

# A Three-Tiered Approach to Family Engagement in School-Based Behavioral Health

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# Agenda

- Why Focus on Family Engagement?
  
- Current Project
  - Goals
  - Program overview
  - Methods
  - Results
    - Barriers to family engagement
    - Mechanisms for family engagement
  
- Conclusions and Discussion



# Family Engagement Outcomes

- In Therapy

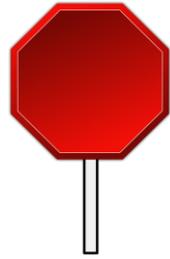
- *Decreased disruptive behaviors*
- *Increased caregiver self-efficacy*
- *Shorter treatments*
- *Longer-term positive outcomes*

(Herman et al., 2011; Lowie et al., 2003)

- In Academics

- *Increased parent self-efficacy*
- *Increased parent comfort in participating in their child's education*
- *Improved test scores*

(Smith et al., 2011; Alameda-Lawson, 2014)



# Barriers



Treatment  
Relevance/  
Acceptability

Daily Stresses

Therapeutic  
Alliance

External  
Barriers to  
Treatment

Cognitions and  
Beliefs About  
Treatment

Stuadt (2007)





# Engaging Families in Treatment

- Appointment reminders
- Parent trainings
- Motivational interviewing
- Building therapeutic alliance
- Increased training for intake interviewers talking with parents
- Home visits
- Frequent, personal calls
- Involve families early in the treatment process

(Bickham et al., 1998; Ingoldsby, 2010; McKay & Bannon, 2004)





# Engaging Families in Schools

- Teacher home visits
- Weekly academic newsletters
- Encouraging parents to sit in classes
- Asking parents to read with children nightly

(Smith et al., 2011)



# What's missing?

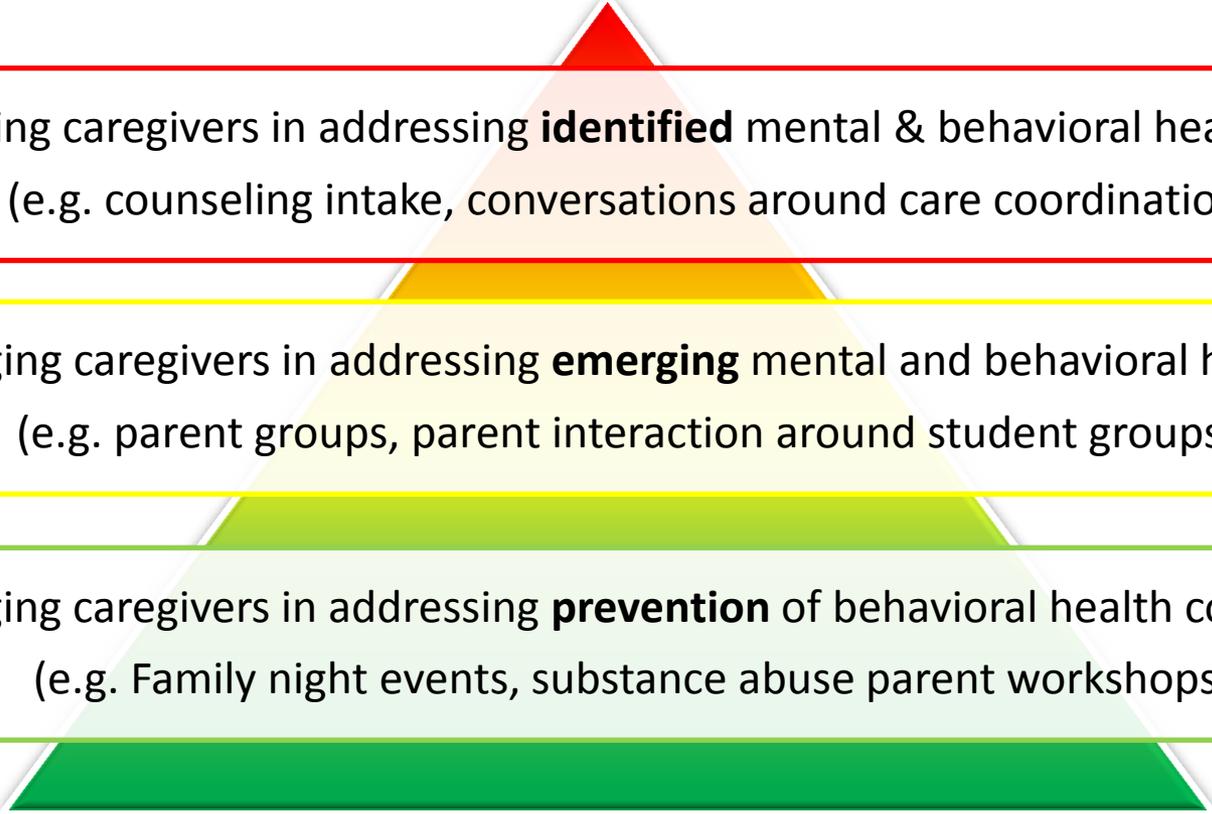
Engaging Families  
in Behavioral  
Health Treatment

Engaging  
Families in  
Multi-Tiered  
Systems of  
Behavioral  
Health  
Supports in  
Schools

Engaging Families  
in Academic  
Activities

# Current Project

Developing a three-tiered framework for engaging with families of students at varying levels of need.



