



# Supporting the Workforce around Family Engagement: What Does the Evidence Suggest?

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# Acknowledgements

## McSilver Community Collaborative Board

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# POINT OF AGREEMENT: Parents are key influences on childhood development

Every aspect of child development, the ability to communicate, social and emotional well-being, school readiness, is influenced by home environmental conditions, as well as parent-child interactions



# POINT OF AGREEMENT: Parents are key to.....

- ▶ Influencing their child day-to-day
- ▶ Setting the foundation for opportunities to grow within and outside the home
- ▶ Directing child developmental outcomes

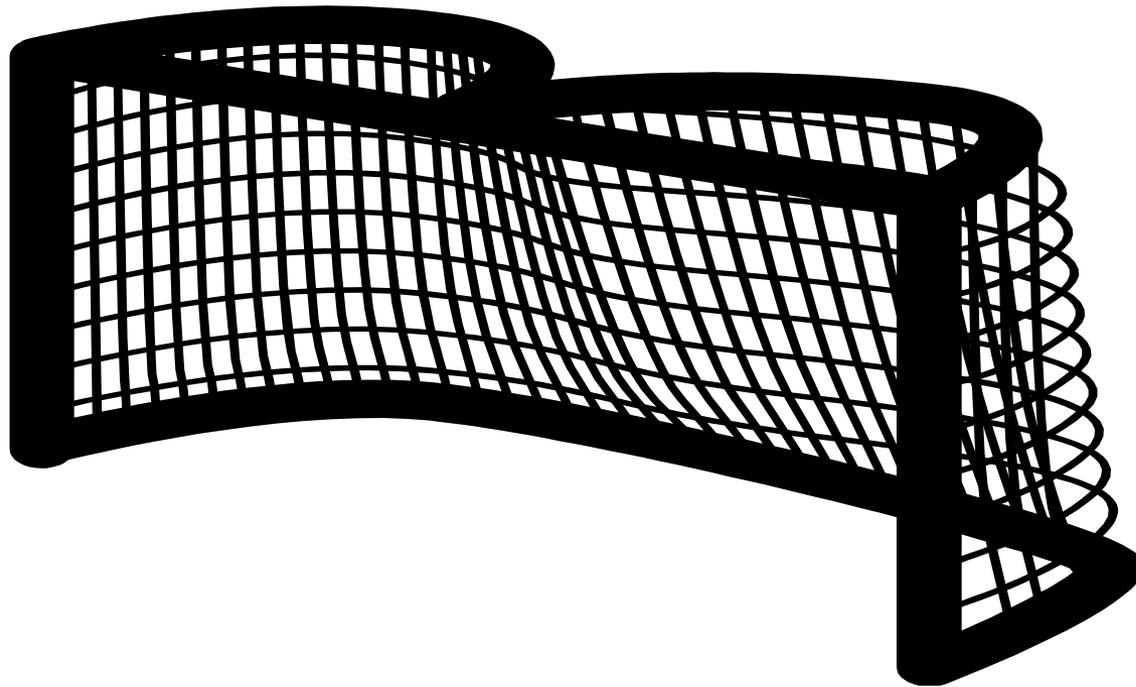


# POINT OF AGREEMENT: When a child develops special needs that require attention....

- ▶ Receipt of services is highly dependent upon parental actions and follow-up
- ▶ Impact of services can be magnified by parent involvement
- ▶ Parental follow-up at home is critical for bolstering child skills, addressing delays and generalizing use of new skills



# Final POINT OF AGREEMENT



**STRONG PARTNERSHIPS WITH PARENTS ARE THE GOAL, YET  
ASSOCIATED WITH SERIOUS CHALLENGES**

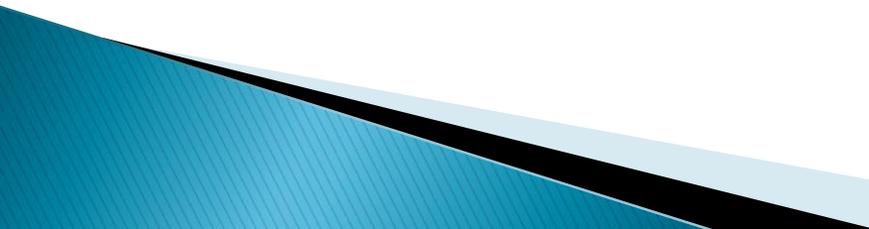
# Barriers to Engagement

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- ▶ Ecological perspective locates barriers to initial and ongoing engagement within the family, the provider, and/or the system
  - ▶ Triple threat: poverty, single parent status, stress
  - ▶ Concrete obstacles: time, competing priorities, transportation, child care
  - ▶ Perceptual obstacles: attitudes about help seeking, stigma, negative experiences, parents' own stress and needs, feelings of fear, hopelessness, loss of control
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# Research Findings on Barriers to Engagement

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- ▶ Not all barriers are “equal.”
  - ▶ Perceptual barriers (e.g., stigma) and prior negative experiences have been shown to have the greatest influence on initial and ongoing engagement
  - ▶ Addressing perceptual barriers may be more important than focusing only on concrete obstacles
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# Recap of Science-based Engagement Targets



