

# Enhance Early Engagement (E3) in Mental Health Care

**Webinar 2:** Evidence-Based Practices to Engage Families in Mental Health Treatment



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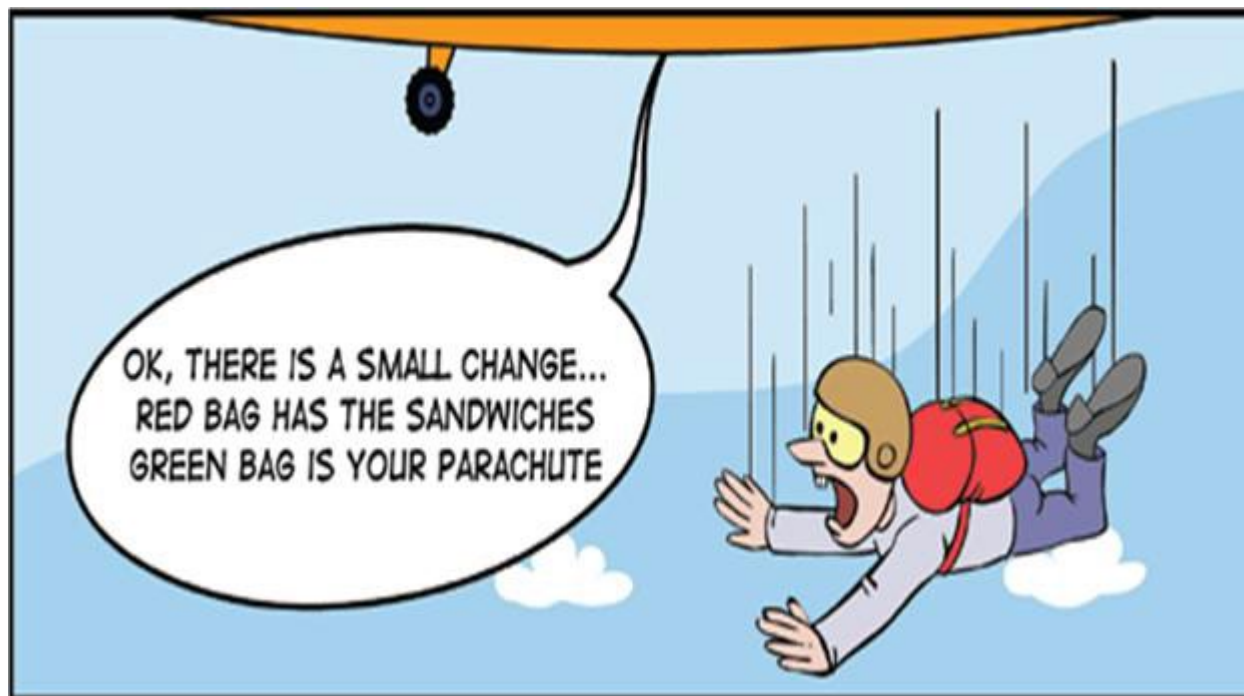
# Learning Objectives

To be able to:

- Understand some of the dynamics of change and how to use that understanding to engage a caregiver in identifying and making change
- Have insight into personal/professional barriers to change
- Use the evidence-based Training Intervention for the Engagement of Families (TIES) in support of Family Engagement
- Utilize Motivational Interviewing (MI) effectively to in support of Family Engagement



# Change is Hard



# Change is Hard

Issues that may impact the willingness and ability to change:

- Change may challenge our need to have a sense of control of our lives, to do what we know
- Change can be scary – even good change
- Hanging on to survival behaviors
- Need a sense of safety to consider any change
- Need to feel that the victim advocate has listened and understands before exploring change



# Change in the Context of Values

- Values connect to what is important to us and can be the impetus or motivation for change even when someone may not think change is important.
- Values are identified through listening to what caregivers say and observing their behaviors.
- Example: Kyle's mom (from case study) wants to be a good mom and take care of Kyle so even though she may not believe that therapy will be helpful, her value of being a good mom may lead to the change.
- Another Example: Kyle's mom values her children receiving a good education. Even though bringing Kyle to therapy appointments may be difficult, she is willing to do it so that his behavior isn't interfering with his performance at school.



