Overcoming Family Engagement Barriers to Implementing Evidenced-Based Programs

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Who We Are

- Information service for the Children’s Bureau
- Experienced child welfare content and customer services team
- Provide the information you need...when you need it
- Central source for accessing the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Training and Technical Assistance (TTA) resources
- One-stop shop for requesting the full array of TTA services offered by OJJDP
- Provide trainings and virtual TTA support for the OJJDP TTA network

Mission

Promote the safety, permanency, and well-being of children, youth, and families by connecting professionals and the public to practical, timely, and essential information on:

- Programs
- Research
- Statistics
- Laws & policies
- Management & supervision
- Training resources
Audience
Child Welfare Professionals

Administrators, managers, policymakers, trainers, and educators

Supervisors and direct service workers

Related professionals, including juvenile justice staff, counselors, teachers, attorneys, law enforcement, and others

Experiencing www.childwelfare.gov

Subscription Services

- Children's Bureau Express (CBX) – Top stories, research, promising practices, publications, training
- EJelt! – Monthly alerts about new Information Gateway products
- Child Welfare in the News – Weekly listing of news articles of interest to child welfare workers, administrators, and related professionals
- Adoption Triad – Monthly e-brief of practical information, tools, and strategies to help build capacity to identify, recruit, and retain families for children and youth
- State Resources – Provides a snapshot of State and local government child welfare publications added to the Information Gateway Library in the past month
- My Child Welfare Librarian – Links to publications on safety, permanency, well-being, adoption, prevention, workforce and training, administration, community services, and more

https://www.childwelfare.gov/admin/subscribe/index.cfm
Mission
The mission of OJJDP National Training and Technical Assistance Center (NTTAC) is to support OJJDP in ensuring OJJDP’s Training and Technical Assistance is efficient and effective by:
- Promoting systemic coordination amongst its network of TTA providers
- Ensuring the delivery of TTA that is responsive to the needs of the field
- Promoting TTA that is aligned with OJJDP priorities

Experiencing www.nttac.org

Experiencing OJJDP Online University
Learning Objectives

- Participants will learn how to identify and analyze family engagement barriers to successful implementation of Evidence-Based Programs (EBP).
- Participants will learn about the Family Engagement Inventory (FEI) and how these strategies can be applied to facilitate family engagement.
- Participants will learn how to increase interoperability between front-end juvenile justice systems and EBP providers.

Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST) Evidenced-Based Programs

**What is FFT?**
FFT is a short-term, high quality intervention program with an average of 12 sessions over a 3-4 month period. Services are conducted in both clinic and home settings and can also be provided in a variety of other settings, including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.

FFT is a strength-based model. At its core is the focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid to both intrafamilial and extrafamilial factors and how they present within and influence the therapeutic process.

Source: FFT Inc., 2012

**What is MST?**
MST is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders—their homes and families, schools and teachers, neighborhoods, and friends. MST recognizes that each system plays a critical role in a youth’s world, and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12–17 who have a very long history of arrests.

- MST clinicians go to where the child is and are on call 24 hours a day, 7 days a week.
- They work intensively with parents and caregivers to put them in control.
- The therapist works with the caregivers to keep the adolescent focused on school and gaining job skills.
- The therapist and caregivers introduce the youth to sports and recreational activities as alternatives to hanging out.

Source: MST Services, 2010
**EBP Implementation Drivers**

Components that need to be present to successfully use evidence-based practices and programs:

- Staff selection
- Pre-service and in-service training
- Ongoing consultation and coaching
- Staff and program evaluation
- Facilitative administrative support
- Systems interventions


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**Identifying Barriers to Initiating Services**

**FFT**

**Pretreatment Phase:**

- The goals of this phase involve responsive and timely referrals, a positive “mindset” of referring sources, and immediacy.
- Activities include establishing collaborative relationships with referring sources, ensuring availability, appraising multidimensional (e.g., medical, educational, justice) systems already in place, and reviewing referral and other formal assessment data.

Source: FFT Inc., 2012

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**Identifying Barriers to Initiating Services**

**MST**

**Interagency Linkages and Collaboration:**

The support and collaboration of several key systems greatly enhances the chances of success. These systems are commonly referred to as “Stakeholders.” The largest stakeholders include juvenile justice, social welfare, mental health, education, and the court system. A local MST program developer will devote substantial energy to engaging all relevant systems to collaborate in the development, implementation, and support that includes ensuring adequate funding, referrals, and ongoing operation. Because of change and personnel turnover in each stakeholder agency, the MST provider builds a process of ongoing communication and engagement with each stakeholder to provide a foundation for future problem-solving.

Source: MST Services, 2010
Lack of family engagement is the #1 reason that youth don't start services after referral.

