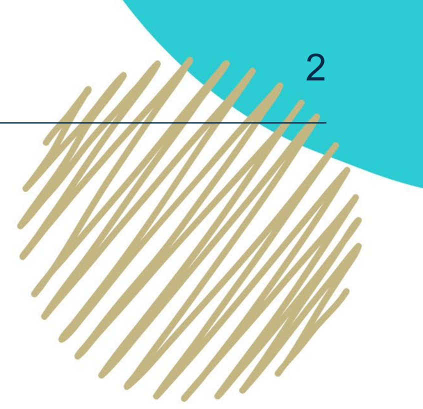
Enhance Early Engagement (E3) in Mental Health Care

Webinar 1: Engaging Families in Mental Health Treatment to Support Healing and Thriving

National Children's Alliance®

The Force Behind Children's Advocacy Centers



Your Trainers

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Welcome

Welcome Children's Advocacy Center Victim Advocates to the 1st of 5 webinars of the Enhance Early Engagement (E3) training.

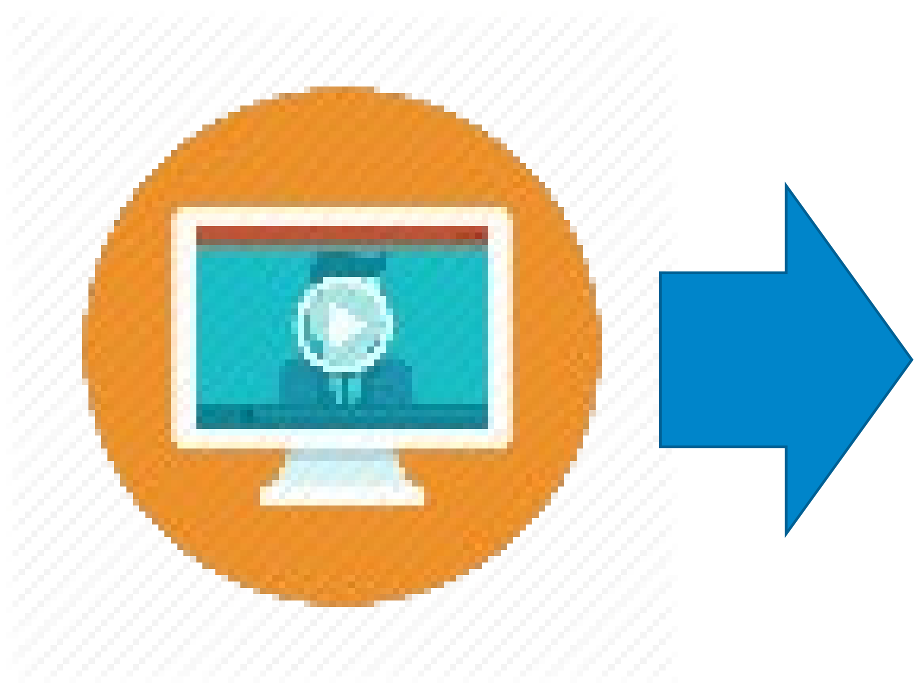
- What to expect:
  - 5-1 hour webinars to be held every other week.
    - At the end of each webinar, you will be provided with homework tasks to prepare you for the live interactive calls.
  - 5- 90 minute live interactive calls every other week (off weeks of the webinars)
    - These calls will provide you the opportunity to ask questions, interact with your peers and practice the skills that you are learning. It is important that you participate in the call group you have been assigned to as that offers you an opportunity to form a learning group.
  - Attendance, watching the webinars and completion of homework is critical to success. Communicate with the trainers if you are unable to attend webinars or a live interactive call.

Learning Objectives Webinar 1

To be able to:

- Understand the importance of research on the NCA mission and on CAC services
- Review the 2023 NCA's Victim Support and Advocacy Standard
- Understand crisis situations and safety planning
- Understand the concept of Family Engagement and Why it is important
- Describe the importance of the role of the caregiver in the outcome for the child
- Identify barriers that may impact family engagement

Training Impact



How does this training approach impact your knowledge, skills, attitudes, and ultimately your behavior and family outcomes?

