Engaging families and engaging services

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Acknowledgements

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Welcome and Introductions

- Identify 1 obstacle that you have encountered as you tried to involve youth and their families in services.

Mental Health and Children

- Two thirds of children in need of mental health care do not receive services.
- No show rates can be as high as 50%.
- Drop outs occurring after two or three sessions are common.

The Research: Barriers to Involvement in Child Mental Health Interventions (Urban Settings)

- Triple threat: poverty, single parent status and stress
- Concrete obstacles: time, transportation, child care, competing priorities
- Attitudes about mental health, stigma
- Previous negative experiences with mental health or institutions

The Research: Barriers to Involvement in Child Mental Health Interventions (Rural Settings)

- Scarce mental health resources
- Transportation
- Stigma associated with mental illness and seeking care
- Concerns about confidentiality
- Isolation

Empirically supported Engagement Interventions

- Focused telephone procedures associated with increased initial show rates
- Structural family therapy telephone engagement intervention associated with 50% decrease in initial no show rates and a 24% decrease in premature terminations (Szapocznik, 1988; 1997; 2004)

Summary: Telephone Engagement Strategies to Address Barriers

"First Telephone Contact"

Telephone Engagement Intervention

- Intervention during the initial telephone intake or appointment call
- Relies on an understanding of child, family, community and system level barriers to mental health care
- Goals:

1) clarify the need for mental health care

2) increase caregiver investment and efficacy

Telephone Engagement Intervention (cont.)

- Goals:

3) Identify attitudes about previous experiences with mental health care and institutions

4) PROBLEM SOLVE! PROBLEM SOLVE! PROBLEM SOLVE! around concrete obstacles to care

What needs to happen on the telephone?

- Referral to treatment
  - Help parents invest initially in treatment for their child
  - Help parents and child invest in ongoing work with provider
  - Problem Solving! Problem Solving!

Clarify needs of child and family

- Perception of concern
  - How Long
  - Where – at home – at school – with friends- with other adults
- Perception of services and "helpers"
  - Relationship with teachers
  - Previous therapy experiences (either kids or adults)
  - Previous experience with helping providers

Needs of the child and family (cont.)

- Defining concern
  - Recent example
  - Why now
  - Strengths in supporting child
  - Things parent has tried in the past
- Getting help
  - Can services make a difference for the child
  - Have they sought help before
  - Was that experience helpful; was the provider helpful

Getting ready for the appointment:

Assignments for the Caretaker & Appointment Scheduled

- Make a list of:
  - Strengths
  - Goals
  - Concerns
  - Discuss coming to the appointment with your child.

•Time
•Date
•Intake Worker
•Address
•Directions by car, bus, and subway

Basics of Active Problem Solving

- What do you think about coming?
- What could stand in the way of getting here?
- How are you going to get here?
- Who are you going to bring?
- How will these people feel about coming?

Basics of Active Problem Solving

- What time is best for you?
- Will this interfere with anything else?
- How comfortable do you feel talking about your child's needs?
- How hopeful do you feel that this will help?

Preparation for the first meeting is key!

- Getting ready for the first meeting
  - Meet with our staff to get a better idea of how (facility, treatment, services) can be helpful.
  - Will spend some time filling out forms (i.e. insurance, basic info, etc.)
  - Will spend more time talking with parent, child, and other family members so that we can come up with a plan to help (child's name).
  - How does that sound?

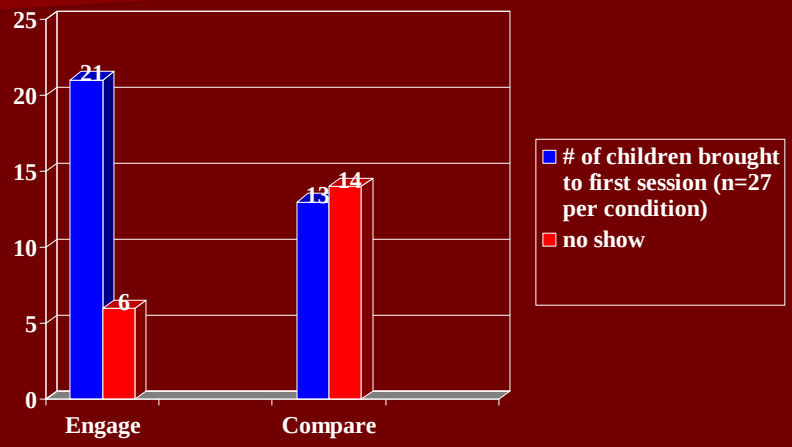
Important considerations throughout the telephone interview