Analyzing Family Engagement Barriers to Initiating Services

Context conducive to engagement

- The rationale, benefits, and structure of the program have been explained to the family.
- Family strengths have been identified and acknowledged.
- The therapist and the referral organization have taken a collaborative approach toward engaging the family.
- The family has contributed to the development of the treatment goals.
- Engagement services are provided at a time that is convenient for the family.

Source: Cunningham & Henggeler, 1999.
Family Engagement Inventory
& Applicable Strategies

Family Engagement Inventory (FEI)
The FEI is a synthesis of literature in child welfare (CW), juvenile justice (JJ), behavioral health (BH), education (ED), and early childhood education related to what is being done around family engagement.

Goals of the FEI:
- Identify and explore cross-discipline commonalities
- Provide an at-a-glance comparison of family engagement beliefs, approaches, and resources across five disciplines
- Support/promote cross-system collaboration and understanding
- Provide an opportunity to "dig deeper" into current research on family engagement

Collaborative Approach to Content Development
- Reviewed extensive amount of literature and research from various sources for each discipline
- Engaged a broad group of experts and partners from multiple Federal agencies:
  - Children’s Bureau
  - Early Childhood Education and Child Welfare Committee
  - SAMHSA—Children’s Mental Health Committee
  - Department of Education
- Received feedback from internal ICF experts from each discipline on the inventory content
Elements of the FEI

Inventory
- What are the purpose and benefits of the FEI?
- How can professionals use the FEI?
- Information gathered from extensive literature review
- Distillation of content
- Comparisons across disciplines

Commonalities
- Cross-discipline
- Benefits
- Themes
- Strategies
- Practice
- Program
- System

Synthesis
- Distillation of commonalities across all disciplines and domains
- Guided by the Interactive Systems Framework for Dissemination and Implementation and Rapid Synthesis and Translation Process
- Two formats: Policy brief (1,000–2,000 words) and white paper (disseminated at launch)

Commonalities – Benefits Domain
Similar benefits in all five disciplines
- Builds trust with families
- Promotes/improves well-being outcomes
- Promotes family buy-in for service provision

Other examples of similar benefits
- Expands/improves planning options: CW, JJ, BH, ED
- Reduces/decreases problem behaviors in children/youth: JJ, BH, ED
- Improves children’s ability to function in various settings: JJ, BH, ED
- Improves family functioning: CW, JJ, BH
- Promotes safety and permanency/stability: CW, JJ
- Reduces the possibility of recidivism/relapse: JJ, BH

Commonalities – Themes Domain
Similar themes in all five disciplines
- Child-centered
- Solution-focused
- Respectful and collaborative
- Joint planning and informed decision-making
- Family involvement (including children, youth, and extended family)
- Interagency/multisystem collaboration
- Well-being of children

Other examples of similar themes
- Community-based services
- Systems of Care
- Family-focused
- Family-driven

CW, BH, and JJ
- Peer support for parents
- Treatment modifications and outcomes monitored

JL and BH
- Family-driven principles
- Peer support for parents
- Treatment modifications and outcomes monitored
Commonalities – Practice Level Domain

Similar practice strategies in all five disciplines
- Validate the participatory role of families in planning and making decisions for their children
- Provide timely resources, services, and interventions that are relevant and helpful
- Support parents and make families feel valued and connected
- Include parents in meetings/conferences related to the evaluation, identification, placement, and education of their children

Other examples of similar practices
- Include an assessment process that engages families through varied lenses including, but not limited to, strengths, capacities, cultural heritage, and extended family resources: CW, JJ, BH, ED
- Allow and respect extended family and kinship involvement: CW, BH, JJ
- Develop an understanding of families’ past experiences, current situations, concerns, strengths, and potentials: CW, BH, JJ
- Allow family visiting and involvement in life events: JJ, BH

Commonalities – Program Level Domain

Similar strategy in all five disciplines
- Parent partner/parent support programs

Other examples of similar strategies
- Family group/team decision-making approaches: CW, JJ, BH, ED
- Assessment processes: CW, JJ, BH, ED
- Motivational Interviewing: CW, JJ, BH
- Restorative Justice: CW, JJ
- Solution-Based Casework: CW, JJ

Commonalities – System Level Domain

Similar strategies in all five disciplines
- Parent partner/parent support programs
- Family and community-based services

Other examples of similar strategies
- Families engaged in system reform/family advisory councils: CW, JJ, BH, ED
- Multisystemic therapy: JJ, BH
Family Engagement Strategies

Examples of engagement strategies that can be applied to the FFT and MST referral process are:

- Building a relationship prior to the first call/appointment
- Leveraging existing supportive relations
- Using strategic and strengths-based marketing
- Identifying, addressing, and removing participation barriers

Source: Association for the Study and Development of Community, 2005
Interoperability

The ability of systems and organizations to work together (inter-operate).

Building an Interoperability Framework

YOUR QUESTIONS
References


Child Welfare Information Gateway. (2014). Family Engagement Inventory (in press). The complete list of references for the FEI is available upon request. Penny.Patnam-Collins@icfi.com