**Tier 3:** Engaging caregivers in addressing **identified** mental & behavioral health problems  
(e.g. counseling intake, conversations around care coordination).

**Tier 2:** Engaging caregivers in addressing **emerging** mental and behavioral health problems  
(e.g. parent groups, parent interaction around student groups).

**Tier 1:** Engaging caregivers in addressing **prevention** of behavioral health concerns  
(e.g. Family night events, substance abuse parent workshops)

# Methods

- Semi-structured interviews
  - 9 school-based clinicians from Children’s Hospital Neighborhood Partnership (CHNP)
  - Approximately 45 - 65 minutes each
- Follow-up focus group
  - All school-based clinicians and program director
- Thematic analysis of qualitative data
- Review of parent satisfaction survey data

# Overview of CHNP

- Community Behavioral Health Program in the Department of Psychiatry at Boston Children's Hospital
- Program Components:
  - School-Based Program: 7 partnering schools
  - Health Center Program: 4 partnering community health centers
  - Depression Prevention Initiative: Break Free from Depression
  - School Consultation and Capacity Building Initiative: Training and Access Project
  - Internal Evaluation Team

# CHNP Program Goals

*The Mission of Boston Children's Hospital is to:*

**Care:** provide the highest quality of health care

**Research:** be the leading source of research and discovery

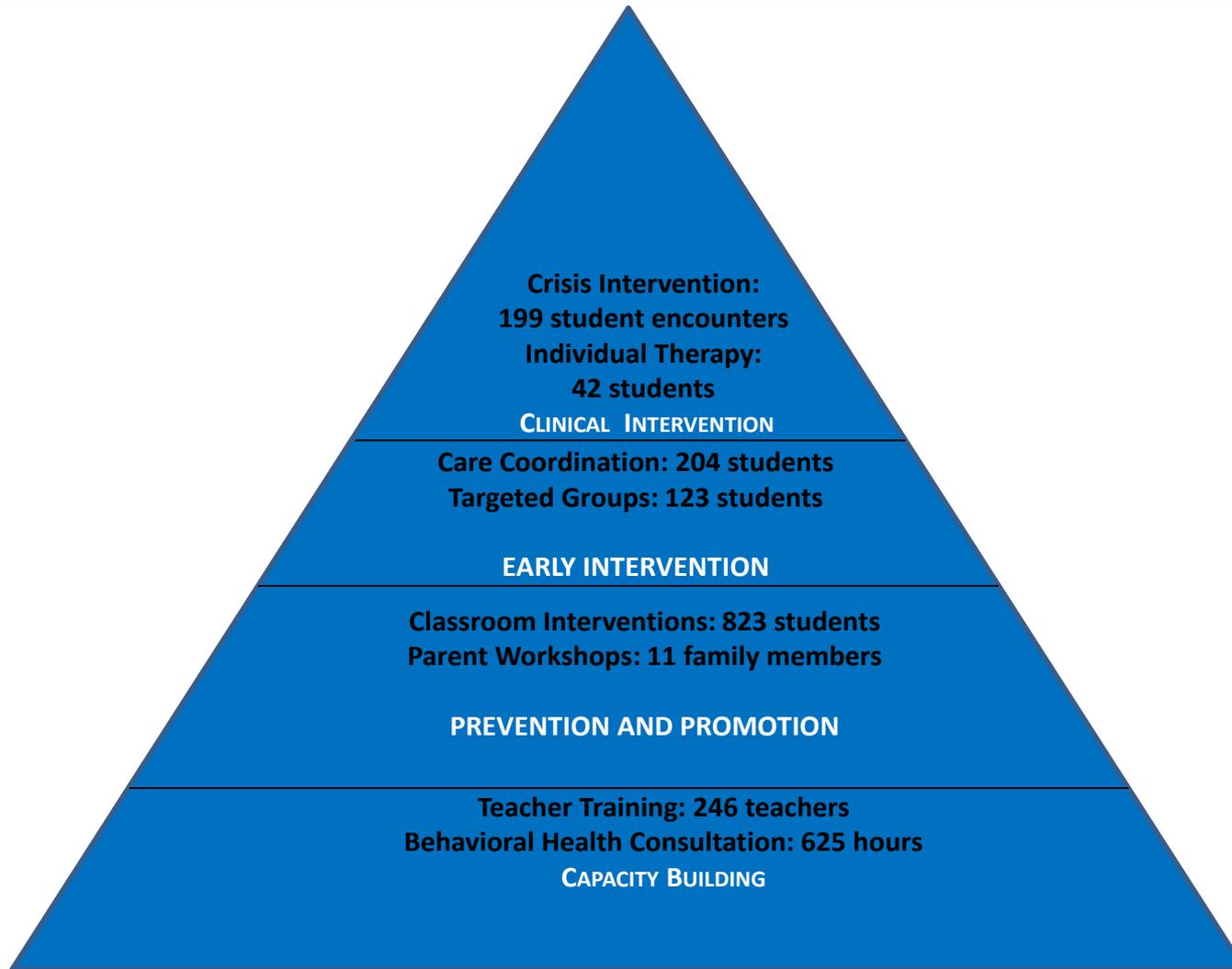
**Teach:** educate the next generation of leaders in child health

