Family Alignment Initiative: Misalignment = Disengagement!

Caregiver Engagement Strategies

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Agenda

- Welcome and Introductions
- Description and Importance of Caregiver Involvement
- The Challenges of Involving Caregivers
- Building Confidence in Working with Caregivers
  - Strategies to Increase Caregiver Engagement
- Questions and Answers

Poll Question:

- How often do you work with caregivers in treatment?

  - Every time I have a child client
  - Some of the time
  - Occasionally
  - Not at all

Please chat!

- For those that said yes, how do you involve caregivers in treatment?

- Please use the chat box.

Engagement is about motivating and empowering participants to recognize their own needs, strengths, and resources and to take an active role in changing their life.

Engagement is essential in the provider-family relationship from the moment a family is considered for treatment until they terminate or are discharged.

The Goal is Caregiver Involvement

Active participation of the caregiver in services geared towards addressing the needs of the child and family both within sessions and between sessions.

What Do We Know About Caregiver Involvement?

- Parenting matters: positive caregiver-child interaction is a vital protective factor

- Caregiver involvement has consistently been associated with improved child outcomes.

- Youth who receive caregiver-child interventions may improve more than those who receive individual child treatments.

- Family-level interventions, such as behavioral caregiver training, family skills training and family therapy can significantly improve child outcomes.

- Almost half of evidence-based treatments for youth include caregivers in sessions.

Haine-Schlagel, et al. 2012; Nock and Ferriter 2005; Dowell and Ogles 2010; Karver et al. 2006; Dowell and Ogles 2010; Huang et al. 2005; Sexton & Alexander, 2002; Kumpfer & Alvarado, 2003; Weisz, Jensen-Doss, & Hawley, 2006

What do we know about caregiver involvement?

- Studies show that caregivers are often involved in sessions - however, only marginally:
    - Information gathering (e.g., assessment/ evaluation)
    - Psychoeducation
    - Goal setting/reviewing
    - Child external care (e.g., referrals/use of other services)

"Breadth but not depth"

- ***Caregivers, at all times, have an important role in monitoring progress and providing feedback***

(Garland et al., 2010)

The Challenges of Involving Caregivers

Please chat!

- What challenges have you experienced in involving caregivers in services?

Attrition in Child Mental Health

- Alarmingly high no show and attrition rates (40-60%)

- Even higher for most vulnerable families who face multiple barriers (50-75%)

- Drop outs after two or three sessions are common

- Rates of initial no show and ongoing attrition especially high for families seeking services for child conduct problems
  - More inconsistent in treatment attendance, less likely to be retained

- Attrition and low treatment dosage increase likelihood of poor outcomes

(Adapted from Stern (2014); References include: Gopalan et al., 2010; Kazdin et al., 1997, 1993; Kazdin & Mazurik 1994; Kazdin & Wassel, 1998; Lanier et al., 2011;McKay et al., 1998, 1996; Watt et al., 2007)

Barriers to Engagement

- Practical
  - Time constraints, child care, transportation, competing priorities, getting kid there
- Perceptual
  - Treatment expectations, preferences, acceptability and treatment match, treatment demands, perceived need for services, attitudes about mental health, negative prior experiences, perceived stigma, therapeutic alliance
- Mental Health Issues and Family Ecology
  - Caregiver depression, multiply stressed, isolation, trauma, substance abuse, family and marital conflict
- Cultural
  - Diverse caregiver values, help seeking traditions, beliefs, language, life experience, cultural relevance of program, agency, perception of worker
    - For immigrants - trust of authority or have own authority structures
    - For minority group families - racial discrimination, community social stigma, shame, doubts about provider cultural competence
- Systemic
  - Source of referral - mandated or perceived coercive, child "taken away" fears, confidentiality concerns
  - Poor service coordination - fit, gaps, wait-lists, program site/hours, agency/worker resources & responses
  - Poverty, violence, substance abuse, community skepticism

Adapted from Stern (2014)

How Do Caregivers Feel?