- Race
- Ethnicity/cultural issues
- Stressors
- Isolation
- Fears that friends, neighbors will disapprove of seeking care
- Helping client manage in communities of scarce resources

Telephone Engagement Study Methods

- Outcome of interest: # of families that came to an initial appointment
- Setting: outpatient child mental health clinic
- Sample: n=54
- Design: Matched comparison of consecutive referrals in one month

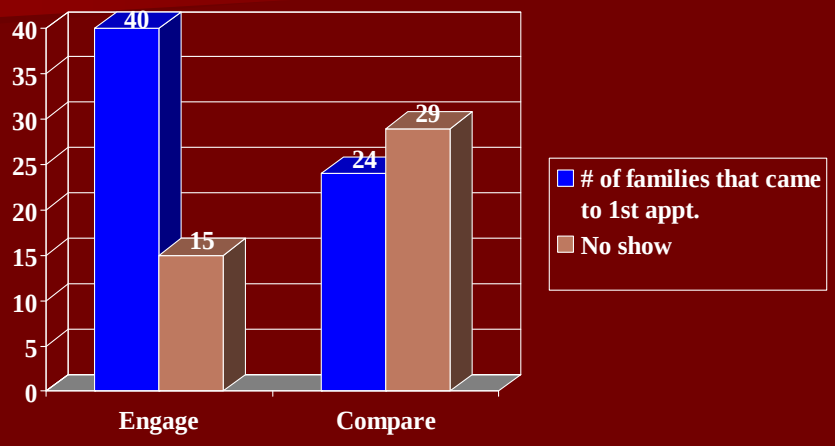
Telephone Engagement Study Results

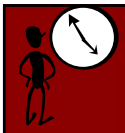


Telephone Engagement Study #2 Methods

- Outcome of interest: # of families that came to an initial appointment
- Setting: Outpatient child mental health clinic
- Sample: n=108
- Design: random assignment to condition

Telephone Engagement Study #2 Results





Exercise 1: Barriers to child/family engaging in the helping process

Instructions for participants:

- List 5 – 10 obstacles that would prevent a child from wanting to come to a treatment appointment.
- Next, list 5 – 10 obstacles that would interfere at the parent/family level in getting to a treatment appointment.
- What **new** strategies can you develop to help families address obstacles?

Exercise 2: What would make a families' experience perfect at your site?

Instructions for participants:

Imagine you are a parent calling to get services at your agency for the first time. Describe what would make the experience perfect for that parent and child. Start your description with the phone call and include your arrival to the agency waiting room but end at the point you are called to meet the intake worker.

First Interview Engagement Strategy

Summary: Engagement Approach to Involving Children and their Families

First Interview

Vulnerable populations

- The most vulnerable child populations, in terms of seriousness of presenting problems or complexity of social situations, are less likely to be retained beyond the 1st mental health session
- The delivery of services to vulnerable client populations rests on the engagement of clients in the helping process.

Vulnerable populations (cont.)

- Therefore it is critical for interviewers to develop and utilize focused culturally sensitive engagement skills that address the range of barriers that can exist within families, environments, and agencies interfering with the process of engagement.
- A protocol for first/engagement interviews was developed and tested with the following results.

Purpose of first interview engagement strategy

- Two primary purposes:
  - To understand why a child and family want help from provider.
  - To engage the child and family in a helping process, if appropriate.

Four Critical Elements of the Engagement Process

Element – 1

- Clarify the helping Process for the client…
  - Carefully introduce self, agency intake process, and possible service options.
  - Do not assume that client has been given accurate information about services.
  - Do not assume clients know what is expected of them and what they should expect from intake process/worker

Element – 2

- Develop the foundation for a **collaborative** working relationship…
  - Balance the need to obtain intake information (agency assessment, insurance forms, etc.) with helping the child and family to "tell their own story" about why they have come.