# Essential Components of Change

- Change can still be really hard even when there are benefits to making the change
- People will only invest in change if they've identified it as **IMPORTANT** to them
- And, If it is important to them, are they **CONFIDENT** that they can make the change
- If they are confident, are they **COMMITTED** to the change (cognitively and emotionally)

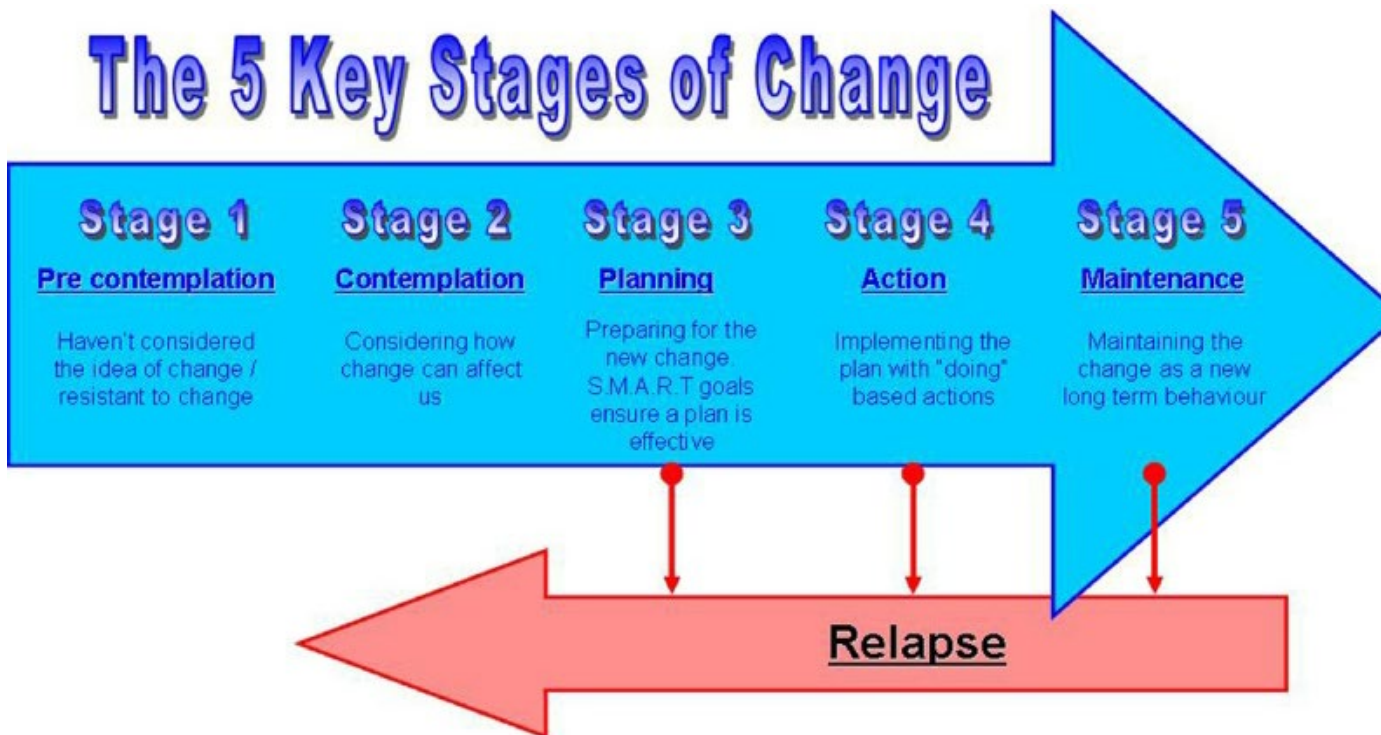


# Change and the Victim Advocates

General questions to think about that will be discussed during Consultation Call 1:

