Learning Objectives

Participants will have the opportunity to learn:

• How science informed the expanded mission of NCA to include child and family healing.
• How OMS data identified barriers to that expanded mission.
• How NCA responded to that OMS data
• A Collaborative effort between NCA and the University of Oklahoma on an NIMH Family Navigator grant.

Learning Objectives

And to learn:

• The expanded role and focus of the CAC Victim Advocate
• Identify and reduce barriers to Family Engagement in MH treatment
• Using Family Engagement strategies to increase Family Engagement in MH services

Learning Objectives

And to learn:

• The role of screening and assessment to inform the need for and type of Mental Health Treatment
• Tracking of service components and outcomes to answer the question...

Did the children seen at your CAC get better?

How has science and research informed CAC Service Delivery?

• Collaboration in the investigation and prosecution of child sexual abuse and child safety
• Learning about the potential negative impact of the trauma of abuse
• ACE study
• Evidence-based Mental health interventions with efficacy in reducing that negative impact
• The role of screening and assessment in treatment planning
• Importance of the caregiver in the outcome for the child
• Role of collaboration in child well-being outcomes

Disciplines:

• Victim Advocate
• Mental Health
• CAC Director
• Law Enforcement
• Prosecutor
• Medical Provider
• Forensic Interviewer
• Other
How did NCA Respond to this Science?

- NCA expanded the mission of CACs from the investigation and prosecution and child safety to include healing to improve child healing and well being
- Implemented new NCA Accreditation standards in 2017 including an expanded Mental Health standard with requirements for access to assessment and evidence based treatment for the child victim and for caregivers.
- Used NCA OMS and Census data to identify CAC system barriers to this new mission of healing through mental health evidence based trauma focused treatment.

2018 OMS Annual Results: Services for Children

- Funding barriers 44.1%
- Difficulty finding qualified mental health providers 33.3%
- Concrete Barriers 48.7%
- Perceptual Barriers 44.7%
- Other client barriers (lack of follow up to referrals, dropping out) 49.5%

2018 Census Data Barriers to Mental Health

Survey Question: How long have you been working as a Victim Advocate with the CAC Population?

- Less than 6 months: 12.2%
- 6 - 12 months: 16.2%
- 1 - 3 years: 40.2%
- 4 - 5 years: 16.3%
- 7 - 10 years: 5.6%
- 10 + years: 10.7%
- Unknown: 2.2%
Survey Question: Of those who are referred to MH services, please estimate the % who attend their first appointment

- 50.9% No Tracking
- 49.1% No
- 11.4% Unknown

Survey Question: What MH Screening tools do you use when assessing for MH needs with a family?

- 58.5% No MH Screening
- 12.9% TSCC-SF
- 10.9% TSCYC-SF
- 4.6% CPSS
- 4.4% CATS

Strategies to Engage Families in MH Care

- Refer to services
- Overcome logistical barriers
- Addressing perceptual barriers
- Warm handoff to MH provider
- Provide advice
- Engage family in goal setting
- Monitor attendance and progress

Survey Question: What CLIENT Barriers do you Encounter When Trying to Engage Families in MH Services

- Caregiver does not believe that child needs MH services 87.2%
- Lack of transportation, childcare for other children, financial problems 86.3%
- Caregiver is not interested in services for themselves 80.3%
- Family distrust of systems, mental health services 76.2%
- Stigma regarding mental health services 70.8%
- Too many competing priorities for family 67.5%
- Concerns about the child missing school 58.3%
- Family not feeling supported due to cultural differences 29.7%
- Challenges in coordinating with similar services offered by multiple agencies 25.2%
- No barriers .02%

Personal Barriers Encountered When Engaging Families in MH Services

- Unable to get into mental health services due to waitlist(s) 44.3%
- Lack of available mental health services in your area 35.3%
- No barriers 27.4%
- Do not know how to screen for mental health service needs 19.6%
- Lack time to meet with the families 10.7%
- The following were endorsed by 6% or less:
  - Unsure how to approach topic with families
  - Do not know what strategies to use to refer families
  - Do not know how to engage families in mental health services
  - Lack space to meet with the families

