



IT TAKES A VILLAGE to
create, deliver and test
evidence-based
engagement interventions
and engaging services

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Acknowledgements

- **Step-Up** (Gisselle Parado, Kelly Conover, Ervin Torres, Greg Dunne, Tiffany Nesbit, Kerby Jean, Geetha Gopalan, Stacey Alicea)
- **Multiple Family Group** (Kara Dean, Lydia Franco, Kassia Rangel, Vivian Escrogima, Rebecca , Gomez, Clair Blake, Kimberly Hoagwood)
- **CHAMPions** (Hadiza Osuji, Janet Watson, Sheila Walker, Angela Paulino, Romy Duran, Anita Rivera, Aida Ortiz, William Bannon)
- **Center for Collaborative Child mental health services Research (CCCR)** (Gary Rosenberg, Gary Butts, Mari Umpierre, Edward Poliandro)
- **Social work interns** from Hunter College, Fordham University, New York University and Columbia University



Acknowledgements (cont.)

**Investigators: Kimberly Hoagwood, Serene Olin,
Carl Bell, Robert Gibbons, Roberta Paikoff, Donna
Baptiste, Sue Marcus, Marc Atkins, Arvin Bhana,
Inge Petersen, Claude Mellins, Elaine Abrams,
Helga Host**

New York State Office of Mental Health

**New York City Department of Health and Mental
Hygiene**

Westchester, Monroe and Rensselaer Counties

National Institute of Mental Health

National Institute on Drug Abuse

Robinhood Foundation

Acknowledgements (cont.)

Community Collaborative Board



Collaborative Boards also exist in Chicago, South Africa, Trinidad & Argentina

Welcome and Introductions

- Identify 1 obstacle that you have encountered as you tried to involve children and their families in services.



Child Prevention and Mental Health Service Delivery Crises

- *2/3* 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 after *two or three sessions* are common
- Youth living in poverty-impacted neighborhoods are *least likely to have access to prevention* services
- Families living in extreme poverty least likely to encounter programs promoting *protective factors* (e.g. social connection, supports for parent/child relationships)

Responding to Serious Service Delivery Challenges

- Obstacles to *initial and ongoing engagement* in care are significant
- *Multi-level needs of youth and families* not easily met by available resources or existing evidence-based interventions
- *Service capacity* is severely limited relative to need
- *Stigma* related to mental health care and specific life circumstances interferes with engagement
- *Range of service options and trained, supported service providers* limited

The Research: Barriers to Engagement

- Triple threat: poverty, single parent status and stress
- Concrete obstacles: time, transportation, child care, competing priorities
- Attitudes about mental health, treatment, stigma
- Previous negative experiences with mental health or institutions

Collaboration is a Necessary Foundation

Program of services research based on core assumptions :

Collaboration with consumers (youth, parents, providers, and communities) lead to services and prevention programs that potentially are:

- acceptable to consumers
- relevant to consumer's context, specific needs and core values
- potentially effective when...
- implemented in "real world" settings by naturally existing providers and resources (sustainable)

Empirically supported Engagement Interventions

- Focused telephone procedures associated with increased initial show rates
- Structural family therapy telephone engagement intervention associated with 50% decrease in initial no show rates and a 24% decrease in premature terminations (Szapocznik, 1988; 1997; 2004)

Initial Engagement Intervention

- Grounded in an ecological perspective of child, family, community and system level barriers to child mental health care
- Goals:
 - 1) clarify the need
 - 2) increase youth and caregiver investment and efficacy

Telephone Engagement Intervention (cont.)