**Community:** enhance the health and well-being of the children and families in our local community

- To increase access to children's behavioral health services in underserved communities;
- To promote children's social-emotional development through a broad spectrum of behavioral health services;
- To build the sustainable behavioral health capacity of partner organizations;
- To achieve high satisfaction with services provided among all key stakeholders; and
- To promote systemic change in behavioral health service delivery.



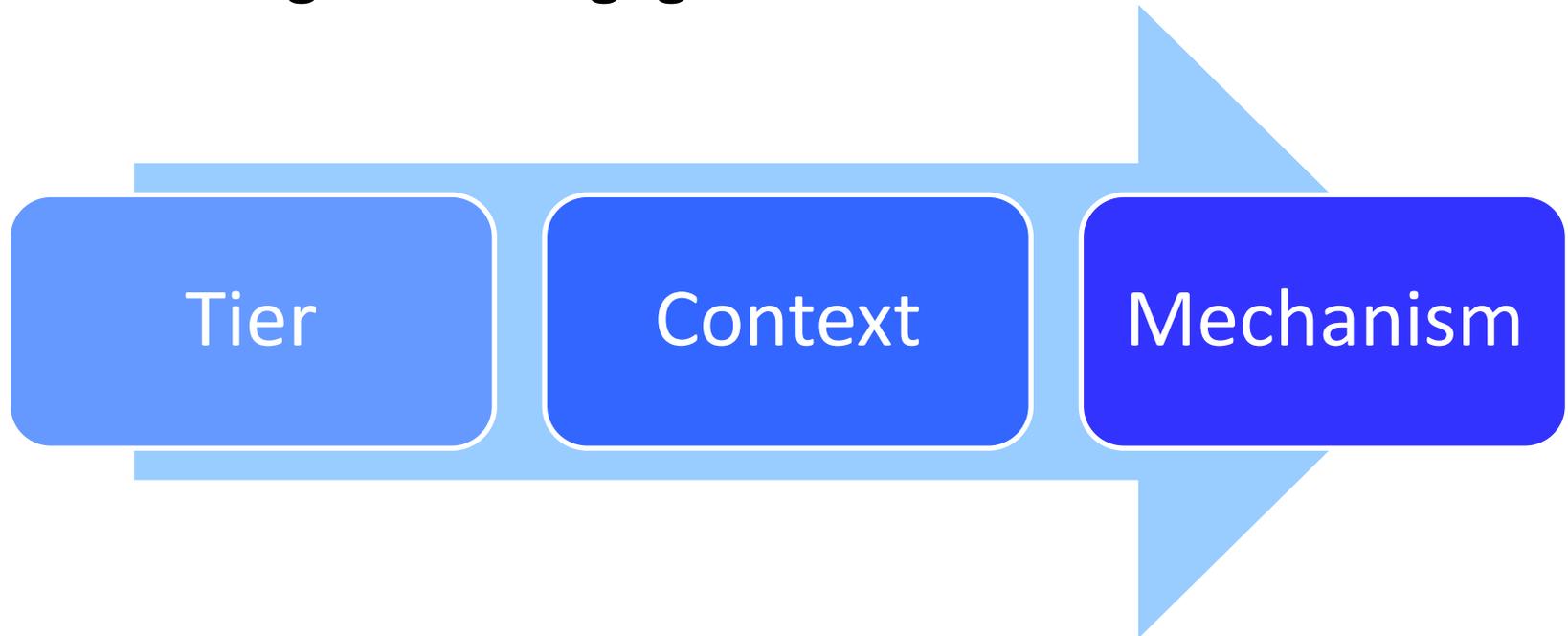
# CHNP SERVICE DELIVERY MODEL



Across these levels, CHNP provided behavioral health services to 1275 students, representing nearly 25% of the total school enrollment, during the 2014-2015 school year.

# Methods: Thematic Analysis

- Coded by:
  - Barriers to Engagement
  - Strategies for Engagement



# Results:

## Barriers to Engagement



# Results: Addressing Disagreement about Relevance of Treatment



I always tell the school, just don't push too fast or too hard, 'cause especially if they're gonna be here for a few years. Like I've got a kid, they tried in Pre-K and then by third grade it works.

Coming at the family in a different [way]- not in a mental health way but just connecting with them through these other ideas and have them be comfortable with our role and what we do and how we can be supportive.

# Results: Addressing External Barriers

## Difficulty Contacting Parent

- Use the emergency card
- Home visits if it's really important
- School nurse
- Email addresses
- Ask the child

## Lack of Time

Flexibility in communicating. Using email as well as phone.

## Navigating Complex Family Dynamics

- Pause. Consult with colleagues. Problem-solve together.