1. Align needs with supports/services
2. Increase investment and efficacy
3. Identify attitudes about seeking help and previous experiences with systems of care and institutions
4. Problem-solve around concrete obstacles to care
5. Clarify the helping process
6. Develop the foundation for a collaborative working relationship
7. Focus on immediate, practical concerns
8. Identify and problem-solve around barriers to help-seeking

# Evidence-based Engagement Training Tool Kit



- 1) Slides
- 2) Video
- 3) Resources

**BUT.....**

# Brief, evidence-informed, targeted interventions focused on enhancing attendance

- During initial telephone or first meeting (closing the gap between referral/initial contact and keeping a first appointment)
- During first intake evaluation (closing the gap between evaluation and ongoing services)

# Engaging Evidence-informed Services

- Services that align with high felt needs of parents
  - Care models that offer promise of child improvement
  - Opportunities for parents to:
    - Relax
    - Experience hope
    - Gain new information that is useful and can be immediately used
    - Reduce experience of stress and burden
    - Inspire
    - Acknowledge perceptions of reality and constraints
- 

# Example: Multiple family groups to address child conduct difficulties

## In the words of families...

Multiple family groups should focus on: (**4Rs**)

- Rules
- Roles and Responsibilities
- Respectful communication
- Relationships

As well as the **2Ss**:

- Stress and Support

# Example: MFG Collaborative Development & Service Delivery

- ▶ Clinician and parent advocate co-facilitate
  - ▶ Clinicians provide professional expertise
  - ▶ Parent advocates provide support and practical information
  - ▶ Sessions guided by a manual characterized by flexibility, choice of activities, discussion questions
  - ▶ Parent consumers made substantive contributions to the development of the intervention guide based on their experience and existing literature (e.g., brought stress to the forefront)
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# Further steps: Evidence on Family Support & Engagement

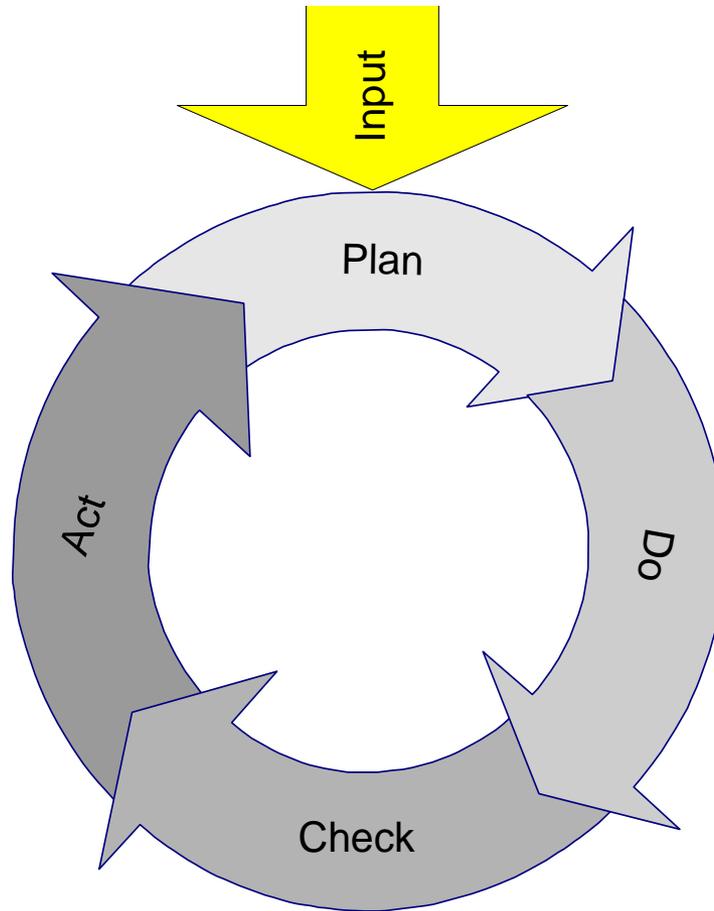
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- ▶ Reduces stigma and distrust by improving communication (Linhorst & Eckert, 2003)
- ▶ Improves activation in seeking care (Alegria et al., 2008)
- ▶ Improves self-efficacy– i.e., active participation in decision-making (Heflinger & Bickman, 1997; Bickman et al., 1998)
- ▶ Improves knowledge and beliefs about children's mental health and this is associated with use of higher quality services for children (Fristad et al., 2003; 2008)

