (2005). Watching the clock tick: Factors associated with TANF accumulation. *Social Work Research, 29*(4), 215.
- Segal, E. A. (2007). Social empathy: A new paradigm to address poverty. *Journal of Poverty, 11* (3). doi: 10.1300/J134v11n03_06.
- Seidel, S. & Shouman, K. (2015). *Family Stabilization Handout*. (MFWCAA-2015-7). St. Paul, Minnesota Department of Human Services. Appendix B.
- Shaefer, H. L. & Edin, K. (2012). *Extreme poverty in the United States: 1996 to 2011*. National Poverty Center Policy, Brief 28. Retrieved, August 23, 2016 from http://www.npc.umich.edu/publications/policy_briefs/brief28/policybrief28.pdf
- Shaefer, H. L. & Edin, K. (2013). Rising extreme poverty in the United States and the response of means-tested transfers. *Social Service Review, 87*(2), 250-286.
- Shaefer, H. L., Edin, K. & Talbert, E. (2015). Understanding the dynamics of \$2.00-a-day

- poverty in the United States. *The Russell Sage Foundation Journal of the Social Sciences*, 1(1), 120-138.
- Snyder, E. H., Lawrence, C. N., Weatherholt, T. N., & Nagy, P. (2012). The Benefits of motivational interviewing and coaching for improving the practice of comprehensive family assessments in child welfare. *Child Welfare*, 91(5), 9-36.
- Stoltz, K. B., & Haas, K. J. (2016). Mental health or career counseling: A forced choice? no need! *Career Planning and Adult Development Journal*, 32(1), 43-53. Retrieved from <http://ucrproxy.mnpals.net/login?url=http://search.proquest.com/docview/1770932592?accountid=28477>.
- Stoltz, K.B. & Young, T. L. (2013). Applications of motivational interviewing in career counseling: Facilitating career transition. *Journal of Career Development*, 40 (4), 329-346.
- Stromwall, L. K. (2015) Mental health needs of TANF recipients. *The Journal of Sociology & Social Welfare*, 28(3), Article 8. Retrieved, August 15th, 2016 from <http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=2746&context=jssw>
- Taylor, M. J., & Barusch, A. S. (2004). Personal, family, and multiple barriers of long-term welfare recipients. *Social Work*, 49(2), 175-183.
- Taylor, M. J., Barusch, A. S., & Vogel-Ferguson, M. B. (2006). Heterogeneity at the bottom: TANF closure and long-term welfare recipients. *Journal of Human Behavior in the Social Environment*, 13(2), 1-14. doi:10.1300/J137v13n02 01.
- The Revisor of Statutes (2015). *Minnesota Statutes*. St. Paul, MN. Retrieved, August 17, 2016 from <https://www.revisor.mn.gov/statutes/?id=256j.57> Appendix A
- Turner, L. J., Danziger, S., & Seefeldt, K. S. (2006). Failing the transition from welfare to work: Women chronically disconnected from employment and cash welfare. *Social*

Science Quarterly, 87(2), 227-249. doi:10.1111/j.1540-6237.2006.

00378.x.

Weikart, L. A. (2005). The era of meanness: Welfare reform and barriers to a college degree.

Affilia: Journal of Women & Social Work, 20(4), 416-433.

doi:10.1177/0886109905279802.

World Bank (2016). <http://www.worldbank.org/en/topic/poverty>

Wu, C. (2008). Severity, timing, and duration of welfare sanctions and the economic well-being of TANF families with children. *Children & Youth Services Review*, 30(1), 26-44.

Appendix A

256J.57 GOOD CAUSE EXEMPTION FROM SANCTION.

Subdivision 1. Good cause for failure to comply.