Through the Data NCA Identified Priorities

NCA leadership found this data to be unacceptable and identified the need to:

- Utilize screening/assessments to determine individual treatment needs.
- Use assessment findings to inform appropriate EB Treatment modality.
- Make informed and collaborative referrals for MH treatment for children and their caregivers when indicated by screening and assessment.
- Track mental health services delivered to the child and caregiver.
- Monitor treatment progress and outcome.
- Identify and reduce barriers to engagement in mental health services.
- Gather post assessment outcomes to determine if the children seen at CACs experienced improved well being outcomes.
OMS Data Informing Practice

• NCA Leadership reviewed this data and:
  • Identified Family Engagement as an evidence based strategy to increase treatment participation in Mental Health treatment.
  • And partnered with the University of Oklahoma Health Sciences Center on an NIMH Family Navigator training and research grant.

The Goals of this Partnership

• To increase the number of CAC served children and families identified through screening and assessment as needing mental health treatment who successfully engage in and complete evidence based mental health treatment.
  • To be able to answer the question “Did children identified through screening and mental health assessment as needing trauma focused, evidence based mental health treatment engage in and complete that treatment?”
  • Did these children get better?

The Purpose of this Partnership

NIMH Family Navigator Research Training Grant:

Purpose: To identify and test the effectiveness of training strategies with CAC Victim Advocates to increase their knowledge and implementation of Family Engagement strategies to increase the mental health participation and the well-being outcomes of the children and families served through participating CACs.

Activities to Support the NIMH Family Navigator Grant

Collaborative Activities involving NCA and CAC staff, Family Engagement experts and the University of Oklahoma Health Sciences Center on the NIMH Family Navigator Training and Research Grant

• Identified Web-based training vs. a Learning Collaborative or face-to-face training
  • Identify three training conditions: 1) Pre-work, three, two hour web based trainings and the collection and submission of metrics; 2) Pre-work, and three two hour web based trainings, 10 consultation calls and the collection and submission of metrics; and 3) Pre-work and the collection and submission of metrics.
  • Develop a research design and metrics for evaluating each condition.

Activities to Support the NIMH Family Navigator Grant

Collaborative Activities

• Identify tasks within the VA and MH 2017 Accreditation Standard that offer opportunities for implementing evidence based Family Engagement strategies.
  • Engage Senior Leaders in the training process to increase support for prioritizing Family Engagement by VAs, the CAC and their MDT.
  • Develop support for implementing these Family Engagement strategies through collaborative engagement of Senior Leaders and demonstrating how the training and implementation supports the 2017 Accreditation Standards and the expanded CAC mission of healing.
  • Identify data and metrics for tracking and evaluation
  • Develop Fidelity measures.

Activities to Support the NIMH Family Navigator Grant

• Collaborative Activities
  • Develop a FACT Sheet to support the training and disseminate to CACs
  • Conduct three two hour training webinars for Cohort 1 and 2 and 10 consultation calls for Cohort 1.
  • Train Victim Advocate to increase their skill and competency in the delivery of evidence based Family Engagement strategies.
  • Identify and Gather metrics to measure training outcomes and to support evaluation.
  • Evaluate the three training conditions: training as usual, web-based training only and web-based training with consultation calls to identify the most effective model for implementing family engagement interventions in CACs with the goal of meeting the outcome of increased well being for the children and families served.
Questions
• How many of you prioritize family engagement?
• How many have had specific training in family engagement?
• How many would be interested in participating in the E3 training?
• What might be the barriers to your participation?