How Has Research Informed CAC Service Delivery

- Collaboration in the investigation and prosecution of child sexual abuse and child safety
- Learning about the potentially negative impact of the trauma of abuse
- ACE study
- The role of screening and assessment to inform treatment
- Mental health interventions with evidence of efficacy in reducing that negative impact
- Importance of the caregiver in the outcome for the child
- Role of collaboration in child well-being outcomes
- Impact this research has had on mental health outcomes

How did NCA respond to the research

- Expanded the mission of CACs to include healing to improve child well-being outcomes so kids can thrive
- NCA looked to OMS data to identify barriers to this new mission of healing and thriving and is supporting training of CAC staff to reduce these barriers with a goal of increasing the number of children/families served by CACs who engage in and complete EB MH Treatment to heal

What did the OMS Data Identify as Barriers to Mental Health Treatment

- Many CAC treatment referrals for child victims were not based on the results of a screening or mental health assessment.
- Some CACs were referring all children for MH treatment
- FEW CACs were Tracking services delivered for the child and caregiver
- Caregivers reported Perceptual barrier of not believing that their child needs mental health treatment as their primary barrier to MH services AND
- CAC staff believed that External/Concrete Barriers were the most common type of barrier to the caregiver’s engagement in MH services
- Only 25% of children seen at CACs engage in needed MH services

1: So, What is Family Engagement?

To engage means participation in and completion of mental health treatment

- Not just attendance
- Family Engagement emphasizes the families' level of participation, collaboration and partnerships with service providers (Funchess, Spencer, and Niarhos, 2014)
- Engagement is what keeps families working in the long and sometimes slow process of positive change (Steib, 2004)

2: So, What is Family Engagement?

Paradigm shift toward family-centered system for families accessing services

- Family Engagement requires integrating the perspective of families served across programming, policy, services and evaluation activities of a CAC.
- Families can be involved and compliant without being engaged. Engagement is about motivating and empowering families to recognize their own needs, strengths, and resources, and to take an active role in changing things in their life for the better. These tasks have not always been accepted by professionals.
- E3 identifies the role of the CAC Victim Advocates in the goal of engaging families in needed evidence-based mental health services.

3: So, What is Family Engagement?

Family Engagement is the continual process by which a child with recognized mental health issues and his/her family:

- Are **connected** with a mental health service provider (a "warm" referral by the Victim Advocates)
- A therapeutic relationship between the family and a mental health provider is formed, and
- The family continues to seek and receive services until a mutually agreed-upon ending time (EBTs are delivered in a consistent manner (fidelity to the model) and have a defined ending/success. Most EBTs are delivered in 12-18 sessions).

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Why is Family Engagement Important?

- At our CACs we see children who may be in need of mental health services
- Only **25%** of children who need mental health services actually get them
- The majority who seek mental health treatment drop out prematurely
- OMS data has confirmed that this is true with children seen at our CACs
- Bottom line: no matter how effective treatment can be to heal trauma it requires that the child and family engage through treatment completion.

The Family is Critical to Family Engagement

The Family is the **expert** about their child and family

- The Family has knowledge and opinions about their strengths and about what they need.
- As the expert about the family, the family decides who can change and what to change.
- The Family and providers together can identify and resolve potential barriers to treatment success.

Caregiver Engagement is Critical

- Relationship between maternal support and positive child outcomes
- Role of caregiver in child's resiliency
- Role of caregiver in the child's emotional and physical safety
- Role of caregiver in treatment with the child

Case Presentation for Training

Kyle is a 10 year old male who lives with his biological mother and two siblings, a brother age 13 and a sister age 4.

Kyle is being seen at your CAC for a FI related to allegations of sexual abuse by his older brother's friend.

His mother, Mrs. Jones, works 2 jobs and has no family support. She does have a neighbor who occasionally provides assistance. Mrs. Jones has a vehicle that requires repairs, so she drives it as little as possible.

Mrs. Jones shared her history of sexual abuse as a young child and has been in two previous relationships that involved interpersonal violence.

Kyle's mother reports that since the alleged sexual abuse Kyle has been angry and not following through with his school work. She has been called to the school on two occasions to address the concerns.

Mrs. Jones is reluctant to agree to therapy primarily due to her own past experiences as well as time and transportation concerns.

What Types of Barriers Might Impact this Family's Engagement in Mental Health Treatment?

- Concrete or external barriers
- Perceptual, attitudinal or internal barriers
- System barriers

Common Barriers to Family Engagement

The Victim Advocate **survey** completed by CAC Directors and Victim Advocates identified the most common:

- Perceptual Barriers:
  - Past negative experience with MH treatment
  - The stigma associated with MH issues
  - The lack of a supportive caregiver
- **Concrete/tangible barriers:**
  - Child-care
  - Transportation
  - Work schedule
- **System Barriers:**
  - Waiting lists

NOTE: Perceptual, concrete and system barriers are not mutually exclusive – more than one type of barrier or multiple barriers may be present

Professional Barriers

- Lack time to implement new learning and new process
- Lack time with a family
- System may not support the process – time periods for referrals, hours of operation, etc.
- Resistance of the professionals to change
- Lack of understanding of the potential impact of trauma
- Lack of training in steps to implement MH services
- Others (to be identified by training participants and discussed during Consultation Call 1)

Why Do You Need to Know These Barriers?