The county agency shall not impose the sanction under section [256J.46](#) if it determines that the participant has good cause for failing to comply with the requirements of sections [256J.515](#) to [256J.57](#). Good cause exists when:

- (1) appropriate child care is not available;
- (2) the job does not meet the definition of suitable employment;
- (3) the participant is ill or injured;
- (4) a member of the assistance unit, a relative in the household, or a foster child in the household is ill and needs care by the participant that prevents the participant from complying with the employment plan;
- (5) the participant is unable to secure necessary transportation;
- (6) the participant is in an emergency situation that prevents compliance with the employment plan;
- (7) the schedule of compliance with the employment plan conflicts with judicial proceedings;
- (8) a mandatory MFIP meeting is scheduled during a time that conflicts with a judicial proceeding or a meeting related to a juvenile court matter, or a participant's work schedule;
- (9) the participant is already participating in acceptable work activities;
- (10) the employment plan requires an educational program for a caregiver under age 20, but the educational program is not available;
- (11) activities identified in the employment plan are not available;
- (12) the participant is willing to accept suitable employment, but suitable employment is not available;
- (13) the participant documents other verifiable impediments to compliance with the employment plan beyond the participant's control; or
- (14) the documentation needed to determine if a participant is eligible for family stabilization services is not available, but there is information that the participant may qualify and the participant is cooperating with the county or employment service provider's efforts to obtain the documentation necessary to determine eligibility.

The job counselor shall work with the participant to reschedule mandatory meetings for individuals who fall under clauses (1), (3), (4), (5), (6), (7), and (8).

Subd. 2. Notice of intent to sanction.

(a) When a participant fails without good cause to comply with the requirements of sections [256J.515](#) to [256J.57](#), the job counselor or the county agency must provide a notice of intent to sanction to the participant specifying the program requirements that were not complied with, informing the participant that the county agency will impose the sanctions specified in section [256J.46](#), and informing the participant of the opportunity to request a conciliation conference as specified in paragraph (b). The notice must also state that the participant's continuing noncompliance with the specified requirements will result in additional sanctions under section [256J.46](#), without the need for additional notices or conciliation conferences under this subdivision. The notice, written in English, must include the Department of Human Services language block, and must be sent to every applicable participant. If the participant does not request a conciliation conference within ten calendar days of the mailing of the notice of intent to sanction, the job counselor must notify the county agency that the assistance payment should be reduced. The county must then send a notice of adverse action to the participant informing the participant of the sanction that will be imposed, the reasons for the sanction, the effective date of the sanction, and the participant's right to have a fair hearing under section [256J.40](#).

(b) The participant may request a conciliation conference by sending a written request, by making a telephone request, or by making an in-person request. The request must be received within ten calendar days of the date the county agency mailed the ten-day notice of intent to sanction. If a timely request for a conciliation is received, the county agency's service provider must conduct the conference within five days of the request. The job counselor's supervisor, or a designee of the supervisor, must review the outcome of the conciliation conference. If the conciliation conference resolves the noncompliance, the job counselor must promptly inform the county agency and request withdrawal of the sanction notice.

(c) Upon receiving a sanction notice, the participant may request a fair hearing under section [256J.40](#), without exercising the option of a conciliation conference. In such cases, the county agency shall not require the participant to engage in a conciliation conference prior to the fair hearing.

(d) If the participant requests a fair hearing or a conciliation conference, sanctions will not be imposed until there is a determination of noncompliance. Sanctions must be imposed as provided in section [256J.46](#).

History:

[1997 c 85 art 1 s 48](#); [1998 c 407 art 6 s 104](#); [1999 c 245 art 6 s 71](#); [1Sp2001 c 9 art 10 s 47](#); [2002 c 379 art 1 s 113](#); [1Sp2003 c 14 art 1 s 92](#); [2004 c 288 art 4 s 50](#); [2009 c 79 art 2 s 22](#)