So, What does Science tell us about Family Engagement?
Family Engagement is Participation in and completion of mental health treatment
• Families can be involved and compliant without being engaged. Engagement is about motivating and empowering families to recognize their own need, strengths, and resources, and to take an active role in changing things for the better.
  Source: National Federation of Families for Children’s Mental Health
• Engagement is what keeps families working in the long and sometimes slow process of positive change (Swib, 2004)

So, What is Family Engagement?
Family engagement is the continual process by which a child with recognized mental health issues and his/her family:
• Reach out to or are contacted by a mental health service agency
• Are connected with a mental health service provider
• Form a therapeutic relationship with a mental health provider
• Continue to seek and receive services until a mutually agreed-upon ending time

What is Family Engagement?
Paradigm shift toward family-centered system for families accessing services
• Family Engagement emphasizes the families’ level of participation, collaboration and partnerships with service providers (Funchess, Spencer, and Niarhos, 2014)
• Family Engagement requires integrating the perspective of families served across governance, programming, policy, services and evaluation activities of a CAC

Commitment to Family Engagement
• Family Engagement requires commitment from multiple stakeholders. For CACs this requires a commitment to family engagement across the MDT and to mobilizing knowledge and information across the community service delivery system.
• Family Engagement requires commitment from leadership (CAC Directors and MDT partner leadership)
• Family Engagement requires integrating the perspective of families served across governance, programming, policy, services and evaluation activities of a CAC/community collaborative response.

Why Family Engagement?
Family: The expert about their child and family
• Have knowledge and opinions about their strengths and about what they need
• Some research suggests that family engagement increases the effectiveness of service delivery, organizations and Mental Health systems as a whole
• Bottom line: no matter how effective treatment can be to heal trauma, it requires that the child and family engage through treatment completion
Types of Barriers that Impact Family Engagement

- **Tangible or External Barriers**: Actual concrete issues that may create barriers to the ability to participate in MH treatment.
- **Perceptual or Internal Barriers**: Beliefs, attitudes and past experiences that may impact willingness to participate in MH treatment. These barriers are often the most difficult to identify and overcome.
- **System Barriers**: Issues in the community response to child maltreatment that may negatively impact participation in MH treatment.

Identifying Barriers to MH Treatment Engagement and Completion through CACs

- **NCA 2016 OMS data**
  - Perceptual barrier: Caregivers believing their child did not need treatment
- **Feedback from CAC professionals in the field**
  - Tangible/external barriers: transportation, child care, demands of work, school
  - System barriers: i.e. lack of training, lack of resources, staff turnover, waiting lists that delay entry into treatment, families accommodating without treatment; lack of coordination of services.

Other Potential Barriers to Engagement In Mental Health Services

- Historical barriers including focus on treating only the child; the attitude of MH professionals regarding treatment participation.
- Lack of understanding of the role of caregiver in the outcome for the child
- Using the concept of client centered to leave the family to make an uninformed decision
- The failure to educate our MDTs to the importance of family engagement in mental health treatment to completion and;
- Failing to expand the responsibility for treatment engagement to the Multidisciplinary Team

Trauma May be a barrier that Impacts Willingness and Ability to Engage

- Current trauma may trigger past trauma.
- Trauma may be too painful to talk about.
- Trauma may impact memory.
- Trust in others and trust of the “system” has been lost.
- Depression and anxiety
- Others as identified

Organizational Strategies to Increase Treatment Engagement and Completion

- Consider the OMS data regarding barriers
- Review the evidence based family engagement research and literature
- Identify specific engagement strategies for concrete/tangible; internal/perceptual and system barriers
- Integrate the outcome goal of increased treatment engagement with the NCA 2017 MH and VA Accreditation Standards
- Review the NCA Accreditation Standards to identify specific tasks that provide family engagement opportunities.
- Identify the need to expand the responsibility for treatment engagement to the Multidisciplinary Team.

So, What are the evidence based family engagement models and strategies?

Training In Engagement Strategies (TIES)

- TIES provides evidence of the efficacy of Mental Health Professionals using engagement strategies during the initial telephonic and face-to-face contact with the family.
- Strategies included providing information, listening, expressing empathy, and maintaining contact.