Element – 3

- Focus on immediate, practical concerns…
  - Be ready to schedule a second appointment sooner than the following week.
  - Parents often need help negotiating with other "systems" (i.e. school).
  - Responding to parents concerns provide an opportunity for worker to demonstrate their commitment and potential capacity for help.

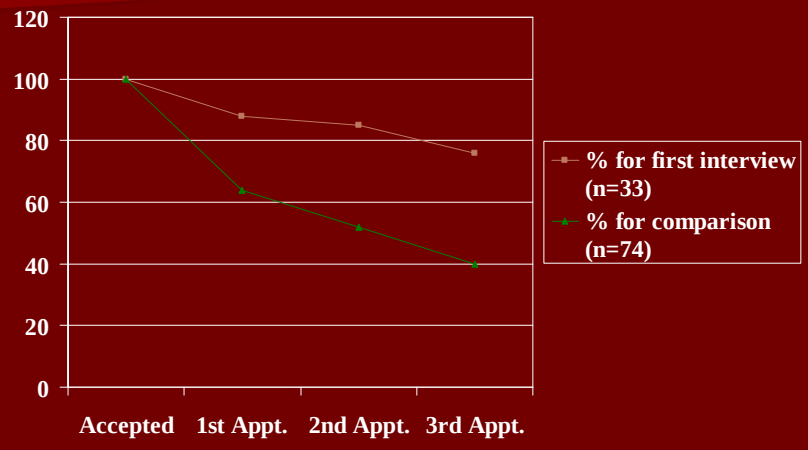
Element – 4

- Identify and problem-solve around barriers to help seeking
  - Every first interview must explore potential barriers to obtaining ongoing services
  - Specific obstacles, such as time and transportation must be addressed.
  - Other types of barriers include previous negative experiences with helping professionals; discouragement by others to seek professional help; differences in race or ethnicity between the interviewer and the client; families experiences with racism and its impact on their willingness to receive services from a "system" need to be carefully explored.

First Interview Study Methods

- Outcome of interest: # of families that came to initial and ongoing appointments
- Setting: Outpatient child mental health clinic
- Sample: n=107
- Design: Random assignment to condition

First Interview Results



Collaborating with families to enhance outpatient mental health and school based services

- Multiple family group approaches

Multiple family groups

- Target family factors that have been empirically linked to childhood conduct difficulties
- Focus on practical parenting strategies that can be immediately incorporated in order to reduce stress and increase optimism
- Build upon family strengths and reduce stigma
- Address barriers to service use via active problem solving

In the words of families…

Multiple family groups should focus on:

- Rules
- Roles and Responsibilities
- Respectful communication
- Relationships

Multiple family group intervention outline

Session 1	What are multiple family groups?
Session 2	Building on family strengths
Session 3	Rules for home and school
Session 4	Responsibility at home and at school
Session 5	Relationships
Session 6	Respectful communication
Session 7	Dealing with stress at home
Session 8	Who can we turn to (building supports)?

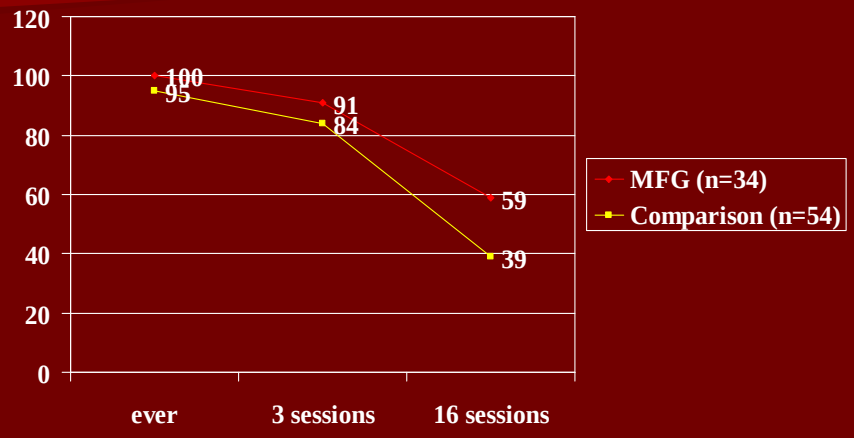
Multiple family group intervention outline