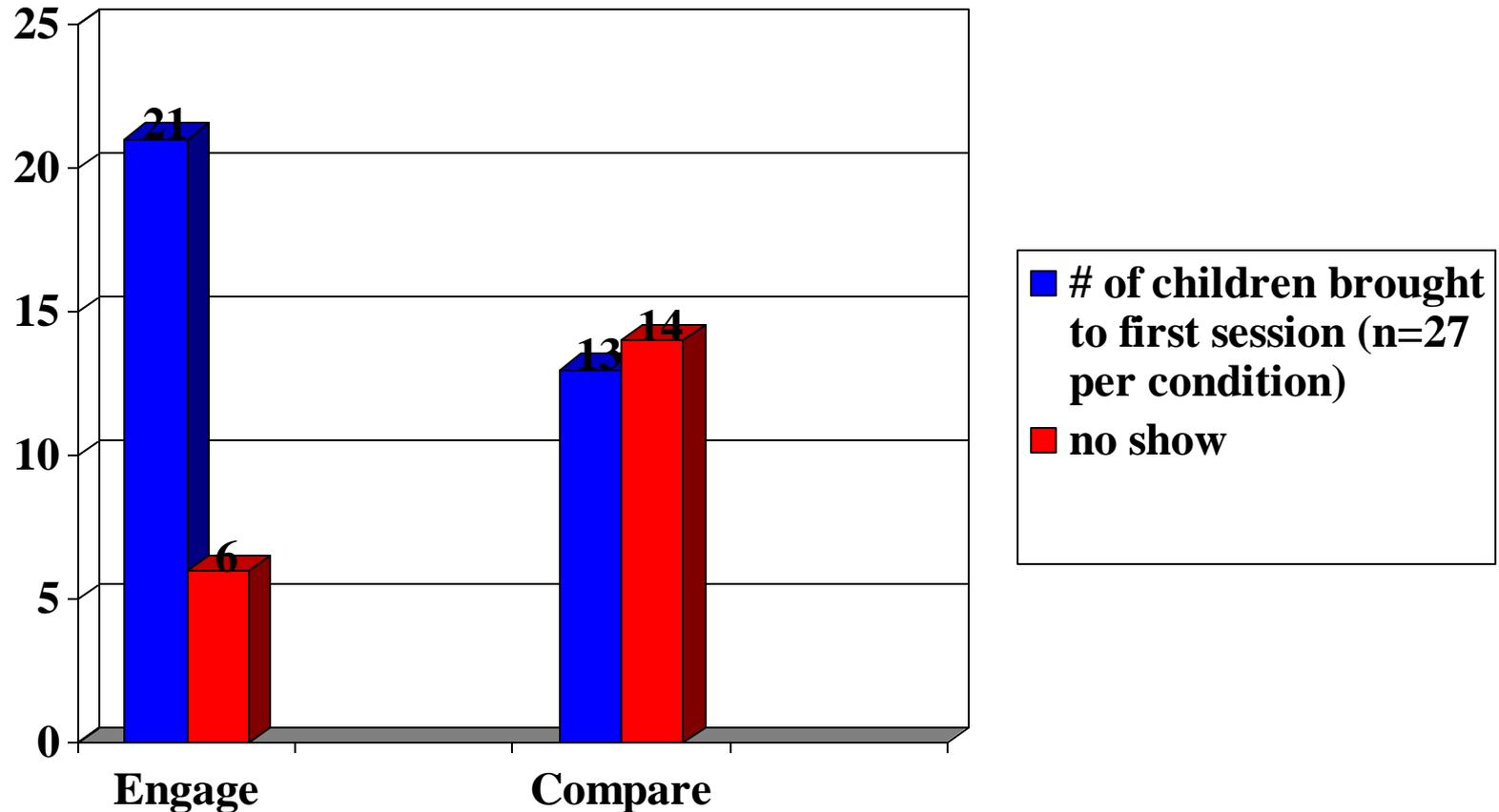


# The Continuous Quality Improvement Cycle

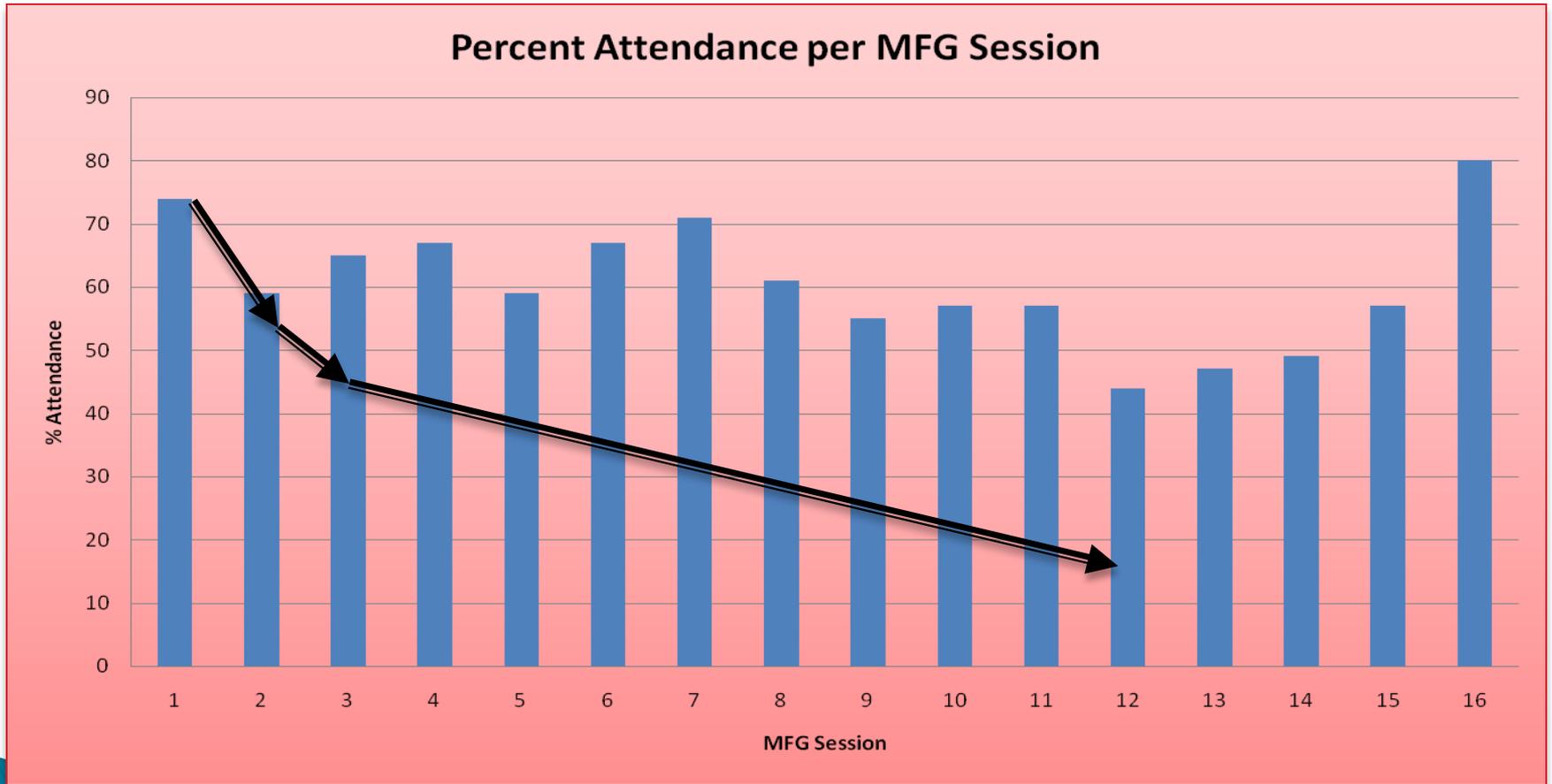
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# Study #1: Engagement talking points embedded in early contact with parents