Source: Mary McKay, Ph.D.
TIES Strategies

Initial Contact with the family

- TIES incorporates Motivational Interviewing as a communication technique in Family Engagement.
- Family engagement is the process by which families and service providers work together to identify and achieve family goals.
- CAC staff cannot assume there will be another appointment and must maximize their initial time with families.

TIES Strategies

- Help parents clarify the need for mental health care.
- Increase caregiver investment and efficacy by validating their attempts to seek help.
- Identify attitudes about previous experiences with mental health care and institutions, as well as expectations for this experience.
- Problem-solve around concrete obstacles to care.
- Tell parents what to expect and answer any questions.
- Provide on going collaboration with the family through treatment completion.

Another evidence-based family engagement models and strategies

Motivational Interviewing

- A conversational method for helping others make meaningful changes in their lives
- Helping individuals find their own internal reasons for making change has been shown to be more effective than other methods of change vs. the delivery of standardized information to clients

Using Motivational Interviewing

- Open-ended questions
- Aspirational statement
- Reflection
- Summarize
  - Client is the expert and is the only one who can decide to change and what to change

Spirit of MI:

- How techniques are delivered
  - Compassion and accepting
  - Empathy
  - Non-Judgmental
  - Non-Confrontational

Other Strategies to Increase Treatment Engagement and Completion

- Identify the family as the experts about their child, their needs and their strengths.
- Ask the family about their hierarchy of needs.
- Listen to them and validate them and their concerns.
- Invest in a therapeutic relationship and alliance with the family.
- Ensure culturally responsiveness, and
- Tailor services to fit what each family identifies as their individual families' needs and preferences.
- Believe in positive outcomes and
- Communicate Hope
Other Family Engagement Strategies

- Collaborative conversation with the family and continue to validate them as experts about their child, their needs and their strengths
- Promote families active participation in care services
- Invest in therapeutic relationships and alliances
- Identify and address individual barriers to engagement
- Ensure culturally responsiveness, and
- Tailor services to fit the individual families’ needs and preferences

Other Strategies to Increase Family Engagement

Share that evidence-based trauma treatments are available for all age children who experienced traumatic events. These treatments are effective in:

- Improving acute stress (i.e., symptoms immediately following traumatic events)
- Improving posttraumatic stress symptoms (i.e., symptoms present more than a month after experiencing traumatic events)
- Improving other trauma-related symptoms such as depression, anxiety, behavior difficulties, and/or problematic sexual behavior.

Other Strategies to Increase Treatment Engagement and Completion

- Know the evidence based treatments appropriate for the family and share your belief in their value and that the child and family deserve to engage in the treatment and to heal from any identified trauma symptoms.
- Ask to share that knowledge and those beliefs with the family to give them hope
- Understand, communicate and validate the critical role of that caregiver in the outcome for their child
- Understand and act on the knowledge that to be an advocate for the child you must be an advocate for the caregiver/s

Strategies to Increase Treatment Engagement and Completion

- Meet the family where they are
- Goal of first session is to have a second session
- Understand the dynamics of crisis
- Support the family in managing their crisis
- Normalize their feelings
- Listen times 10
- Know EBTs and believe in and communicate the efficacy of treatment
- Communicate the belief that they deserve treatment to heal.

Strategies to Increase Treatment Engagement and Completion

- Know expertise/experience and believe in the efficacy of treatment providers
- Communicate those beliefs to the family to give them hope
- Provide support for the critical role of the caregiver in the outcome for their child
- Understand and act on the knowledge that to be an advocate for the child you must be an advocate for the caregiver/s

Advocacy FOR vs. Against

- History of Advocacy against rape, against domestic violence, against sexual assault
- Shifting that focus to advocating for safety and for well-being and the services that support these outcomes
- Focusing on the fact that no child deserves to be abused and when a child is abused, he or she and their family deserves the treatment necessary to heal and to thrive
- AND collaborating with the family to make it happen.
Questions and Discussion

Thank You!
• For what you do for the children.
• For believing that we can make a difference in the lives of abused children and their families

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Remember Who We Work For!!