Appendix B

FSS CATEGORIES, MAXIS CODING & DEFINITIONS

FSS Category	MAXIS Panel	Definition
Ill or Incapacitated*	DISA	Participants who are ill, injured, or incapacitated MUST provide professional certification of an illness, injury, or incapacity that is expected to last more than 30 days and severely limits the
Mentally Ill*	EMPS	Participants who are mentally ill and the condition severely limit the participant's ability to obtain or
Developmental Disability*	EMPS	Participants who are developmentally disabled and the condition severely limit the participant's ability to obtain or maintain suitable employment
Participants with IQ below 80**	EMPS	Participants with an IQ below 80 and the condition severely limit the participant's ability to ob-
Learning Disabled**	EMPS	Participants with a learning disability and the condition severely limit the participant's ability to obtain or maintain suitable employment.
Unemployable	EMPS	Participants, who do not meet the criteria for any other FSS category, but appear to have multiple and severe issues that impact their ability to work. See FSM 11.6 for more information on de-
Needed in the home	EMPS	Participants who are needed in the home MUST provide verification that they are needed to provide care for another member of the assistance unit, a relative in the household, or a foster child in the household who has a professionally certified
Special Medical Criteria	EMPS	Participants with a child or an adult in the household who meets the special medical criteria for home care services or a home and community-based waiver services program severe emotional
In the country 12 months or less	IMIG	Participants who are legal non-citizens in the United States 12 months or less.
Family Violence Waiver	MEMI	Participants who are victims of family abuse.
Applying/Appealing for SSI/RSDI	PBEN	Participants who are applying for or those who are appealing a denial of an SSI or
Age 60 or older	MEMB	Participants who are age 60 or older.

*A qualified professional has determined that the person's condition prevents the person from working 20 or more hours per week.

**A qualified professional has determined that the person's condition prevents the person from working 20 or more hours per week OR a qualified professional has determined that the person's condition significantly restricts the range of employment that the person is able to perform.

Family Stabilization Services – MFWCAA 2015 (2)

Ill/Injured/Incapacitated and Needed in the Home (ES Manual 13.15.6, CM 0011.33.03.03)

The certification of an illness, injury, or incapacity should be from a qualified professional who is a licensed physician, a physician's assistant, a nurse practitioner, a certified nurse midwife, or a licensed chiropractor.

Special Medical Criteria (ES Manual 13.15.9, CM 0011.36)

The diagnosis of a serious disability for a child or other adult in the household will be dependent upon whether it is a mental health or physical disability. See qualified professional for ill/incap or mental illness. The determination is also based on whether the child or other adult has the diagnosis and the disability would qualify them for home and community-based waived services. An Eligibility Worker could help determine if the individual would qualify or is already receiving these services.

Mental Illness/Developmental Disability (ES Manual 13.18.3, CM 0011.39)

Mental Illness

The determination of mental illness must be made by a licensed physician or a qualified mental health professional. Qualified mental health professional means:

- Psychiatric nurse
- Licensed independent clinical social worker
- Licensed psychologist
- Licensed psychiatrist
- Licensed marriage and family therapist

Developmental Disability

The determination of developmental disability must be made by a professional qualified by training and experience to administer the tests necessary to make such a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function). These professionals include a licensed psychologist, certified school psychologists, or certified psychometrics' working under supervision of a licensed psychologist.

The determination of whether the mental illness or developmental disability severely limits the participant's ability to obtain or maintain suitable employment can be made by the qualified professional who made the diagnosis or a vocational specialist. A vocational specialist could be a vocational psychologist, a master's level vocational counselor or a vocational specialist as defined by the county.

Unemployable (ES Manual 13.18.12, CM 0011.33.06)

The determination of unemployable should be done by a vocational specialist or another qualified professional designated by the county. A vocational specialist could be a vocational psychologist, a master's level vocational counselor or a vocational specialist as defined by the county.

Family Stabilization Services – MFWCAA 2015 (3)

DEFINITIONS OF QUALIFIED PROFESSIONALSIQ <80 (ES Manual 13.18.9, CM 0012.15.06)

The determination of IQ must be made by a professional qualified by training and experience to administer the tests necessary to make such a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function). These professionals include a licensed psychologist, certified school psychologists, or certified psychometrics' working under supervision of a licensed psychologist.

The determination of whether the IQ severely limits the participant's ability to obtain or maintain suitable employment can be made by the qualified professional who determined the IQ score or a vocational specialist. A vocational specialist could be a vocational psychologist, a master's level vocational counselor or a vocational specialist as defined by the county.

Learning Disability (ES Manual 13.8.6, CM 0011.33.06)

The determination of a learning disability must be made by a psychologist or school psychologist with experience determining learning disabilities.

The determination of whether the learning disability severely limits the participant's ability to obtain or maintain suitable employment can be made by the qualified professional who determined the learning disability or a vocational specialist. A vocational specialist could be a vocational psychologist, a master's level vocational counselor or a vocational specialist as defined by the county.

