Engaging Reluctant Families

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Systems of Care

- Family driven
- Strengths-based
- Culturally-proficient
- Child-centered
- Community-based
- Well-coordinated

Obstacles to Engagement Urban areas

- Top three most frequently cited obstacles:
  - Poverty, single parent status, stress
- Practical issues:
  - Time, transportation, childcare, other priorities
- Attitudes about mental health (stigma)
- Previous negative experiences with mental health services/institutions

Obstacles to Engagement Rural areas

- Top three most frequently cited obstacles:
  - Poverty, single parent status, stress
- Practical issues:
  - Time, transportation, childcare, other priorities
- Attitudes about mental health (stigma)
- Previous negative experiences with mental health services/institutions
- **Concerns about confidentiality**
- **Limited resource options**

Family Driven

- Families are equal partners
- Families select members for their team
- Families are recognized for knowing their children best
- Families identify and prioritize their own needs and goals

The family we want…

The family we get...

Failure to engage

- Withdrawing after two or three sessions is common
- Most families come to the first meeting/session only to see how _they_ feel about services and have only agreed to this first encounter.
- Best predictor of families who will refuse or drop out of services:
  - **Previous negative experiences**

Rapport and Relationship Building

- The value of a strong relationship with clients and families.
  - A strong therapeutic relationship with clients and families is the ideal foundation for change and collaboration. But how important is it?

Value cont.

- No form of therapy or theory or approach will be as effective as it could be without a strong therapeutic alliance with client and family.
- 2001 research project summarized in the journal _Psychotherapy_ found that a strong therapeutic alliance was more closely correlated with positive client outcomes than _any_ specific intervention.

What constitutes a therapeutic alliance?

- John Sommers-Flanagan explains it this way: "it is a relational factor in counseling that includes three dimensions: goal consensus between counselor and client, collaboration on counseling related tasks, and emotional bonding."

Goal consensus

- Listen closely to the client's distress and hopes and be able to articulate that back to your client (reflective listening),
  - Make a list with them about their concerns and desires.
  - Listen to them and understand how they view their current challenges.
  - Find out what they need and want.

Collaboration on tasks

- Together completing any task that the client understands is directly related to their problems.
  - Taking a social history
  - Completing a family genogram
  - Practicing calming breathing with client
  - Practicing a parenting strategy together.

Emotional bonding

- This behavior can be different and unique from one counselor or case manager and client to another. It is using who we are:
- Using humor, empathy, or simply sitting with them while they are upset or sad, or giving strengths-based supportive feedback.

Strategies for engagement and relationship building

- Carl Rogers article in 1957 in the *Journal of Consulting Psychology* asserts that the therapist/counselor/change agent must:
- Be genuinely engaged in the therapeutic relationship
- Have unconditional positive regard for the family
- Feel empathy for the family
- Clearly communicate these attitudes

Strategies continued: Cultivate Patience

- Not a small challenge with high caseloads, mandates, and regulations.
- Spend time listening, give the family space to share feelings, successes, worries since the last time you saw them.

Strategies Continue: Validation

- It is critical to make your clients feel heard and understood. Validate their story as they have seen and experienced it.

Strategies: Acceptance and Empowerment

- Convey acceptance of their personal experience of events. Accept that their ideas for how to address problems within their own lives and in their own families are valuable, even if their ideas are different from ours.
- Seek feedback for how your work with them is going. (more on feedback later).

Strategies:
Enthusiasm for the Work

- Convey a genuine, positive attitude about your work and about your clients and families. Think of something that is going well and bring it into the discussion.

All well and good

- But what about clients with bad experiences with past providers, and adolescents!?

Families with bad provider experiences

- Extra attention must be paid to all of these priorities (validation and acceptance, goal consensus, and patience) when you have clients and/or families who have had a negative experience with someone in a helping role.
- Expect avoidance, resistance, anger, hostility.

Adolescents

- Angry, hostile adolescents can also have negative experiences with adults in their lives.
- Employ validation, acceptance and listening skills in spades. Also be ready to roll with whatever the kid is demonstrating when you meet with them: ignoring you, cussing you out, extreme resistance, etc.; go with it, accept it, don't show anger or fear.