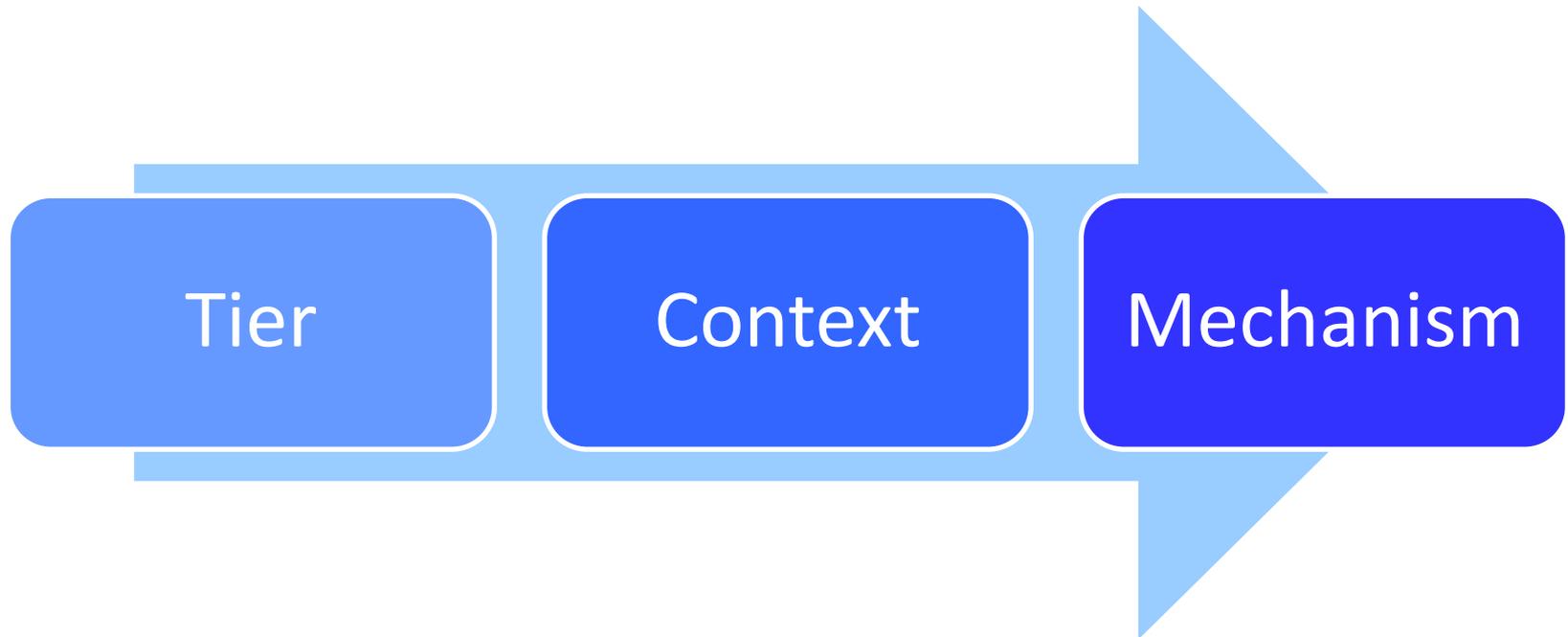
# Results: Addressing Lack of Therapeutic Alliance



