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

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Acknowledgements

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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

- 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
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.
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
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)
Further steps: Evidence on Family Support & Engagement

- 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

Plan
Act
Check
Do
Input
Study #1: Engagement talking points embedded in early contact with parents

![Bar chart showing the number of children brought to first session (n=27 per condition) for Engage and Compare conditions.]

- **Engage**: 21 children showed up, 6 did not show up.
- **Compare**: 13 children showed up, 14 did not show up.

Legend:
- Blue: # of children brought to first session (n=27 per condition)
- Red: no show
MFG Attendance
(in comparison to rates of retention in comparison services)

Percent Attendance per MFG Session

% Attendance

MFG Session
What will you do next?
Unified Theory of Behavior

- Beliefs and Expectancies
- Social Norms
- Attitude toward Behavior
- Self Concept
- Affect and Emotions
- Self Efficacy

Behavioral Intention
Unified Theory of Behavior

- Intention or Decision to Perform Behavior
- Knowledge and Skills for Behavioral Performance
- Environmental Constraints
- Salience of Behavior
- Habit and Automatic Processes

Behavior
Community Collaborative Training (cont.)

Sessions 6 & 7: Participant Collage
Collaborative Training (cont.)

Sessons 6 & 7: Participant Collage
The Continuous Quality Improvement Cycle
Motivational Interviewing: Preparing people for change

from William Miller and Stephen Rollnick, 2002 (2nd edition)
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
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

1. Get the Vision Right
2. Create a Sense of Urgency
3. Communicate for Buy In
4. Build the Right Team
5. Empower Action
6. Short term Wins
7. Don’t Let Up
8. Make the Changes Stick
Resources

- McSilver Institute for Poverty, Policy, & Research:  www.mcsilver.org

- Families Together in New York State:  www.ftnys.org

- Clinic Technical Assistance Center (CTAC):  www.ctac.com