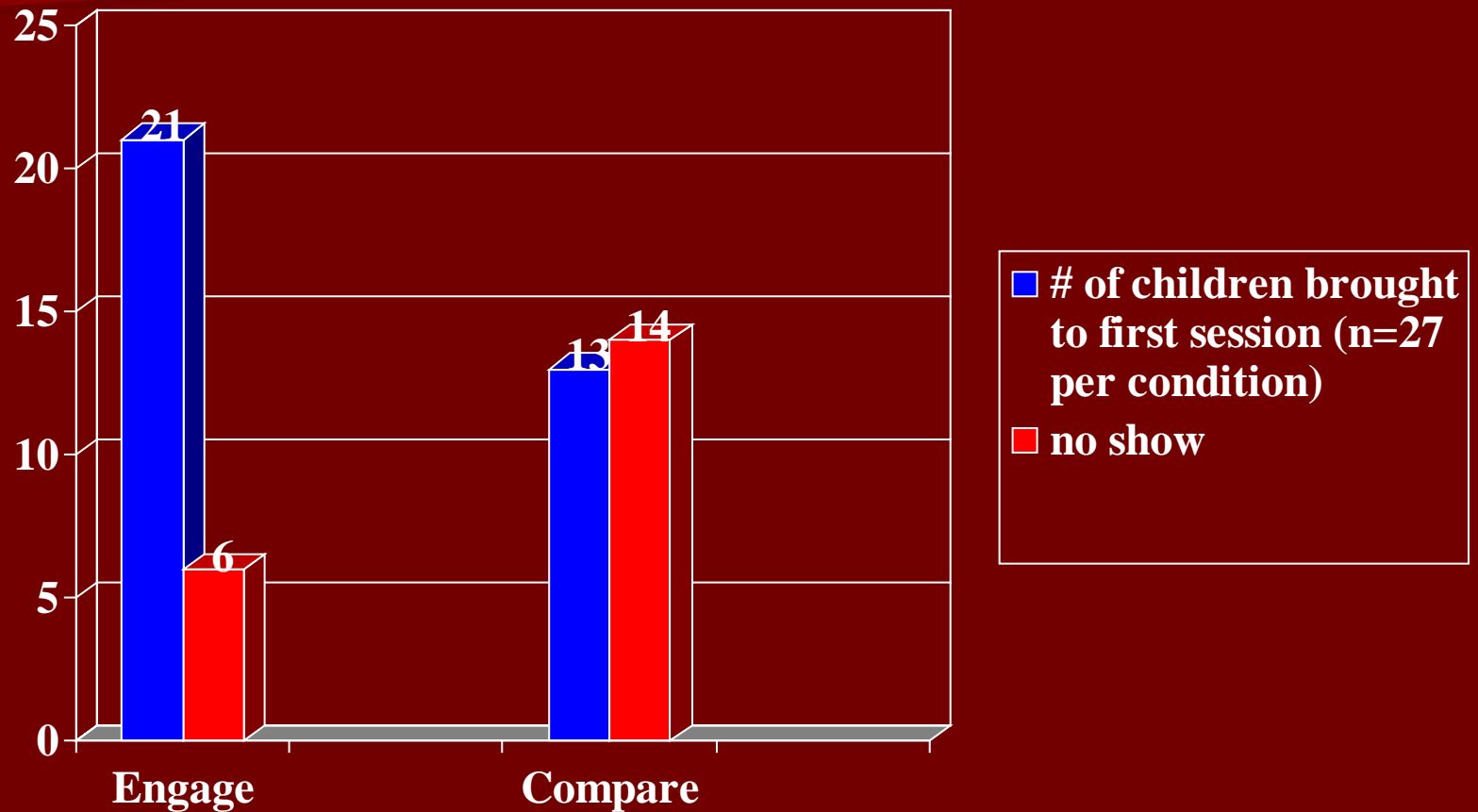
■ Goals:

- 3) Identify attitudes about previous experiences with care and institutions
- 4) PROBLEM SOLVE! PROBLEM SOLVE!
PROBLEM SOLVE! around concrete obstacles to care

Engagement Study Methods

- Outcome of interest: # of families that brought their child to an initial appointment
- Setting: outpatient clinic
- Sample: $\underline{n}=54$
- Design: Matched comparison of consecutive referrals in one month