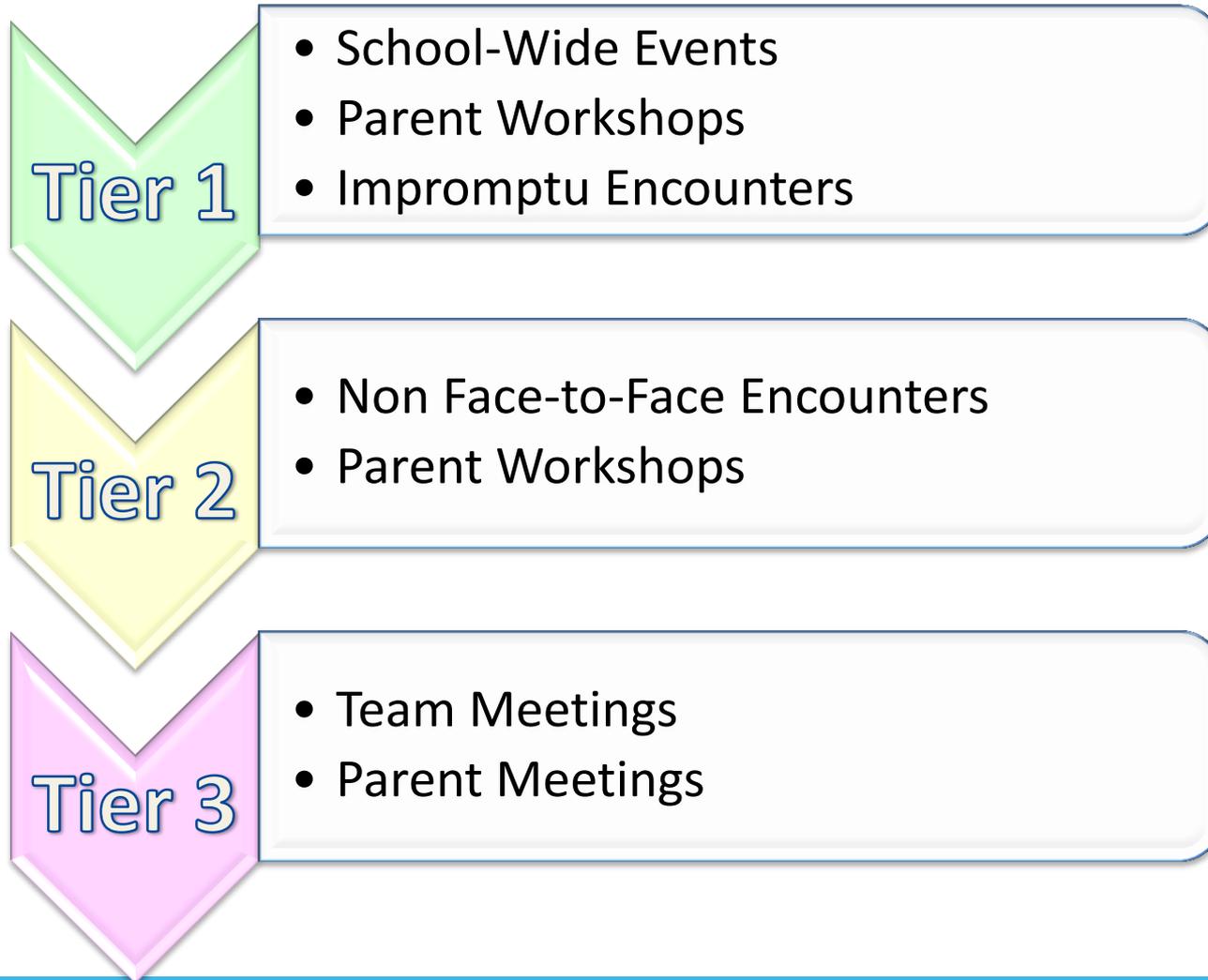
We had to rethink about how our families feel. Like this is your space, you own this, you have a voice here. So we did things like, we took advantage of any Latino [celebration] - you know, like Three Kings Day, which not every Latino culture celebrates but - and it worked.

# Results:

## Strategies for Engagement



# Results: Context



# Results: Mechanisms for Engaging Families

Parent-as-Consultee Support

Provision of  
Needed Resources