Because they can interfere with a child getting the treatment they need to heal. Awareness of these barriers offer an opportunity to reduce or remove them

- **Concrete barriers** may require that resources be made available to the caregiver to support their child's participation and their involvement in needed mental health services. The system should play a role in barrier reduction/removal
- **Perceptual or attitudinal barriers are the most important barriers to address.** They require respecting the family as the experts and hearing about their child and their needs, moving at the family's pace and the use of the family engagement strategies to help families move though the stages of change to take action (MH treatment)
- **System barriers** may exist outside of the professional's awareness such as inadequate parking, or a lack of a trauma sensitive CAC environment. This type of barrier may be experience by the family as something they have no control over

Other Potential System Barriers to Engagement in Mental Health Services

Historical barriers have included:

- The role of professionals in family engagement
- Treating only the child
- Lack of understanding of the role of caregiver in the outcome for the child
- Failure to educate MDTs regarding the importance of mental health treatment to healing from trauma, and
- Failure to expand the responsibility for healing by the CAC and Multidisciplinary Team
- Lack of collaboration with MH professionals
- Others (to be identified by training participants and discussed during Consultation Call 1)

Trauma as a Potential Individual Barrier to Engagement in Mental Health Services

Trauma May Impact Willingness and Ability to Engage and may:

- Make it too difficult to talk about
- Impact of trauma on memory
- Trigger past trauma of the caregiver when having to deal with the abuse of their child
- Resulted in loss of trust in others and/or of the “system”
- Lead to depression and anxiety
- Others (to be identified by training participants and discussed during Consultation Call 1)

2023Victim Advocate and Support Accreditation Standard

Essential Component C, Victim Advocates serving CAC clients must provide the following constellation of services:

1. Crisis assessment and intervention, risk assessment, and safety planning and support for children and family members at all stages of involvement with CAC **(Risk and Safety Plan)**

A Caregiver in Crisis

- Frequently hear that VAs fear that what they say will cause the family to be in crisis
  - Families who come into our CACs **are** in crisis
- Caregivers are often experiencing Strong emotions – anger, depression, fear, guilt, reluctant to engage
- VAs may avoid caregiver issues to avoid emotions
- Concerns about potential impact of triggering caregiver's past trauma
- Impact on the professionals/VA
  - Scared due to anger, potential of being out of control, risk of harm to self or others.

Best Practices for Crisis Intervention

- Caregivers **and** kids are having a difficult time – focus on the family unit
- Elicit a feeling of safety
- Reflect their feelings and acknowledge that what they are dealing with is hard and can be scary
- Ask what is the hardest thing for them or their greatest concern at the moment
- Acknowledge their concern/feelings and ask how you can help
- Identify feelings as okay to have and ask if acting on these feelings in the past has been problematic for them or for others
- Give positive options for how to manage feeling such as talking, writing or drawing or other acceptable actions in response to their feelings.
- Provide boundaries regarding problematic responses to feelings

Interventions to Address the Crisis

- Ask how someone in the past has managed a crisis in a safe way and ask what that person did and can the caregiver do the same thing
- Understand how feelings can get shifted and that often the anger from another is really a response to their fear. If they can scare you with their anger they won’t have to feel so scared
- Work to shift their anger by addressing their fear
- Be honest, affirm their feelings and offer realistic reassurance
- If needed, set boundaries regarding responses to anger, fear and guilt such as no hitting or throwing things or hurting self or others
- If they cannot manage their feelings regarding their crisis or if they cannot work to reduce their crisis involving a mental health professional or a referral for a mental health assessment may be required
- Remember, in support of Family Engagement the Goal of a first session is to have a second one

Safety Plan

- Safety Plans are frequently used by MH providers when concerned about a client's safety
- Safety Plans are for the family –caregivers and children
- It is an opportunity to reinforce safety in relationships
- As CACs work with children and families who may be at risk or who are experiencing suicidal or homicidal ideation it is recommended that they have policies and procedures in place that address actions to support safety and that designates who will be responsible for the implementation and monitoring of such plans. The development of a safety plan should be in consultation with mental health professionals on staff at the CAC or community providers as well as CAC leadership and board of directors.
- Having a safety plan in place can provide a sense of safety for staff as CACs serve families in crisis daily.

Sample Safety Plan and Steps to Implementing

- Training
- Policies and procedures
- Administrative Support
- Mental Health resources
- Confidence

1: 2023 Victim Advocate and Support Accreditation Standard

Essential Component C, Victim Advocates serving CAC clients must provide the following constellation of services:

2. Assessment of individual needs, cultural considerations for child/family and help to ensure those needs are being addressed in concert with the MDT and other service providers.