Telephone Engagement Study Results

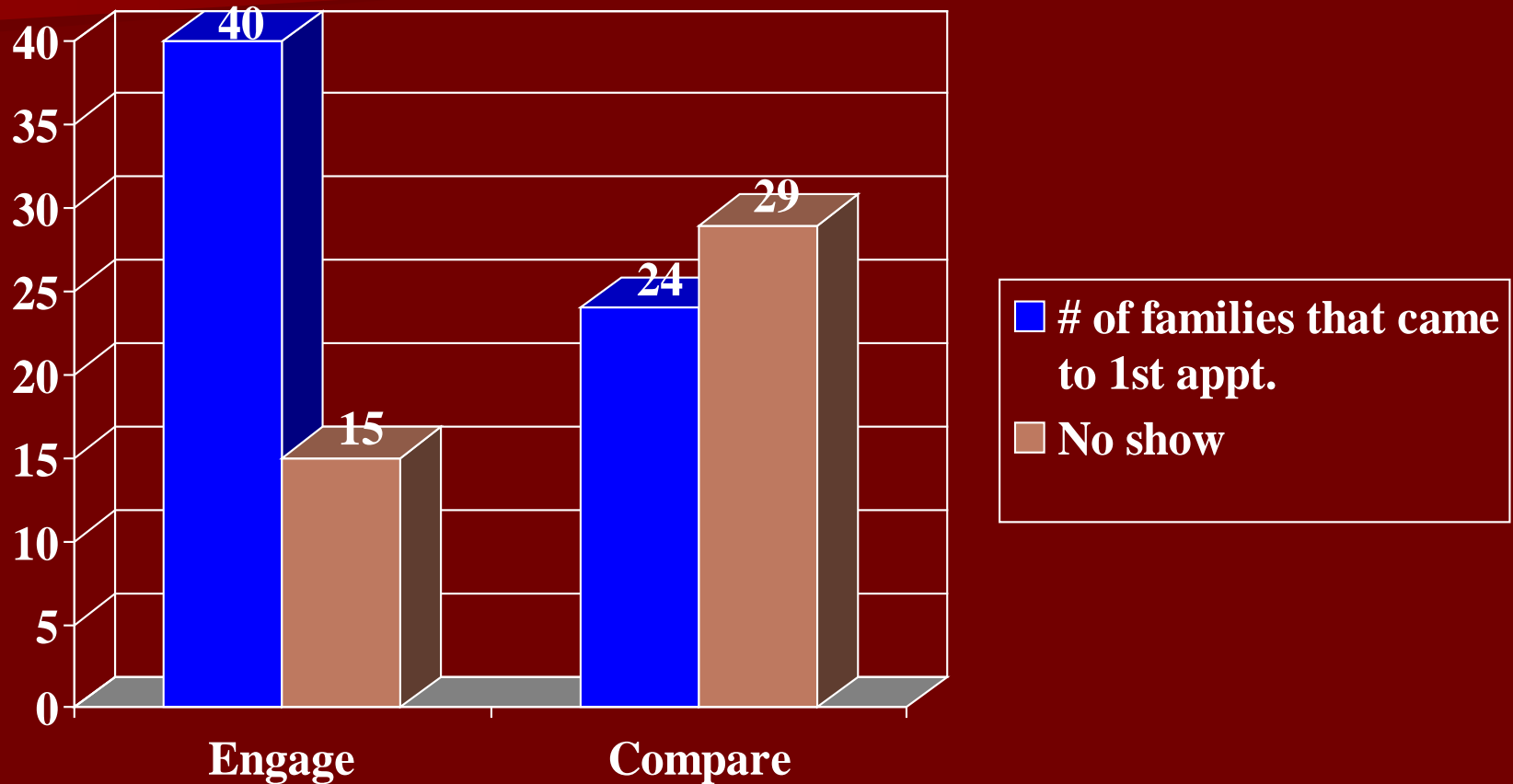


Engagement Study #2

Methods

- Outcome of interest: # of families that brought their child to an initial appointment
- Setting: Outpatient clinic
- Sample: $n=108$
- Design: random assignment to condition

Engagement Study #2 Results



First Interview Engagement Strategy



Purpose of first interview engagement strategy

- Two primary purposes:
 - To understand why a youth and family want help from provider.
 - To engage the youth and family in a helping process, if appropriate.



Four Critical Elements of the Engagement Process



Element – 1

- Clarify the helping process...
 - Carefully introduce self, agency intake process, and possible service options.
 - Do not assume that client has been given accurate information about services.
 - Do not assume clients know what is expected of them and what they should expect from intake process/worker



Element – 2

- Set the foundation for a **collaborative** working relationship.
 - Explicate roles and responsibilities of all going forward towards shared goals
 - “We” begun to be created



Element – 3

- Focus on immediate, practical concerns...
 - Be ready to schedule a second appointment sooner than the following week.
 - Parents often need help negotiating with other “systems” (i.e. school).
 - Responding to parents concerns provide an opportunity for worker to demonstrate their commitment and potential capacity for help.