Session 9	Fixing broken rules
Session 10	Everyone does their share in solving problems
Session 11	Building kids up
Session 12	Everybody gets a chance to be heard
Session 13	Dealing with stress/Finding resources
Session 14	Stress & resources - Part II
Session 15	How did group go?
Session 16	Ending party

MFG study methods

- Outcome of interest: % of families in attendance & child mental health symptoms
- Setting: urban outpatient child mental health clinic
- Sample: n=88
- Design: consecutive referrals for conduct difficulties were assigned first to MFG until spaces filled and then to services as usual

Results: % Involvement in MFGs vs. Clinic Comparison



Changes within child serving systems

- Overview of engagement teams
- Collection of data related to engagement

Quality Mental Health Services

- Consumer Centered
- Knowledge Based / Data Driven
- System Oriented

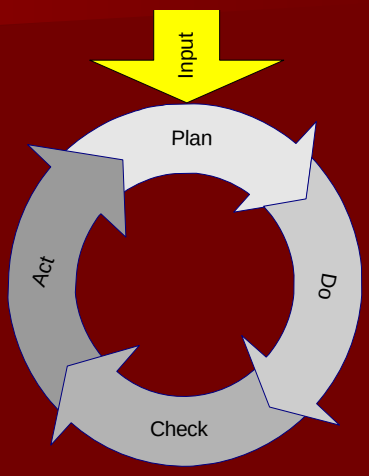
Definition of quality

- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
  - IOM, 1990

Model of quality improvement

- Shifts away from retrospective methods to concurrent and/or prospective approaches
- Continuous Quality Improvement

The continuous quality improvement cycle

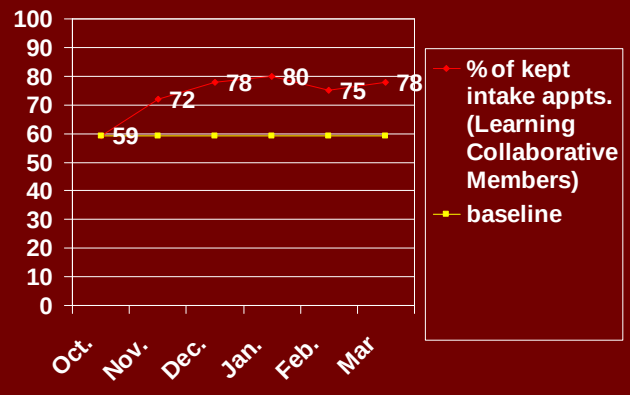


CQI cycle

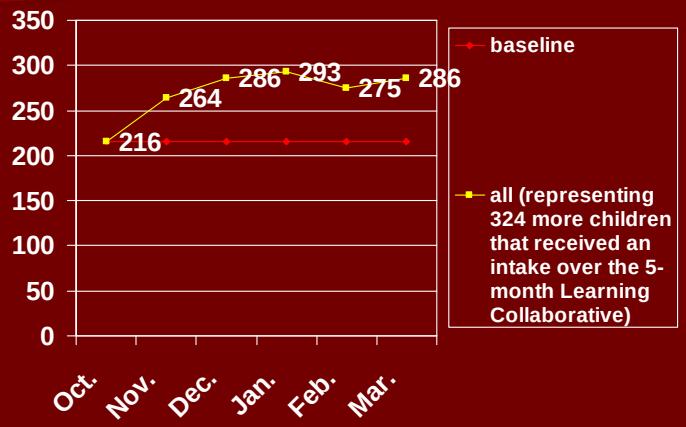
- Plan – define organizational plan for quality tied to customer needs.
- Do – improve organizational performance on key indicators.
- Check – assess how well the services delivered in "DO" phase accomplished the objectives in "PLAN" phase.
- Act – evaluate and refine quality plan.

Learning Collaborative Performance Indicator #1

(by month across 13 agencies)



Estimates of number of children completing an intake as a result of quality improvements related to engagement



Summary & Wrap-up

- Final questions and answers