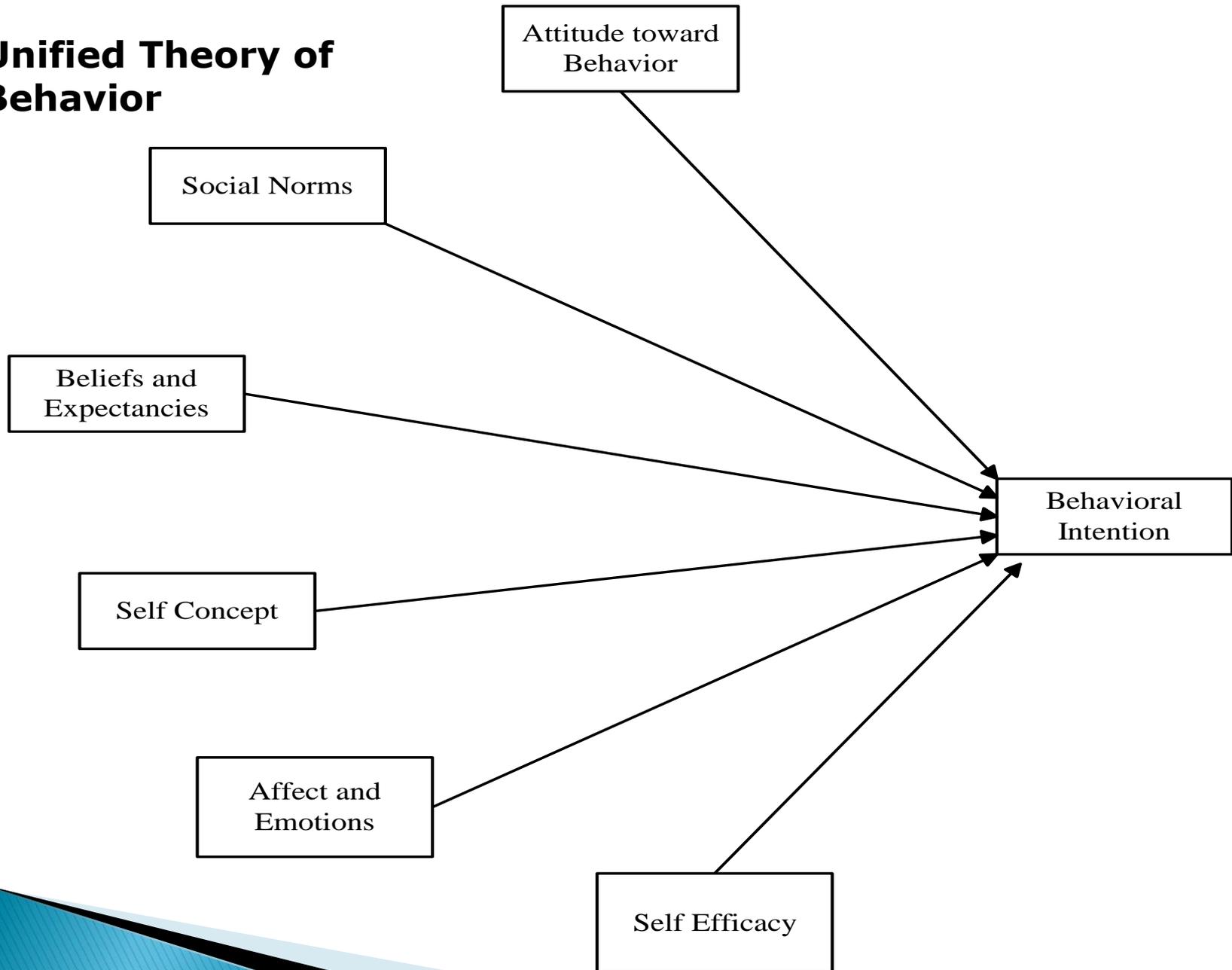
# MFG Attendance (in comparison to rates of retention in comparison services)