- Caregivers often felt unsupported and blamed during child treatment

  - *"[Clinicians] don't really care what you got to say. All they care about is what they got to tell you."*

  - *"I am totally uncomfortable because every time I say anything I get blamed and I am tired of getting blamed."*

  - *"That is what is so frustrating. Sometimes [clinicians] already have an assessment", "And it is killing me. Everyday that I wake up it is a constant struggle with my son or it is a constant struggle with [clinicians]"*

  - *"It is very hard when the professionals don't listen or understand."*

- Feeling blamed, low expectations for treatment, and seeing minimal positive outcomes = what providers label as "resistance"

(Baker-Ericzén, Jenkins, Bookman-Frazee, 2010)

How Practitioners May Feel:

- ## Reluctant and Anxious
  - Uncertain of caregiver's role and concerned that caregiver is unwilling to change
  - Concerned that caregiver is to blame for child difficulties
  - Lack of confidence and knowledge

- ## Ambivalent
  - Concerned about increasing level of conflict and multiple alliances

- ## Avoidant
  - Concerned about caregiver mental health

- ## Fearful
  - Concerned about caregiver's response to practitioner

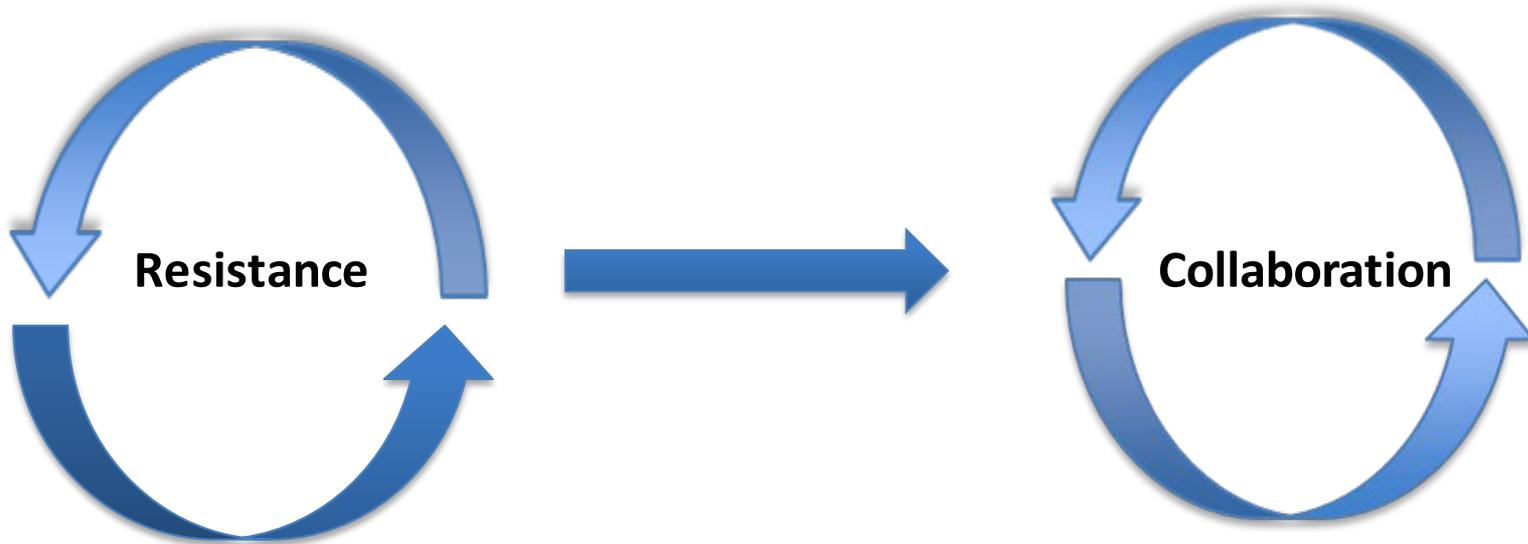- ## Compassion Fatigue
  - Overwhelmed and exhausted by the work

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Practitioner Barriers

What else gets in the way of practitioners' active pursuit of engaging caregivers?