Element – 4

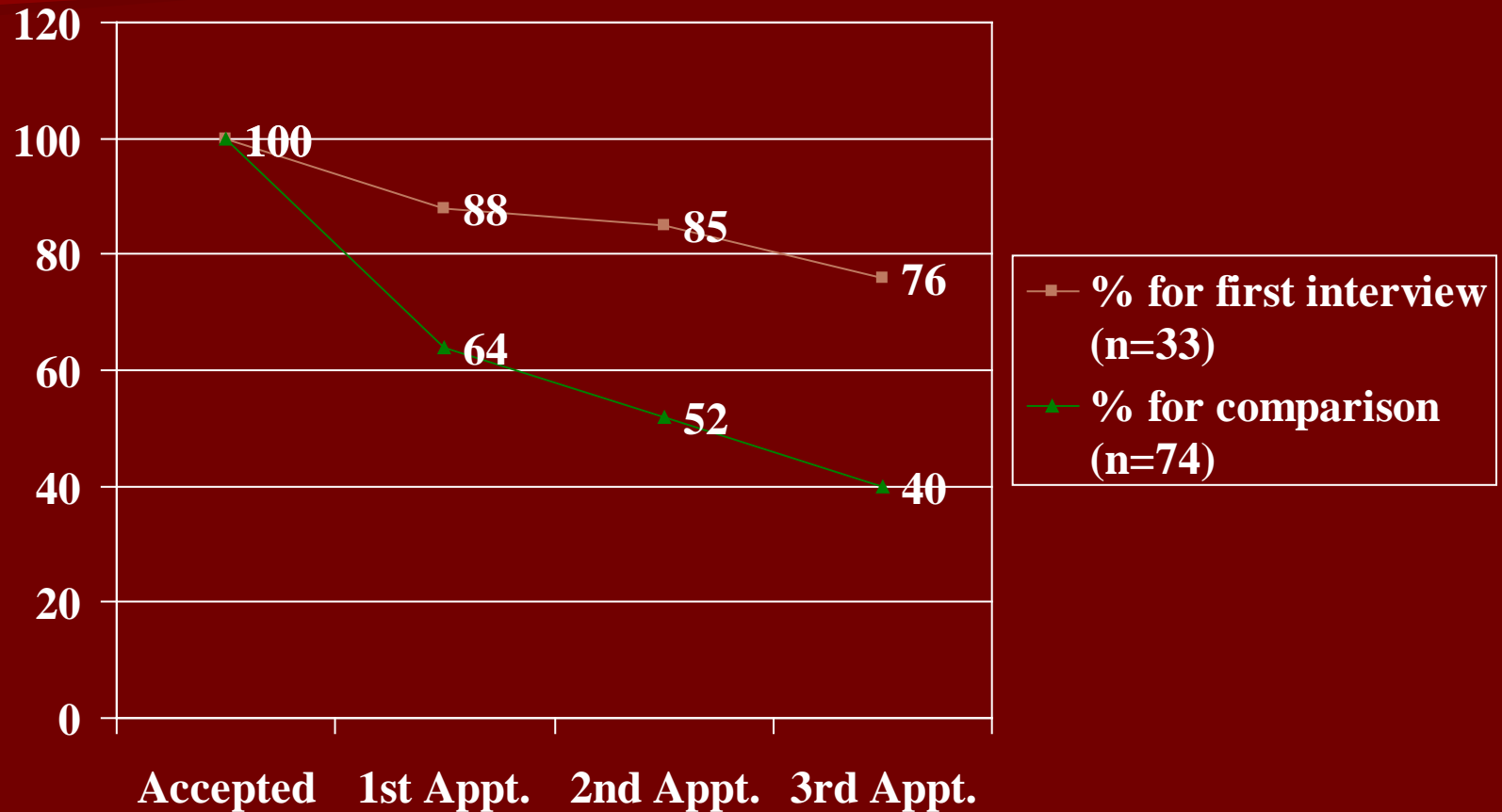
- Identify and problem-solve around barriers to help seeking
 - Every first interview must explore potential barriers to obtaining ongoing services
 - Specific obstacles, such as time and transportation must be addressed.
 - Other types of barriers include previous negative experiences with helping professionals; discouragement by others to seek professional help; differences in race or ethnicity between the interviewer and the client; families experiences with racism and its impact on their willingness to receive services from a "system" need to be carefully explored



First Interview Study Methods

- Outcome of interest: # of families that came to initial and ongoing appointments
- Setting: Outpatient clinic
- Sample: $\underline{n}=107$
- Design: Random assignment to condition

First Interview Results



Multiple family groups (MFG) for youth with disruptive behavioral difficulties



What is a MFG?