Adolescents cont.

- Clayton Martin, American Counseling Association member, who started his career as an in-home counselor, says that *"Insincerity is blood in the water to the youth client."*

He also has the following advice:

- Look at their behavior as a natural product of their experiences, even as a coping mechanism.
- Seek to understand what is behind it.
- Don't retreat into the role of the authority figure, or trot out scripted advice. These are sure ways to lose (or never gain) the trust of an adolescent.
- Be genuine and be honest. They will know when you're not, and they won't trust you.
- Just stand there and let them blow themselves out like a hurricane.
- Show acceptance of how they feel.

Critical Elements of the Engagement Process
(Mary McKay, PhD, NYU, Silver School of Social Work)

- **Clarify the helping process**
  - Intentional/detailed introductions
  - Do not assume family has existing knowledge OR accurate information about team/services
  - Do not assume that families know what to expect

Critical Elements…

- **Set the foundation for collaboration**
  - Thank families for seeking help, recognize their efforts.
  - Identify attitudes & experiences with previous services/agencies/teams.
  - Explain roles & responsibilities in terms of working towards shared goals.
  - *Begin identifying strengths*
    - *(Pintrest, Barrett Values Centre, Strengths Finder)*

Critical Elements…

- **Focus on immediate, practical concerns**
  - Ask families about their concerns.
  - Create a list of "FAQs" to share.
  - Ask if they need help negotiating with other systems (e.g., school).
  - Give them printed, helpful information.

Critical Elements…

- **Identify & problem-solve around barriers to engagement**
  - Practical & specific obstacles must be addressed – e.g. time, transportation
  - Identify other barriers – e.g., discouragement by others to seek help, racism and it's impact on willingness to work with "the system"
  - Continue this process throughout services

On-Going Feedback

- The value of on-going feedback:
- The APA Interdivisional Task Force on Evidence-based Therapy Relationships reviewed studies of best practices in 2001 and in 2010 reviewed 10 years of published studies about the effectiveness of psychotherapy.

APA Interdivisional Task Force

- After analyzing the collective information in these studies, they boiled therapeutic relationship down to a mere 4 effective elements.
- One of these elements was encouraging practitioners to "routinely monitor patients' responses to the therapy relationship and ongoing treatment."

Value of ongoing feedback …

- Monitoring leads to regular, structured opportunities to reestablish collaboration, to modify goals, tasks, and services.
- It also creates opportunities to problem solve aspects of the relationship, misperceptions, or failures of communication. Monitoring also helps to avoid the client prematurely disengaging from the service or program.

Value of ongoing feedback …

- Using client feedback mechanisms allow you to gain the client's perspective on both how helpful services or treatment are, as well as on the therapeutic relationship itself.
- Ongoing feedback from the client is also a useful tool for supervision and professional growth.
- Incorporating mechanisms of collecting ongoing client feedback have been found to be significant predictors of positive client change. (C.S. Harmon 2007)

Mechanisms for Seeking Feedback from Families/Youth

- Two popular systems exist for gaining client feedback:
- The Outcome Questionnaire 45 (OQ45). Created by Dr. Michael Lambert, this is a 45 item self-report tool. It primarily measures symptom distress, interpersonal relationships, and social role functioning. It is designed for repeated administration throughout the intervention and at discharge.

Mechanisms…

- The Partners for Change Outcome Management System (PCOMS) by Scott D. Miller, PhD. and Barry L. Duncan, Psy. D.
- It is a client feedback program for improving treatment outcomes for adults and children engaged in a behavioral health care intervention.

The PCOMS has two brief scales:

- The Outcome Rating Scale (ORS). This is given at the beginning of each session and is focused on mental health functioning and the client's perception of benefit from the treatment.
- The Session Rating Scale (SRS). This is given at the end of each session and assesses the therapeutic relationship.

Access to the ORS and SRS

- The ORS and SRS are provided free of charge to individual mental health practitioners by download at: http://www.scottdmiller.com/srs-ors-license/
- There are instructions at this site to register for the downloads.