What Does All This Mean?

Resistance → Collaboration

Collaboration Wheel

Building Confidence in Working with Caregivers

Caregivers' Resilience

- Persistence in the face of adversity
  - Ecology as a fact of life rather than a barrier
    - Caregivers tell us:
      - *It's just too much, just too much.*
      - *Feeling overwhelmed again… if I was ever going to be able to fit the program into what we were already grappling with*

- Caregivers show incredible strength and resiliency doing what they need to get help for their kids
  - Caregivers tell us:
    - *I'll do whatever it takes*
    - *My kid needs help and I'm not going to stop until he gets it*

- Caregivers may have repeatedly experienced disappointment and a sense of loss, a history of "10,000 defeats"

Bridging the Gulf Between Real Life Experiences of Caregivers and Clinicians: Developing Empathy

"Multi-stressed and overwhelmed"

"I had a bad experience"

"My husband disapproves seeking care"

"Fix my kid please"

What would make it hard for one of these caregivers to come to your agency? What might they like to hear? How can we invite them into services?

Adapted from Stern (2014)

"The desired outcome of early interactions is that the caregiver develops motivation by experiencing a sense of support for their current emotions and concerns, a sense of hope that the problems can change, and a belief that the worker and treatment can help promote the desired changes."

(Slide adapted from Stern (2014); Sexton & Alexander, 2005)

Case Study

- Jerry and Jayson attend their 3rd session in the clinic to find that they have a new therapist.

Goals of Engagement of First Contact/ Appointments

1) Clarify the need

2) Increase youth and caregiver investment and efficacy

3) Identify attitudes about previous experiences with care and institutions

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

The Successful Process of Involving Caregivers

- Begins with the caregiver feeling respected and heard

- Reflective listening and validate the parent's experience

- Acknowledge the struggle <u>and</u> recognize strengths

- Use reframing liberally to decrease blame, sense of failure, hopelessness
  - e.g., change self blame to regret

- Clarify goals and needs
  - Seek feedback on the match between caregiver expectations and services
  - Prioritize – helps keep focus and align treatment as issues arise in the work
  - Transparency in your evaluations

- Identify barriers and concerns, collaboratively problem solve
  - Discuss options/ideas – What does the parent think may help? What has worked before?

- Instill hope
  - Tap into hopes and dreams

- Use motivational interviewing strategies to respond to ambivalence, increase intention to participate

- Respect and incorporate caregiver perspective in the treatment plan

- Empower caregivers and foster self-efficacy

- Thank caregivers for attending as without their participation the child's progress may be limited

(Stern et al., 2014)

Create A Therapeutic Alliance: Therapist Attributes

Summary of therapist's attributes and techniques found to contribute positively to the alliance

Personal attributes	Technique
Flexible	Exploration
Experienced	Depth
Honest	Reflection
Respectful	Supportive
Trustworthy	Notes past therapy success
Confident	Accurate interpretation
Interested	Facilitates expression of affect
Alert	Active
Friendly	Affirming
Warm	Understanding
Open	Attends to patient's experience

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. Clinical Psychology Review, 23(1), 1-33.

Strategies to Engage and Empower Families

- Providing positive feedback
- Instilling hope
- Reinforcing strengths
- Fostering Resilience
- Helping to identify barriers to implementing change within their day-to-day life and help problem-solve around those barriers
- Take time to understand the family's perspective:
- Families may have concerns about privacy and confidentiality. Those who do not trust the provider or feel the information shared will not be held in confidence are also at a greater risk for dropout
- Cultural and racial differences between the provider and family can lead to misunderstanding

Attend to Family's Past Experiences With Mental Health Services

➢ Identify and problem-solve around barriers to help seeking

- First meetings are most helpful if there is an exploration of 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 participant; trauma history

Create an Opportunity for Participants to Ask Questions

➢ Create a space for participants to feel comfortable to express their concerns and ask questions

➢ Contract for future services

Validation

- Validation refers to communicating acceptance of a client and his/her thoughts, feelings, statements, and behaviors.