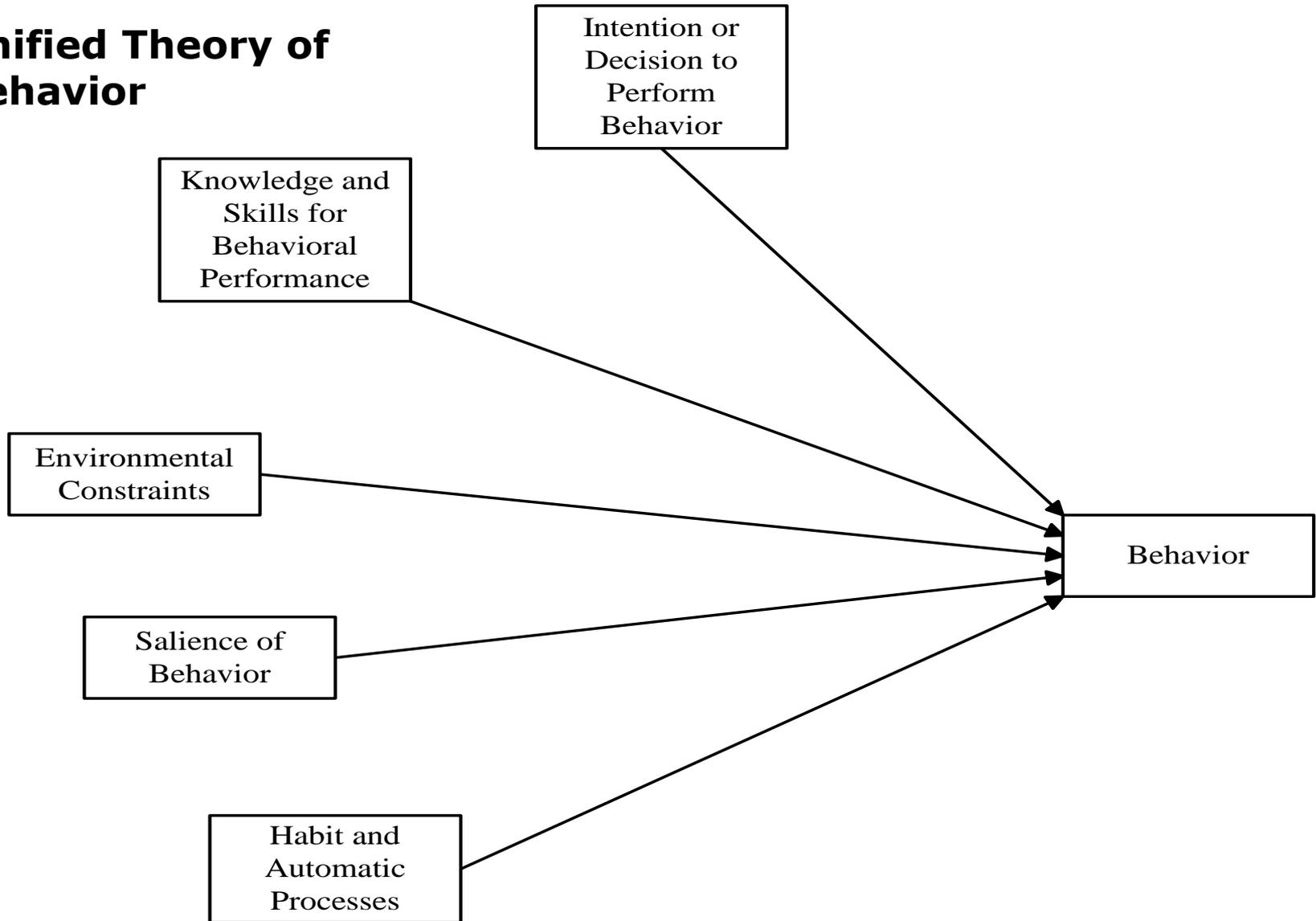


What will you do next?

# Unified Theory of Behavior



# Unified Theory of Behavior



# Community Collaborative Training (cont.)

## Sessions 6 & 7: Participant Collage



# Collaborative Training (cont.)

## Sessions 6 & 7: Participant Collage

Group I

Behavioral Intention  
affect + emotion

Self Efficacy



Kirsty Alley

October 2004  
"I really like me and I really don't like my fat body," confessed the former *Cheers* star.

low self esteem



Amelia Healy

high self esteem

self concept



attitude behavior



irresponsible behavior (risky)