3. Presence at the CAC during the forensic interview in order to participate in information sharing with other MDT members, inform and support the family regarding the coordinated, multidisciplinary response, and **assess needs of child and non-offending caregiver.**

2: 2023Victim Advocate and Support Accreditation Standard

Essential Component C, Victim Advocates serving CAC clients must provide the following constellation of services:

6. Provision of **referrals for trauma focused, evidence-supported mental health** and specialized medical treatment, if not provided at the CAC

9. Participation in **case review to communicate and discuss the unique needs of the child and family** and associated services planning; and help ensure the coordination of identified services, and that **the child and family's concerns are heard and addressed**

Training Resources

- NCA Engage – Recorded Webinars, Training Videos and Other Resources
- Digital Notebook
    - Includes Desk Cards
- Live Interactive Calls: Structure and Purpose

What Are Desk Cards

- Target Criteria and components for the evidence based mental health treatments that meet the NCA MH Accreditation Standard and includes TF-CBT, PCIT, CFTSI, AF-CBT, PSB-CBT, change++ EMDR and CPP
- Desk Cards that describe each of these evidence-based treatments to support understanding of the referral criteria and treatment components and focus of each treatment model.
- Questions to Ask Therapists/Agencies who Provide MH Services
  - This desk card is used as CACs communicate with mental health providers in their communities regarding their willingness to collaborate with the CAC in the delivery of MH services to CAC clients and to serve as consultants to the CAC regarding MH issues and concerns. Also helpful in developing MH linkage agreements with community providers.
- 12 Steps for Building Positive Expectations about Mental Health Treatment
  - This card provides information to share with caregivers to support the goal of engaging them in mental health services for their child

More Desk Cards

- What is Evidence-Based Mental Health Treatment and Common Characteristics of Evidence Based Trauma Focused MH Treatment provide information to understand how EBTs differ from standard MH practice and can be shared with caregivers/families as an engagement strategy and to support their understanding of the importance of EBTs
- The Victim Advocate/Mental Health Collaborative Relationship provide information regarding the importance of a collaborative relationship in treatment referrals, monitoring, tracking and treatment success
- The E3 Research and Practice Goals helps keep the purpose and goals of the training in the forefront of our thinking and actions

Homework: Complete Prior To Live Interactive Call 1

- Review Desk Cards related to the learning objectives of this Webinar Session (Digital Notebook)
- Review Victim Advocacy and Support NCA Accreditation Standard (Digital Notebook)
- Consult with your Senior Leader to determine if your CAC has a Safety Plan policy and procedures. Sample in Virtual Notebook
- If your CAC does not have a Safety Plan policy and procedures discuss an action plan with Senior Leader to develop one

What to Look Forward to in Webinar 2

Training Topics:

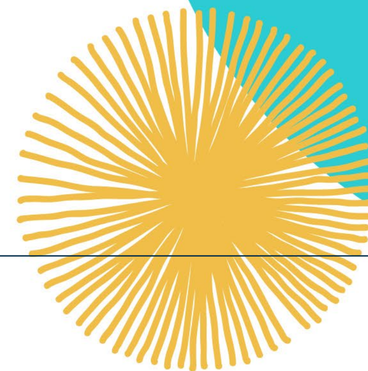
- Essential components of change
- Stages of Change

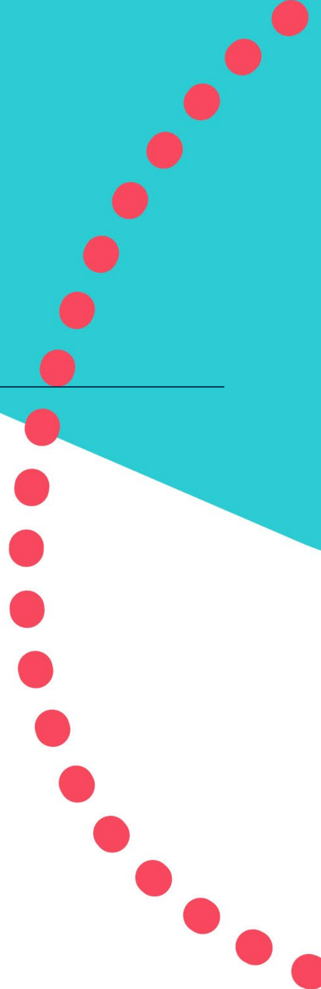
Evidence-Based Practices to Engage Families:

- Motivational Interviewing (MI)
- Training Intervention for the Engagement of Families (TIES)

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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