- How do we think of change
- How do you help families change
- How do families feel about change
- Change that is connected to the felt need of the caregiver is more impactful
- Think of a time when you were successful helping a family with change
- How do you change your own practices
- What might impact your willingness to change how you approach families
- What do you need to be confident in the changes required by this training
- What might be barriers (cognitive) and (emotional) to your implementation of change being proposed by this training

# Stages of Change with Examples



**Relapse can take you back to any stage during the process of change and can be caused by:**

- **Internal Pressure** (The voice in your head that says the change is too hard)
- **Social Pressure** (Often lack of support by family and friends)





# Evidence-Based Family Engagement Strategies that VAs Can Implement: TIES

## Training Intervention for the Engagement of Families (TIES)

- TIES provides evidence of the efficacy of using engagement strategies including Motivational Interviewing as a communication technique during the initial and subsequent contact with the family
- Strategies included providing information, listening, expressing empathy, and maintaining contact
- CAC staff cannot assume there will be another appointment and must maximize each contact they have with families



# Purpose of TIES Strategies

- Helps parents clarify the need for mental health care
- Increases caregiver investment and efficacy by validating their attempts to seek help
- Identifies attitudes about previous experiences with mental health care and agencies, as well as expectations for this CAC experience
- Problem-solves around concrete obstacle/barriers to services
- Tells parents what to expect and answers the families' questions

# TIES Strategies

## THE INITIAL CONTACT

The most important part of the initial contact is that the caregiver feels welcomed

- Be sure the caregiver has the date and time of the appointment, as well as directions by car, bus, and subway (if applicable)
- Be sure caregiver understands what he or she needs to bring (past reports, insurance card, identification, list of medications, etc.)
- Explain timeline of first appointment (orientation to clinic, paperwork, questions/topics for first appointment, etc.)
- Follow up with caller by phone, text or mail with an appointment reminder

## Application to Case Study, Kyle



# 1: Core Components: TIES

## 1. Clarify the Need

- Why are they here? Why now?
- What does the family need?
- What are the family's strengths (or resources)?
- Whose idea was it to come to the CAC?
- Does the parent agree with the referral?
- In a caregiver's own words, what does the child need? What does the caregiver need?



# 2: Core Components: TIES

## 2. Increase Caregiver Investment and Efficacy

- Reinforce what the caregivers have done well and empower them during the first contact
- Remember that the first contact sets the tone for treatment, so start by reinforcing the caregivers for their hard work
- Identify and mobilize resources



# 3: Core Components: TIES

## 3. Identify Attitudes About Previous Mental Health Care Experiences

- Help the caregiver express concerns about seeking mental health care for their child
- Ask about previous attempts to seek treatment
- Help the caregiver to convey expectations and hopes for this encounter



# 4: Core Components: TIES

## 4. Problem Solve Around Concrete Barriers

- Identify and Address concrete barriers and find ways to problem-solve around transportation, child care, time, and other issues
- Address barriers from within your setting (e.g., difficulties with parking, offices that can be hard to find)

# Evidence-Based Family Engagement Strategies that VAs Can Implement: Motivational Interviewing (MI)

**Motivational Interviewing offers Family Engagement strategies which are family-centered:**

- MI has over 300 studies as to its effectiveness in supporting engagement in MH services
- MI is a conversational method for helping others make meaningful changes in their lives
- MI helps individuals find their own internal reasons for making change has been shown to be more effective than the delivery of standardized information to clients





# What is Motivational Interviewing (MI)

- MI is a method of communication rather than a set of techniques
- It elicits the person's intrinsic/internal motivation for change
- It focuses on exploring and resolving ambivalence as a key in eliciting change
- It speeds and facilitates change
- The client is the expert and is the only one who can decide to change and what to change

# Using Motivational Interviewing (MI)

## The Spirit of MI: How techniques are delivered:

- Compassion and accepting
- Empathy
- Non-Judgmental
- Non-Confrontational
- Reinforcing client autonomy
- **Asking permission before providing information**