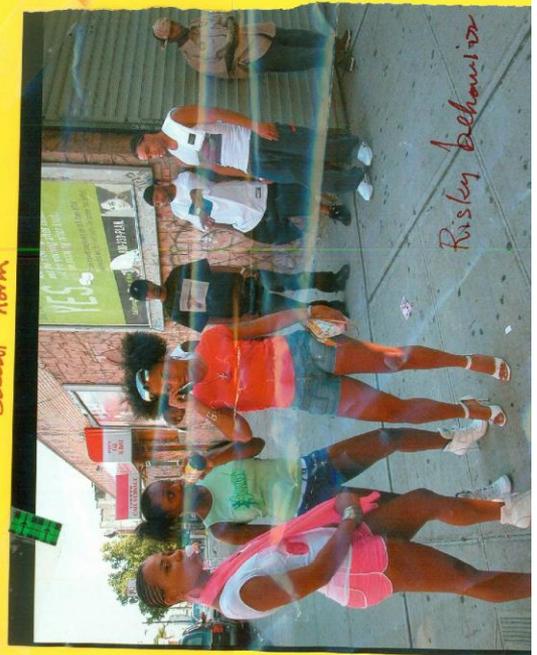
Michael Jackson

Social Norm Tom, Katy Holmes



unmarried parents

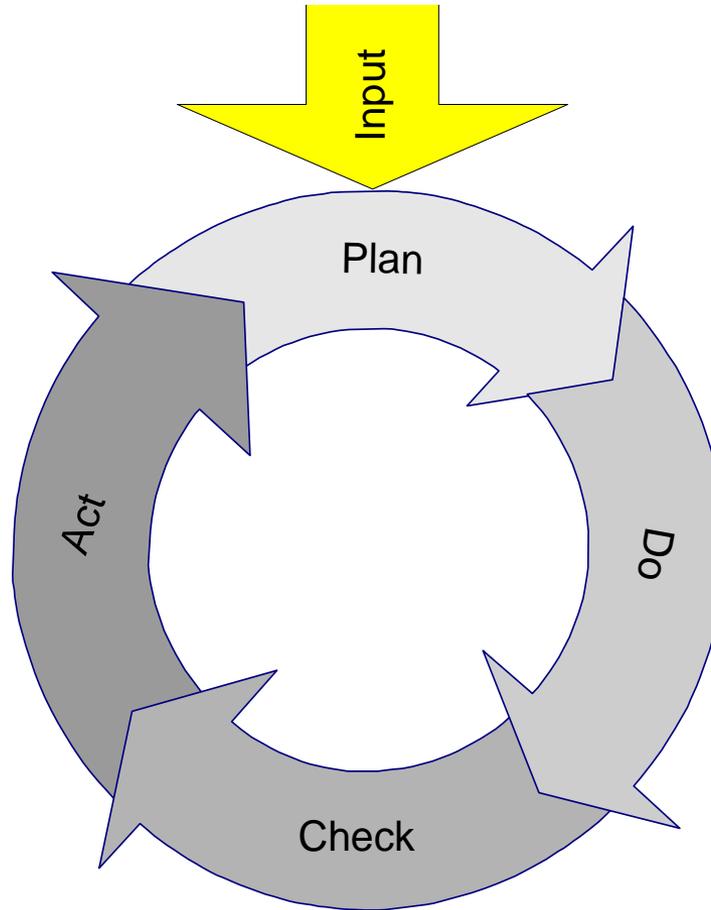
Social norm



Risky behavior

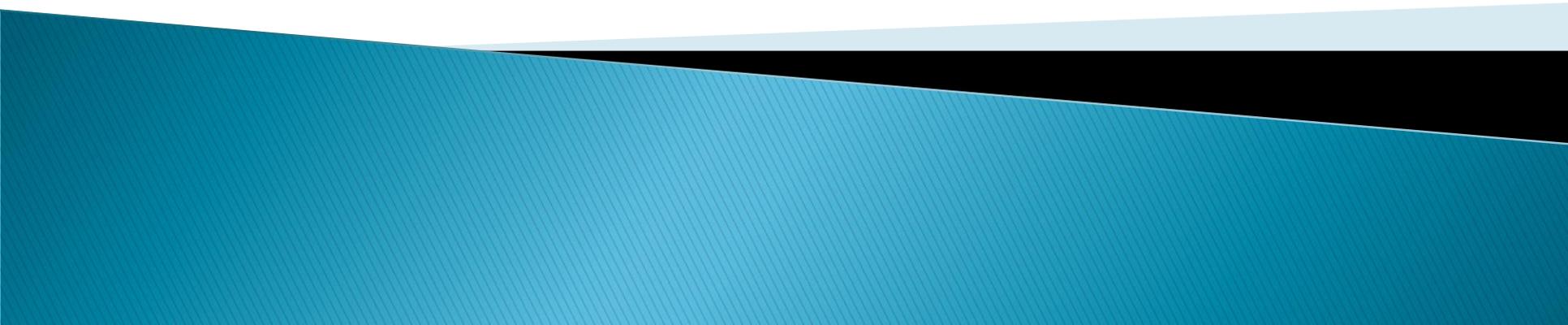
# The Continuous Quality Improvement Cycle

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# *Motivational Interviewing: Preparing people for change*

from William Miller and Stephen Rollnick,  
2002 (2<sup>nd</sup> edition)