- A clinical service meant to enhance child mental health service use and reduce serious conduct difficulties for urban, low-income children.
- Developed from previous research involving urban parents and their children
- Provides an opportunity for parents and children to share information, address common concerns, and develop supportive networks
- Involves 6 to 8 families
- At least two generations of a family are present in each session
- Psycho education and practice activities foster both within family and between family learning/interaction
- MFG content and process was designed in collaboration with parents & clinicians

MFG Empirically Informed Targets

- Strengthens parenting skills and family relationship processes
 - child management skills
 - family communication
 - within family support
 - parent/child interaction
- Addresses factors affecting service use and outcomes
 - parental stress
 - use of emotional and parenting support
 - stigma associated with mental health care

In the words of families...

Multiple family groups should focus on:

- Rules
- Roles and Responsibilities
- Respectful communication
- Relationships
- Stress
- Social Support



MFG Collaborative Clinical Model

- Clinician and parent advocate co-facilitate
- Clinicians provide professional expertise
- Parent advocates provide support and practical information
- Sessions guided by a manual characterized by flexibility, choice of activities, discussion questions



MFG Research Study

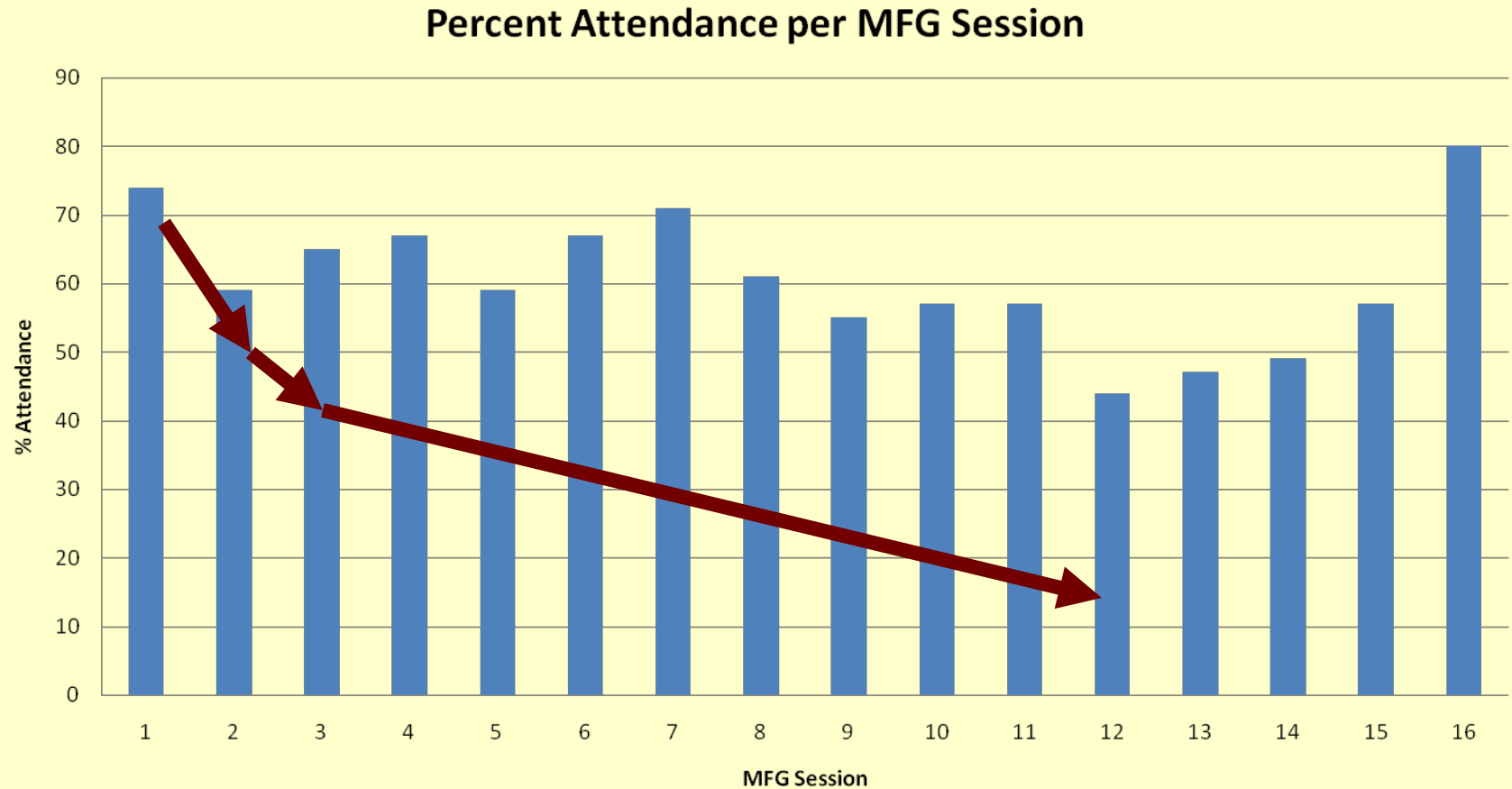
- Multiple family group (MFG) is clinical service meant to enhance child mental health service use and mental health outcomes for urban, low-income children of color.
- Randomized effectiveness trial of MFG vs. services as usual in 13 outpatient clinics across NYC
 - ODD or CD
 - Low-income African American and Latino families
 - Up to 8 families meet in MFG for at least 4 months
- MFG content and process was designed in collaboration with parents & clinicians