Relationship-Building through  
Empathic Communication

Scaffolding

Normalized &  
Strengths-Based  
Language

Flexibility in  
Communication

A Mutual  
Connection



# Parent-as-Consultee Support

Clinician consults with parents around self-care & skill-building, and provides emotional support.

## Tier 1

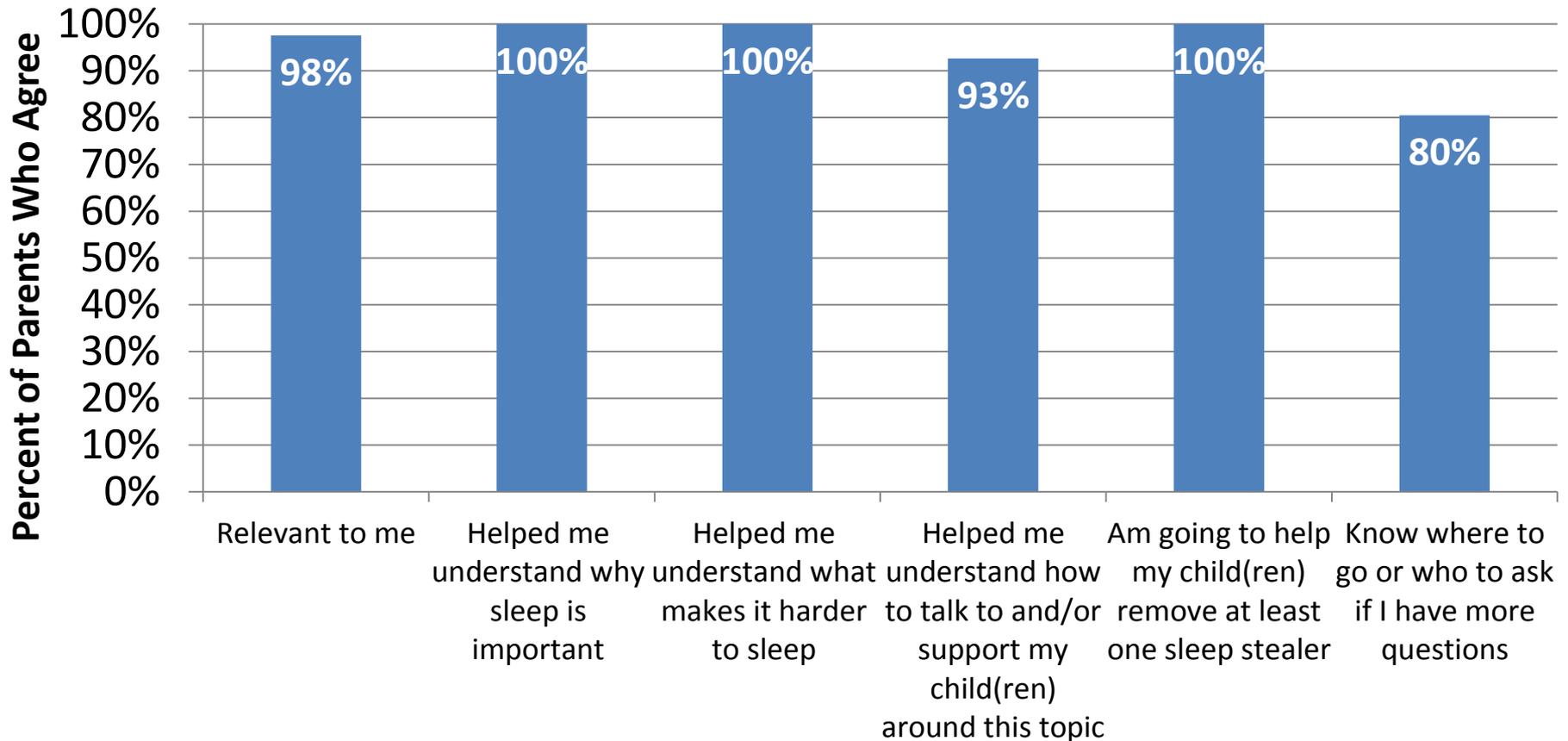
- School-Wide Events. *E.g. Three Kings Day Celebration, Sleep Event*
- Parent Workshops. *E.g. Substance abuse workshop*
- Impromptu Encounters. *E.g. Drop-ins*