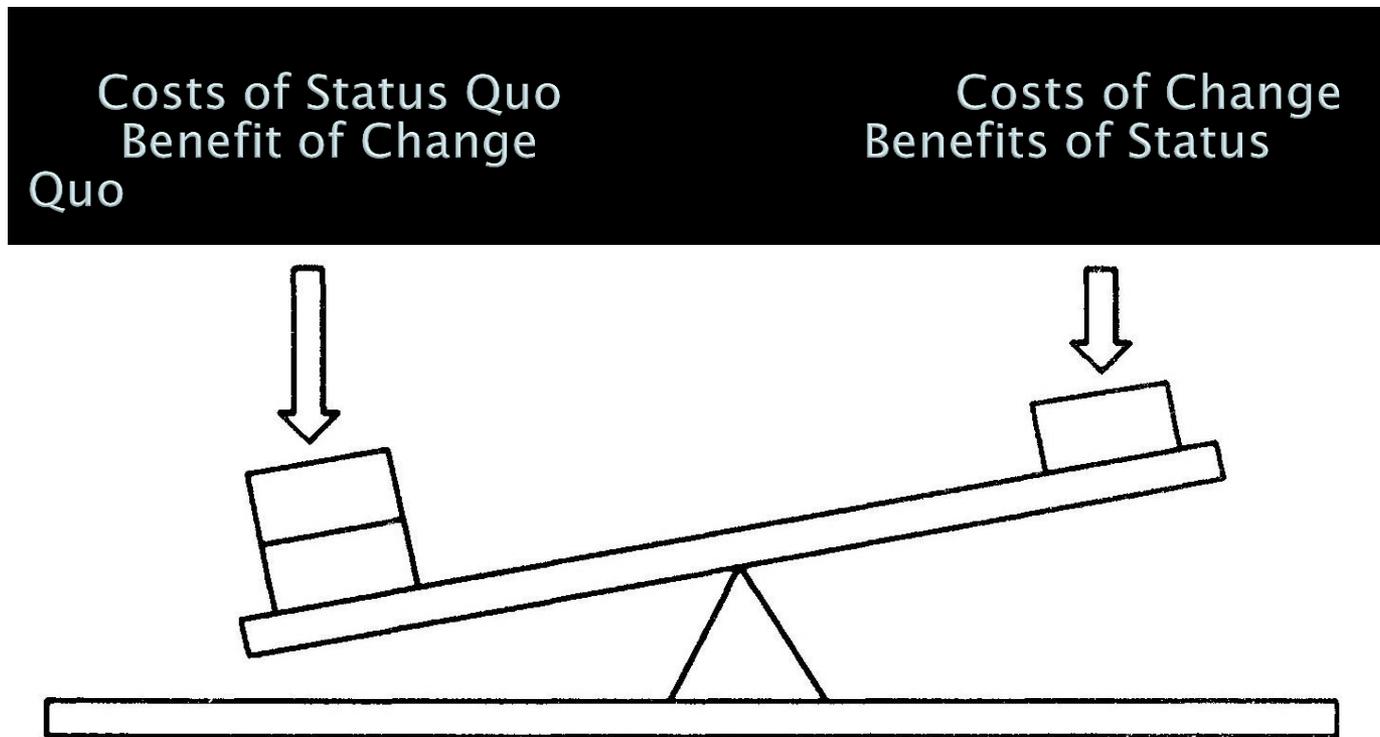


# Motivational Interviewing

Motivational interviewing is a *method of communication* rather than a set of techniques

- Combines with other approaches
- Elicits the person's intrinsic motivation for change
- Focuses on exploring and resolving ambivalence as a key in eliciting change

# Decisional Balance: Weighing the Costs and Benefits



# Sightings from the Evidence Base:

- ▶ Consumers randomly assigned to confrontational counseling showed more resistance and poorer outcomes than those given a motivational approach.
- ▶ People who believe they are likely to change do so.
- ▶ People whose counselors believe they are likely to change do so.
- ▶ Those who are told that they are not expected to improve don't.