To date....

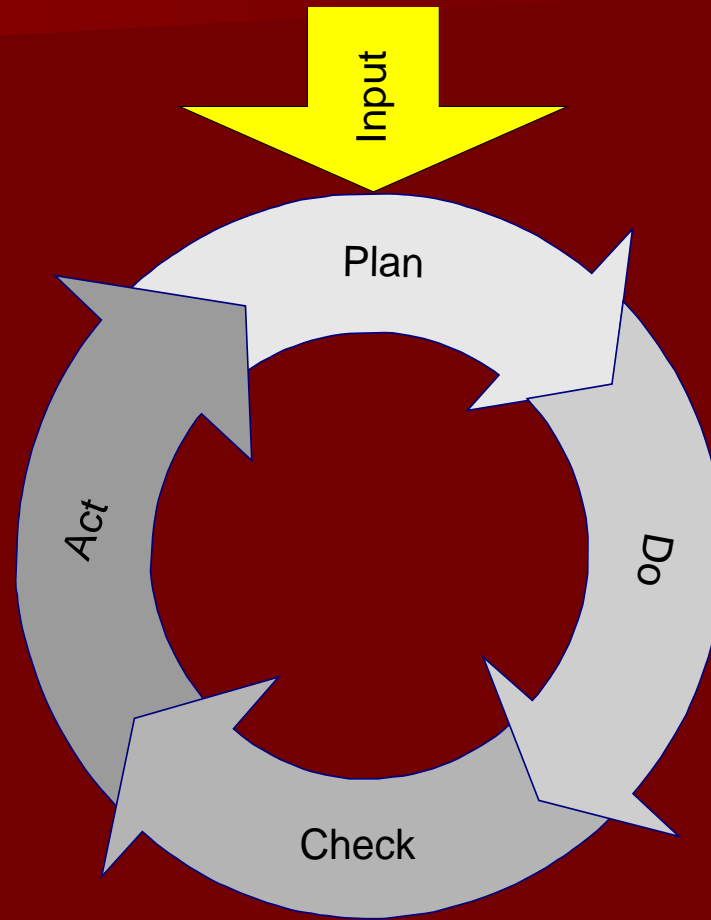
- completed our fourth year of funding
 - Preliminary data from first 376 youth and their families involved in the project is available

MFG Attendance

(in comparison to rates on retention in outpatient urban individualized mental



The continuous quality improvement cycle



CQI cycle

- Plan – define organizational plan for quality tied to customer needs.
- Do – improve organizational performance on key indicators.
- Check – assess how well the services delivered in "DO" phase accomplished the objectives in "PLAN" phase.
- Act – evaluate and refine quality plan.

Summary & Wrap-up

- Final questions and answers