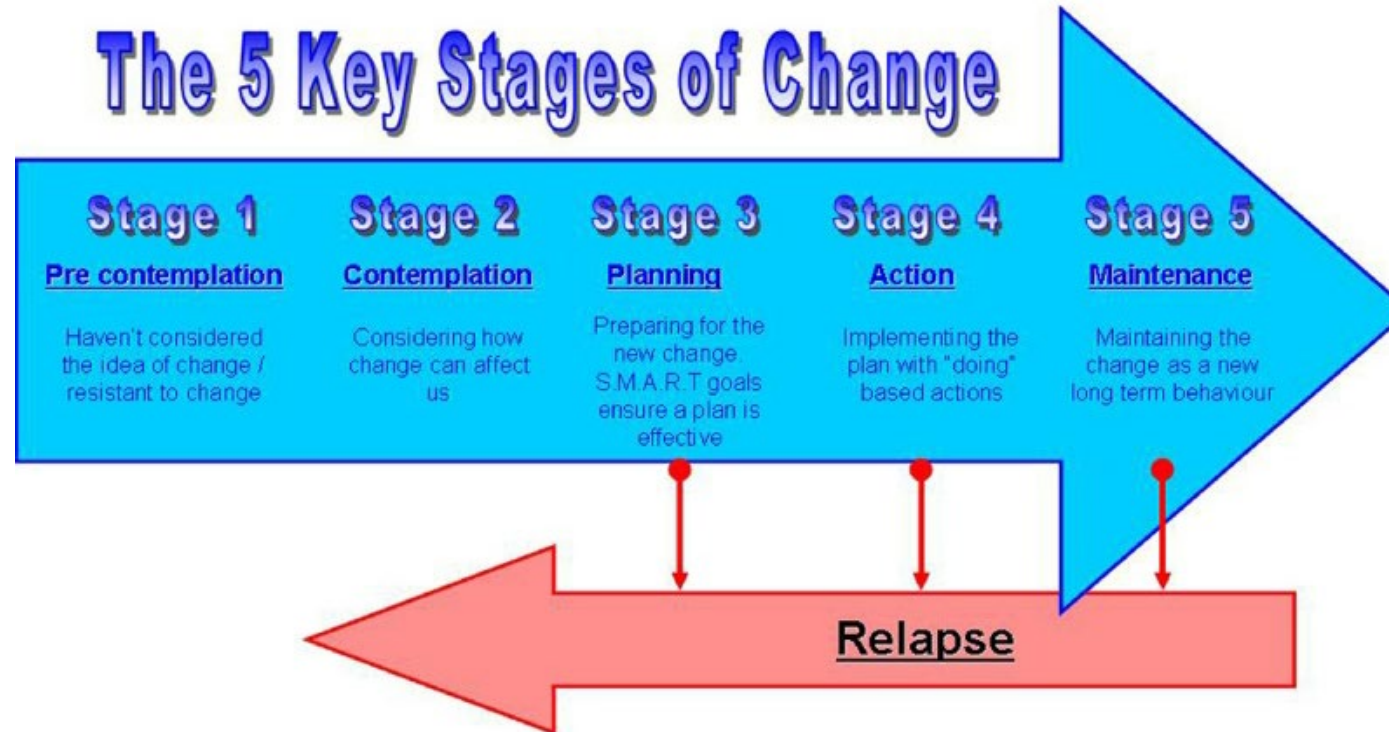


# MI and Your Role as the Victim Advocate

- MI is appropriate when Caregivers are struggling with the possibility of making a change. ( **contemplation phase of change**). If a Caregiver has already made the decision to change (**planning**), **then MI may not be needed though reflective listening skills should always be used to enhance the relationship**
- Using the MI process allows for caregivers to decide their reasons for making a change and to decide how they will go about it
- Even though it may appear that caregivers are looking for you to tell them what to do, telling them what to do often causes people to push away
- Instead of portraying yourself as the expert, you will offer expertise
- You are working in partnership and collaboration with the family