- It involves expressing that behaviors are justifiable (not necessarily adaptive) given the person's history or current situation.

- Validating, strength-based comments are appropriate for the therapist-parent relationship ("You have set some good house rules") and can be used to positively reframe less successful parental efforts ("It is obvious that you yell at your son because you care a great deal about his being successful and happy in school").

- Parent(s) would be more likely to feel understood, better able to explore their thoughts and feelings, and more open to therapist suggestions.

(Karver & Caporino, 2010)

The ARCH Principles

Acceptance,
Respect,
Curiosity, and
Honesty

Micucci, J. A. (2009)
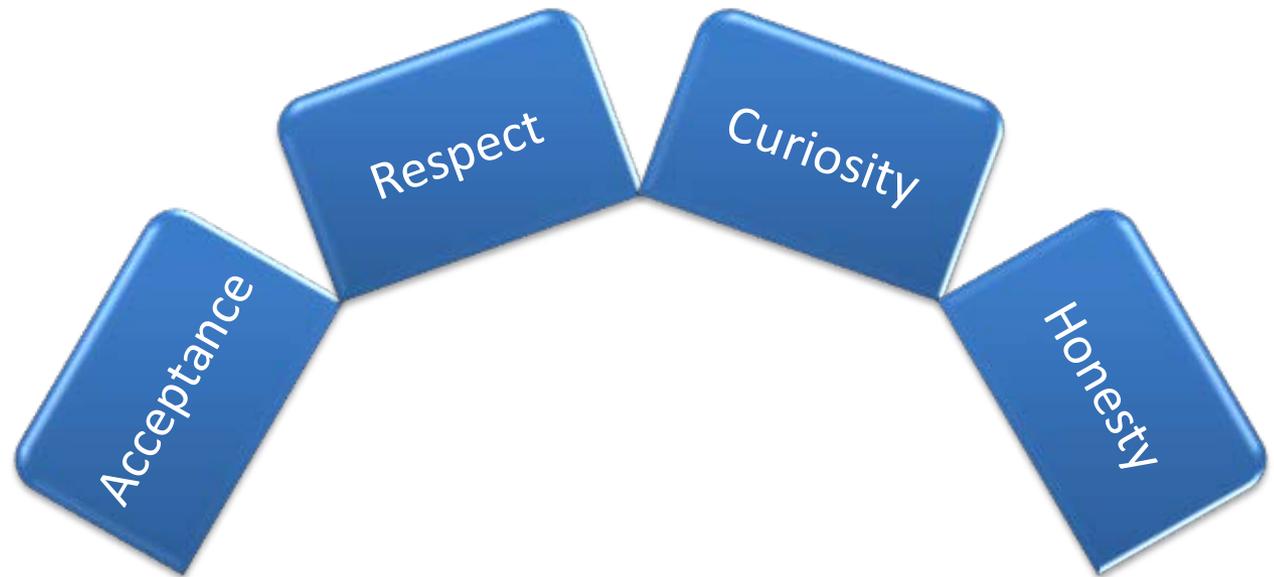
Q & A

Next Family Alignment Webinars in the Series

- View first previous webinars, and get checklists and resources at www.ctacny.com

- **Next Core Area: Caregiver Engagement**
  - Engaging Child Welfare Involved Families
    - *Wednesday, March 18th; 12PM to 1PM*
  - Caregiver Engagement Consultation Webinar
    - *Wednesday, April 15th; 12PM to 1PM*

Thank you for participating with us today!

www.ctacny.com

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