*...all the classrooms we visited at the event taught the kids how to optimize their sleep routines to better them - A Parent*

*The various activities were informative and conducive to each of my grandchildren's understandings - A Parent*



# Parent Satisfaction with Sleep Community Event 2015 (N=41 Parents)



# Parent-as-Consultee Support

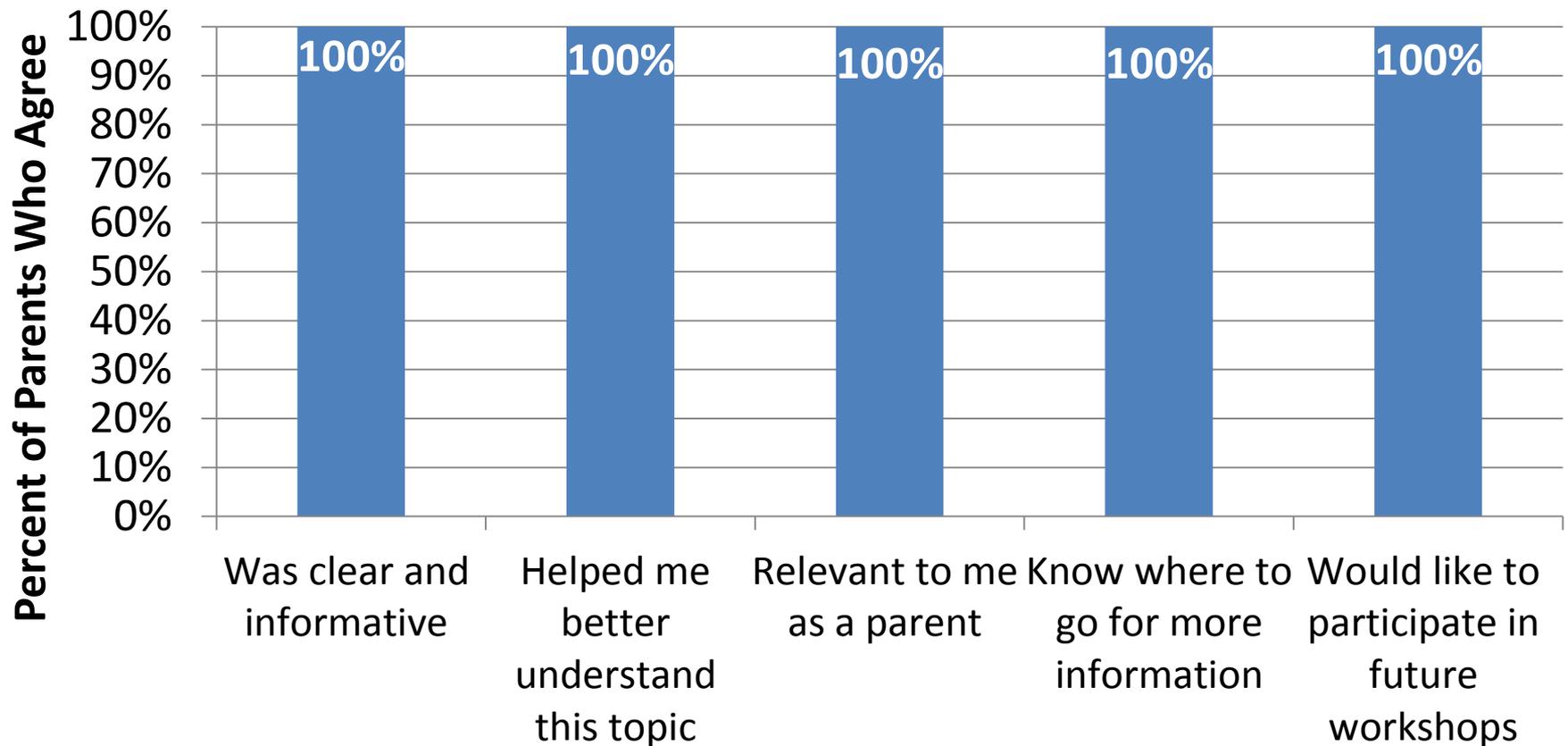
## Tier 2

- Non Face-to-Face Encounters. *E.g. Phone Consultations*
- Targeted Parent Workshops.

### ***Parent Satisfaction with Workshops, 2015***

- *“This came at the right time for me. Helped me a lot.”*
- *“This will help me change my family’s habits.”*
- *“The CHNP clinician talked about sleep for kids with autism like my son.”*
- *“I don’t know a lot about this topic, so the information was excellent to know about how these issues affect high school students.”*

# Parent Satisfaction with Psychoeducational Sleep Workshop (N=11 Parents)



# Parent-as-Consultee Support

Tier 3

- Team Meeting, Parent Meeting

## **Addressing parents' stressors**

*"Every now and then I do so much of the work where the focus is really on the parent, and it's impacting the child ... the parent is falling apart."*

## **Acknowledging parents' perspectives on the presenting concern.**

*"Have a meaningful conversation with them about how they see the problem, how we see the problem, and if there's anything we can agree on in terms of what would be helpful."*

## **Orienting parents prior to a meeting, to reduce anxiety and discomfort.**

*"They used to have me meet the parents at the door for these meetings, and then they'd have me do the debrief after so it wasn't just the meeting....'here's who is in the room, this is what the agenda is, this is what to expect.'"*

# Provision of Needed Resources

Tier 1

- School-Wide Events

**Engaging the school community in providing resources to families.**

E.g. Winter Clothing Drive (Coats and Shoes)

- Requested donations from school staff
- Sent out a school notice that coats were available for anyone interested.



# Provision of Needed Resources

Tier 2

- Non Face-to-Face Encounters



*“We do a **Thanksgiving basket**...this is something a teacher started for kids that they just know are not going to have, like, a feast...they go shopping so there’ll be like chicken that they can bake or turkey and then a five pound bag of potatoes and then canned vegetables, it’s really lovely...sometimes kids are embarrassed so you have to be careful. Like one kid had to have it go home but they found a rolling backpack so that nobody had to know what was in it.”*



# Provision of Needed Resources

Tier 3

- Non face-to-face Encounters. *E.g. Phone Calls*
- Parent Meetings

*“We did give out **gift cards**...if families were looking for a resource usually I was involved in some way. If they were looking for **after-school programs**...it wasn't always about counseling services. Often it was, but sometimes it was an after-school program, or maybe **facilities for food**, or for **clothing**.”*

- Soliciting gift card donations from department stores, e.g. Walmart, Target for families in need?

# Relationship-Building Through Empathic Communication

Clinician supports the family and their connection to the school by navigating difficult conversations with parents.



- Parent Meeting, Team Meeting

- Validating parents concerns and frustrations.
- Highlighting the benefits of the relationship with the school i.e. what parents stand to gain.
- Helping school staff see things from the parent's perspective and vice versa.

*"When teachers invite you to come in for a parent conference I think there's a lot about making sure everyone stays connected there. You're supporting the teacher and their connection to the family, and you're supporting the family and their connection to the teacher, and the school...just yesterday I was pulled in because there was this hard conversation about retention..."*

# Scaffolding

Clinician helps empower families to advocate for their child's needs, sometimes through in-vivo coaching.



- Parent Meeting

- **Example: Going to appointments with caregivers.**

*"I've gotten two times where there's a DCF investigation and a parent has said 'will you be here with me in the home, while they are there?'. And I've filed on one of them, actually, and they still wanted me to be there."*

- **Example: Home visits.**

*"Just doing it [home visit] once can show a family that 'hey..'. I know a lot of people say, 'hey what are you doing, you're crazy, don't do that'. But it could be enough [to engage them]."*

***Relevant at a Tier 1 and 2 level as well***

# Normalized & Strengths-Based Language

## Tier 3

- Parent Meetings, Phone Calls

- Highlighting students strengths
- Highlighting benefits of support
- Framing proposed intervention as an opportunity to maximize student's potential
- Avoiding objectifying language

*Highlighting first what they stand to gain “ Hey, I just wanna help you get some stuff so that your student can really be doing all that they wanna be doing in the classroom”. Rather than “the problem is your son. [He] is having trouble sitting still in the class.”*