# Stages of Change with Examples



**Relapse can take you back to any stage during the process of change and can be caused by:**

- **Internal Pressure** (The voice in your head that says the change is too hard)
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# Principles of MI

- Demonstrating empathy through reflective listening
- Listening for the discrepancy between the client's goals or values and their current behavior or situation – (pros and cons)
- Avoid arguments or direct confrontation – clients usually start with sustain talk (staying the same) or reasons not to change
- Self-Efficacy – belief in oneself to achieve behavior or outcome (Bandura, 1999)



# OARS

**OARS** is a motivational interviewing technique used to encourage caregivers to tell their stories. It is non-judgmental and through open-ended questions, reflections, and affirmations, it encourages caregivers to be active in the conversation.

- **Open-ended questions** – elicits information from caregiver on their story which includes reluctance to change. Look for discrepancies e.g., this is how it is now, and this is how I would like things to be.
- **Affirmations** – conveys that you are paying attention to their story and acknowledges client strengths.
- **Reflection** - Listening to the caregiver and reflecting what you heard them say. In addition to content, pay attention to tone of voice and body language. AIM for a ratio of 2 reflections for every question.
- **Summaries** – a form of reflection that summarizes what the client told you. Listen for change statements from the client.

# 1: Motivational Interviewing Strategies

## ● **Righting Reflex**

★ Professionals want what is best for their clients and so can easily fall in the trap of thinking they know what is best. However, telling them what to do prevents them from exploring the issue and making their own decisions.

● **Sustain talk** focused on maintaining the status quo and concerns about being able to change, reasons not to change and reasons they need to stay as they are.

★ Examples: “we are not interested,” “we are fine,” “we don’t need mental health.”



## 2: Motivational Interviewing Strategies

- **Change talk** is the opposite of sustain talk and refers to statements made by a client about their desire, their ability, the reasons and need for change and is associated with enhanced motivation for change and represents an increased likelihood of actual change. Client begins to shift to “maybe things could be different,” “maybe I would like to have things different” or “I will consider it.”
  - ★ It is easier to identify sustain talk so change talk can be missed if you aren’t paying attention
  - ★ Once a caregiver moves from sustain talk to change talk, you want to move with them.
- MI emphasizes listening for and eliciting change talk as key skills in helping facilitate change
- The strategies to elicit and strengthen change talk involve the OARS skills







# 3: Motivational Interviewing Strategies

## MI Strategy: Weighing Pros and Cons

<b>Pros of Staying the Same</b>	<b>Cons of Changing</b>
<b>Cons of Staying the Same</b>	<b>Pros of Changing</b>

- Channel Carl Rogers: Walk in their shoes; understand them
- Reflections amplifying points, reframe information
- Evocative questions
- What change trying to evoke?



# Strategies to Increase Engagement in Treatment to Completion

- **Identify** the family as the expert about their child, their needs and their strengths.
- **Ask** the family their most critical needs and what is required to meet these needs.
- **Listen** to the family and validate them and their concerns.
- **Invest** in a therapeutic relationship and alliance with the family
- **Ensure** that you are culturally responsive
- **Tailor** services to fit the individual families' needs and preferences
- **Understand**, and validate the critical role of the caregiver in the outcome for their child
- **Act** on the knowledge that to be an advocate for the child you must be an advocate for the caregiver/s
- **Believe** in positive outcomes and **Communicate Hope**

# Homework: Complete Prior To Live Interactive Call 2

- Watch MI videos located on handouts page.
- Identify if your CAC does screening, who does it and what screener is used.
- Identify who you can consult with about difficult clinical issues or concerning answers to screening questions
- Practice MI and TIES strategies during client contacts.



# What to Look Forward to in Webinar 3

- Additional MI Strategies
- Screening
- The Child Behavioral Health Screener **(have a hard copy printed and available to refer to during Web 3)**

**Thank you for your participation and for all that you do and will continue to do for the children and families we serve!!**



# Thank you!



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