Family Violence Waiver (ES Manual 7.36.3, CM 0005.12.12.09)

Verification of family violence can be made by the employment counselor. The waiver cannot be approved until an employment plan is developed in conjunction with a person trained in domestic violence.

A "person trained in domestic violence" is a person who works for an organization designated by the Minnesota Center for Crime Victim Services (now known as the Office of Justice Programs, Crime Victim Services) as providing services to victims of domestic violence, or a county staff person who has received similar specialized training (generally, this will be a domestic violence advocate). A person trained in domestic violence could be a county or Employment Services staff person who previously received training as an advocate while working at an organization designated by Crime Victim Services, or it could

be someone from Legal Aid. Each county must identify locally trained people in order to ensure access for all MFIP participants.

(See <https://dps.mn.gov/divisions/ojp/help-for-crime-victims/Pages/default.aspx> to find organizations in MN designated by Crime Victim Services)

Family Stabilization Services – MFWCAA 2015 (4)

MAXIS/WF1 System Interface of ES Status Codes
 Eligibility Workers code the ES Status code(s) in the ES Status field on the STAT/EMPS panel in MAXIS. Once the eligibility results are approved by the Eligibility Worker, this information is updated and interfaced to the WorkForce One system. When more than one FSS identifier is coded in MAXIS, a hierarchy is used to determine what code is sent via interface to the WorkForce One system.

Pre-60 Month Hierarchy	Post-60 month Hierarchy
10 – Care of child <12 months	10 – Care of child <12 months
*27 – Special Medical Criteria (UP)	*12 – Special Medical Criteria
*34 – Newly Arrived Immigrant (UP)	*19 – Newly Arrived Immigrant
*33 - SSI/RSDI Pending (UP)	*18 – SSI/RSDI Pending
*28 – IQ Tested <80 (UP)	*13 – IQ Tested <80
*29 – Learning Disabled (UP)	*14 – Learning Disabled
*30 – Mentally Ill (UP)	*15 – Mentally Ill
*31 - Developmentally Delayed (UP)	*16 – Developmentally Delayed
*32 – Unemployable (UP)	*17 – Unemployable
*23 – Ill/Incap>30 days (UP)	*07 – Ill/Incap>30 days
*24 – Care of Ill/Incap Fam Memb (UP)	*08 – Care of Ill/Incap Fam Memb
*26 – Family Violence Waiver	*11 – Family Violence Waiver
*21 – Age 60 or Older (UP)	02 – Age 60 or Older

22 – Preg/Incap (UP)	06 – Preg/Incapacitated
20 – Universal Participation (UP)	09 – In Per/Family Crisis
	01 – Not Exempt

*Denotes codes which are FSS

Family Stabilization Services – MFWCAA 2015 (5)

RETURN FSS CASES TO REGULAR TANF/MFIP ES WHEN:

1. The participant is no longer:
 - Ill, injured or incapacitated more than 30 days
 - Needed in the home due to illness, injury or incapacity of another member in the assistance unit, a relative in the household or a foster child in the household.
 - Meets the Special Medical Criteria
 - Mentally Ill
 - Qualifies for a Family Violence Waiver
 - Unemployable.

2. The participant is able to work 20 or more hours per week and employment is expected to continue, even though a disability continues, in the following categories:
 - Ill, injured or incapacitated more than 30 days
 - Developmentally disabled or mentally ill
 - Learning disabled
 - Unemployable
 - IQ below 80

3. The participant has been in the country for 12 months, unless the case manager and participant have determined that the participant should continue with ESL classes or skills training, or both.

Legal non-citizen cases may remain in FSS beyond 12 months in the following situations:

- The participant's language skills are below SPL6 and the participant and case manager determine more ESL education is needed.
- The participant's language skills are at SPL6, but she/he needs additional skills training to obtain employment.

NOTE: These cases should NOT be returned to TANF funding prior to 12 months, even if the participant is meeting the TANF work participation rate. After the initial 12 months, continuation in FSS must be reassessed every 6 months.

Returning a client to Universal Participation – see TE02.08.171

Appendix C

<https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-3477-ENG>

Appendix D

<https://edocs.dhs.state.mn.us/lfsrver/public/DHS-3323-ENG>