***Relevant at Tiers 1 and 2 as well***



## Flexibility in Communication

Tier 2 & 3

- Alternative forms/ time of communication, e.g. emailing, after-hours

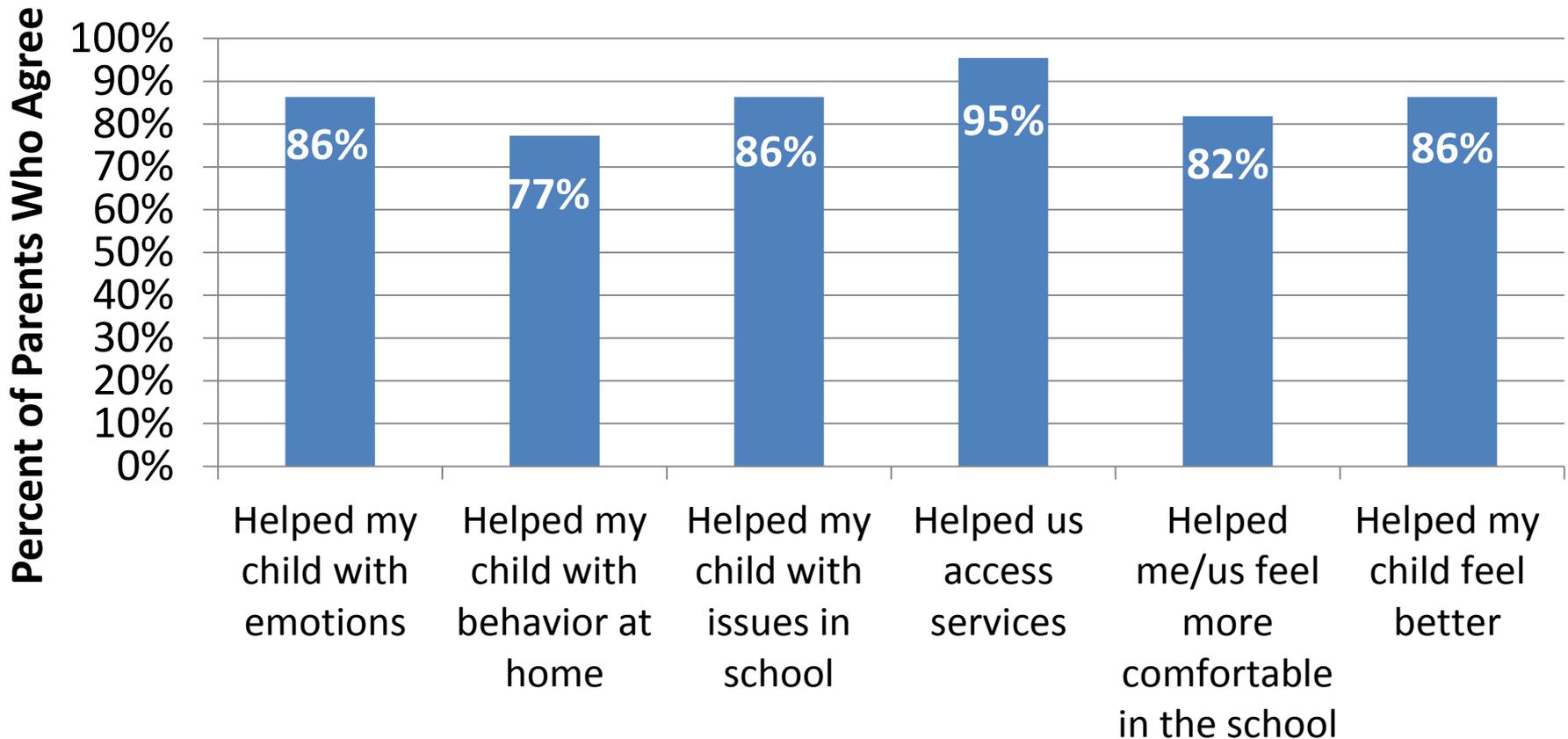
*Relevant at Tiers 1 and 2 as well*

## A Mutual Connection

Tier 3

- Parent Meeting – Having a trusted teacher or staff member do the initial introductions

# Parent Satisfaction with Therapy 2014-2015 (N=22 Parents)



# Parent Satisfaction with Therapy

- *“The CHNP clinician has been absolutely wonderful, incredibly supportive, and especially helpful for me. Thank you.”*
- *“Initially, I was very nervous about my child receiving services. However, the CHNP staff at the school did a great job making us feel comfortable by easing us into the counseling and following up regularly to let me know how things were going. The services offered helped turn this school year around for my daughter.”*
- *“The CHNP clinician has been a great support for my child and me. Her care, concern, and phone calls have been greatly appreciated.”*
- *“CHNP counseling has been a critical lifeline for our grieving child. We are so indebted to the clinician for her wise counsel and sympathetic interpretation of our son’s behavior and emotional state. She has served as a bridge to the teacher community to guide them in understanding his needs. Thank you.”*

# Conclusions

- A three-tiered approach to family engagement has key advantages.
- Several mechanisms for engagement have been presented, including
  - empathic communication,
  - Using strengths-based language,
  - providing practical resources,
  - addressing parent's needs,
  - flexible communication &
  - initially using a mutual connection.

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The Families & School Staff we work with

# Thank you!

- Questions & Discussion
  - What other strategies have you found work in engaging families?

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