

Engagement of families in evidence-based trauma treatment: Preliminary findings

Mary M. McKay, Ph.D.
Professor of Social Work in Psychiatry
& Community Medicine
Mount Sinai School of Social Work

Acknowledgements

This line of research has been supported by:

- talented research staff (R. Hibbert, W. Bannon, D. Kerkorian, M. Harrison, K. Hoagwood, J. Rodriguez, J. Legerski, L. Murray), consumers (A. Miranda, R. Lawrence, H. Osuji, R. Powell) and providers
- Funding from the National Institute of Mental Health

Do we know how to deliver evidence-based services in “real world” settings?

- There are important differences between providers who deliver services within tightly controlled clinical trials and those who provide services in “real world” settings (Weisz et al., 1992; 1998; 2000).
- In order to implement evidence-based services in “real world” settings, providers must be capable of delivering them within the constraints of their agencies’ policies and procedures.

Engagement of youth and families in the “real world”

- Two thirds of children in need of mental health care do not receive services
- Rates of service use are at their lowest in low income, urban communities
- No show rates can be as high as 50%
- Drop outs occurring after two or three sessions are common

“Real world” providers need:

- Accessible evidence
- Practical solutions to the difficulties that they encounter
- Relevant training
- Ongoing support
- Feedback when they attempt to change their practice

CATS attempts to support providers to use evidence-based engagement interventions

- Reminders reduced missed appointments by 32% (Kourany et al., 1990; McLean et al., 1989; Shivack et al., 1989, & Sullivan)
- Intensive family-focused telephone engagement intervention associated with 50% decrease in initial show rates and a 24% decrease in premature terminations (Szapocznik, 1988; 1997)
- Combined telephone and first interview engagement interventions associated with attendance rates of 74%, representing a 16 to 25% increase above the clinic comparison families (McKay et al., 1998).

Evidence-informed engagement training for CATS providers

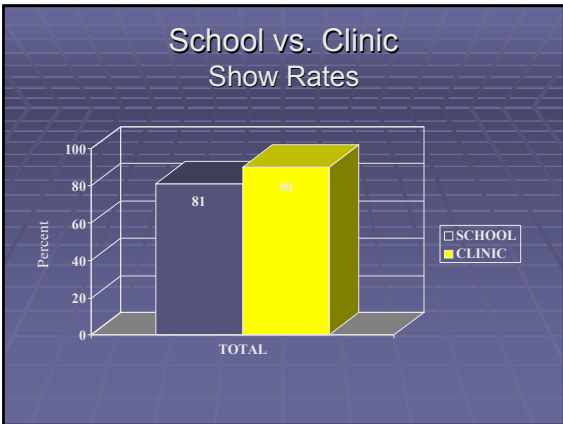
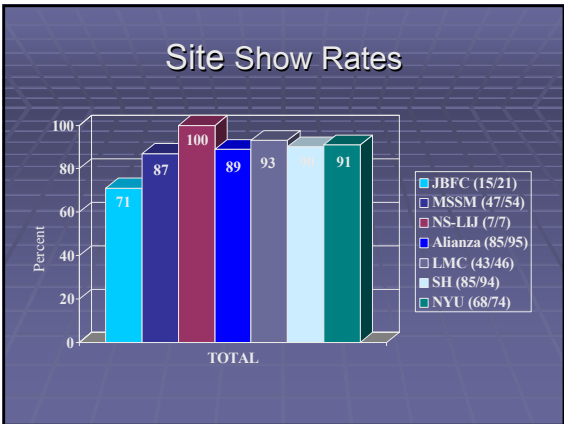
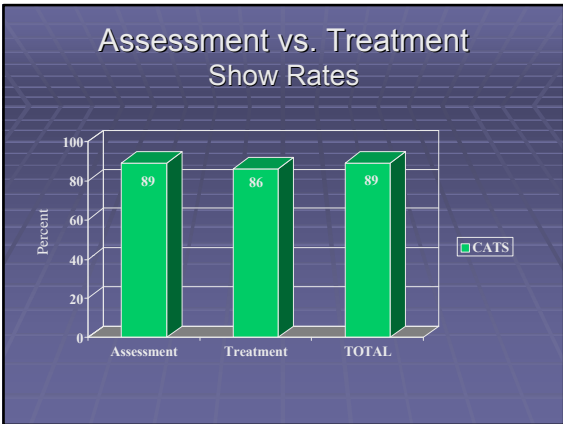
- 8 hour intensive workshop
- Primary goals are to help CATS providers: 1) understand child, family, community and system level barriers and; 2) develop a set of strategies to overcome these barriers.
- Training is divided into two parts: 1) first contact engagement skills and; 2) initial interview engagement skills.
- Providers learn ways to discuss “difficult to talk about” barriers with adult caregivers (e.g. stigma, mistrust of professionals, fear of being blamed) and enhance proactive problem solving around concrete obstacles to care.

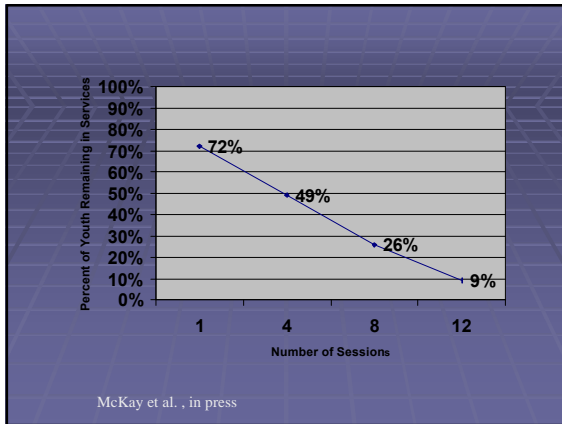
Key training elements

- Review evidence based engagement interventions.
- Identify and practice telephone engagement skills.
- Help providers examine their perceptions of barriers
- Practice skills related to the initial face-to-face interview with a child and their family.
- Support providers’ abilities to form collaborative working relationships with adult caregivers and youth.
- Help providers identify an immediate and practical concern that can be addressed rapidly in the first interview.
- Learn skills related to the development of a shared commitment, language and understanding with the family.

Training activities

- Designed to elicit innovative approaches to real situations that providers encounter.
- The “realness and authenticity” of the activities benefited from the input of parent consumers.
- “I went for an intake and never came back” video tool.
- The video of “real” parents voicing their concerns about the care that they or their child received in the “helping” system allows providers the opportunity to discuss and respond to parent concerns within an atmosphere that promotes self examination and reduces defensiveness. In addition, discussions allow providers to offer recommendations of ways to engage the parents in the film and address their prior negative experiences.





Lessons Learned

- Issues related to trauma treatment needed to be incorporated into CATS engagement interventions
- Findings don't convey difficulty or obstacles encountered
- Leadership must examine rates of engagement, develop "engagement teams" and methods of data collection.
- Training of providers and administrative staff is needed.
- Intervening with providers belief systems is critical.
- Helping providers/support staff to think innovatively is a central theme in the training.
- Providers examine barriers they set up (i.e. 'tried everything', blaming, labeling as "resistant client") and look at agency barriers (i.e. crowded waiting room, lengthy intake processes).