Collaboration versus confrontation

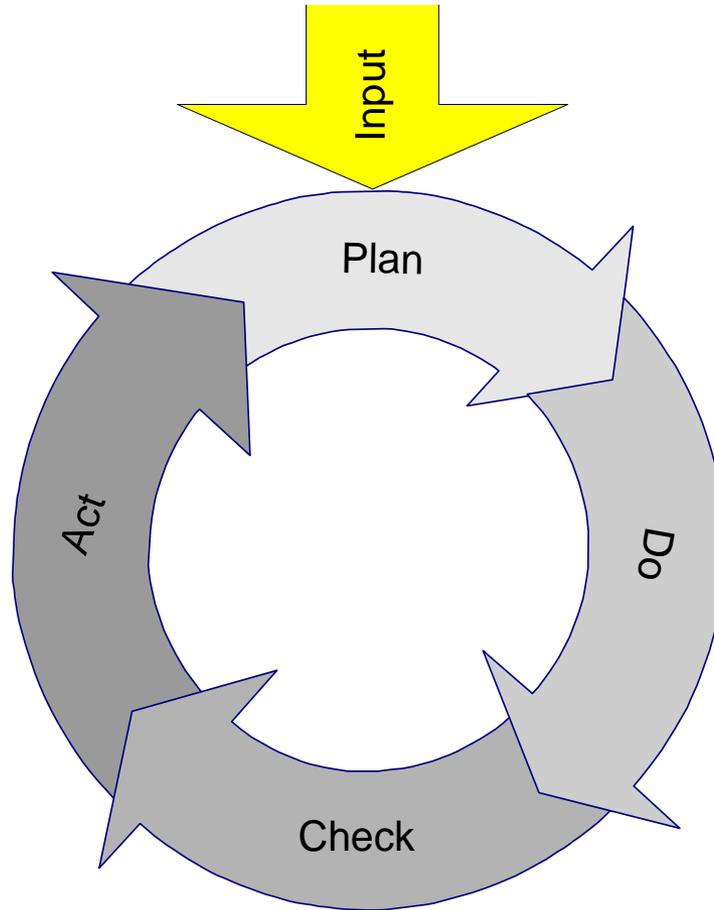
Exploration versus exhortation

Autonomy versus authority



# The Continuous Quality Improvement Cycle

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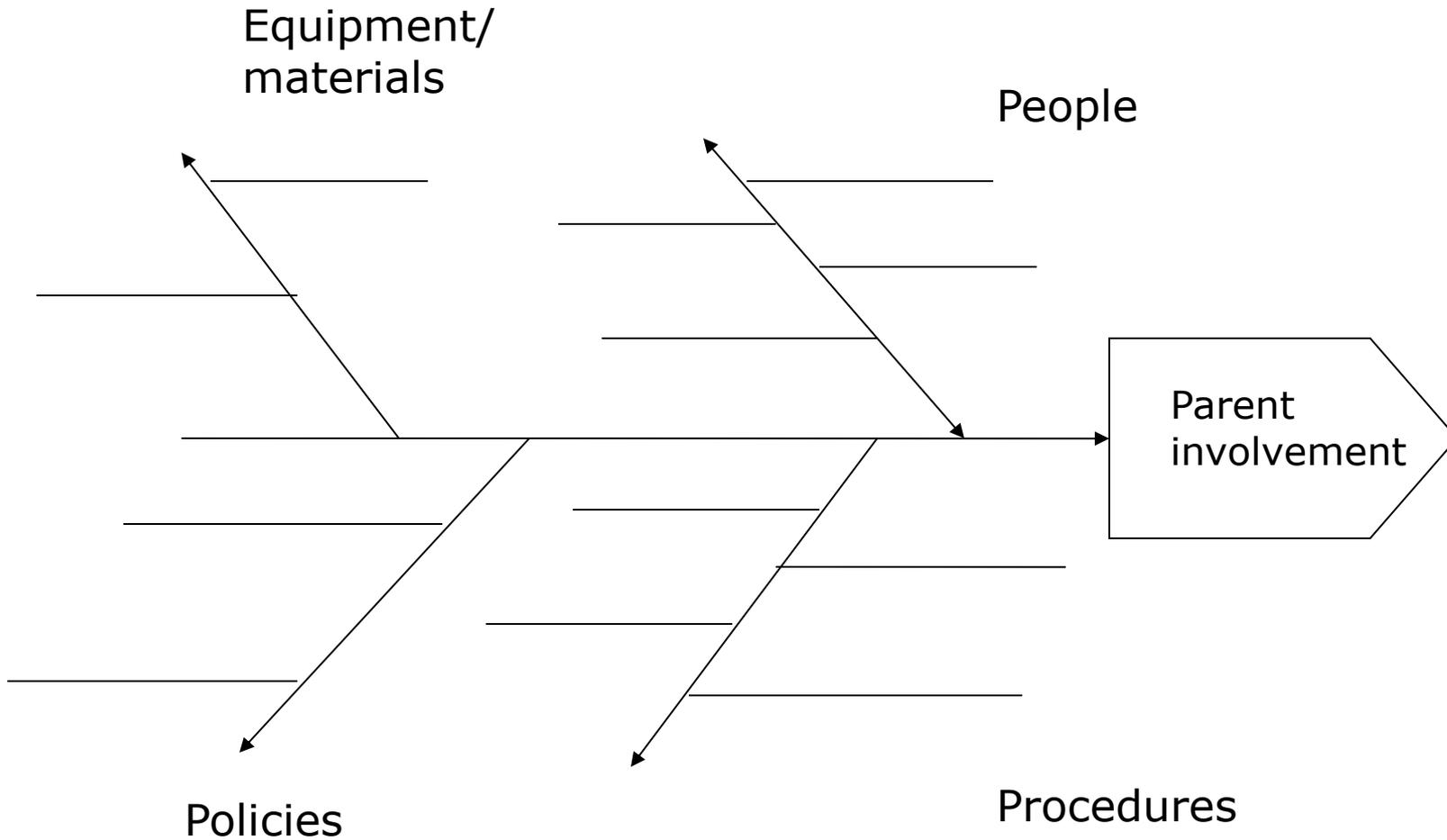


# First Law of Improvement

**Every system is perfectly designed to  
achieve exactly the results it gets**

# Second Law of Improvement

To change the results you must  
change the \_\_\_\_\_!



## Fishbone(ISHIKAWA) Diagram

# Steps of Successful Change



Based on Kotter (2002) The Heart of Change. Order of steps and additional steps inserted by Salerno and Margolies

# Resources

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- ▶ **McSilver Institute for Poverty, Policy, & Research:** [www.mcsilver.org](http://www.mcsilver.org)
  - ▶ **Families Together in New York State:** [www.ftnys.org](http://www.ftnys.org)
  - ▶ **Clinic Technical Assistance Center (CTAC):** [www.ctac.com](http://www.ctac.com)
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