Evidence-Based Best Practices in the Engagement of Families

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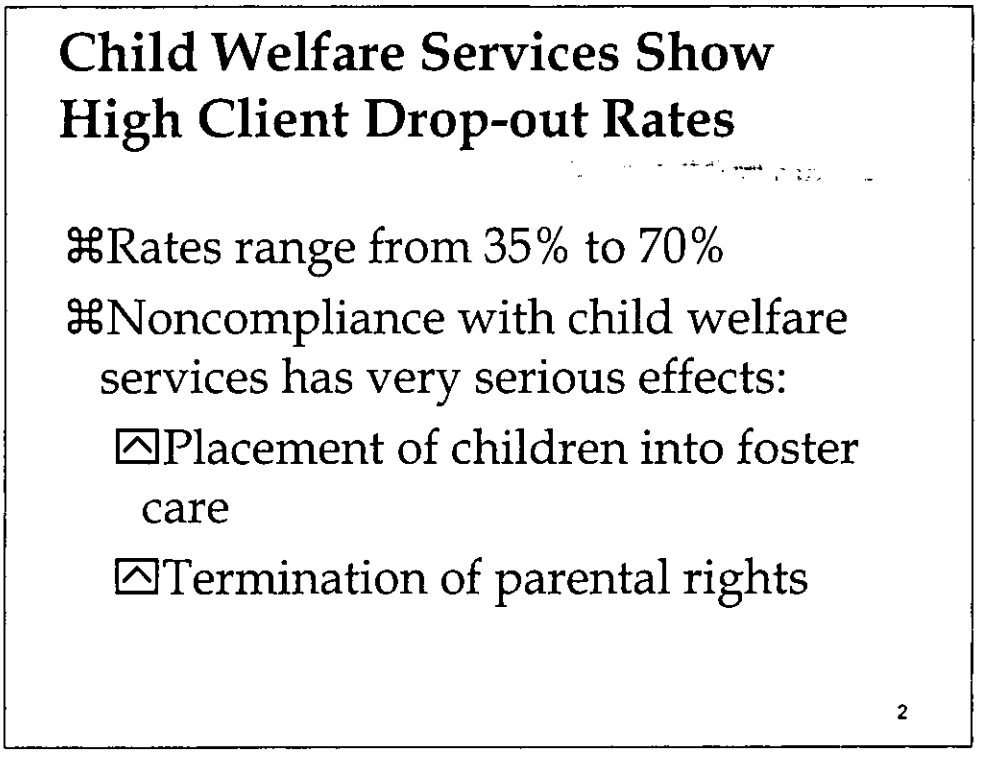
This document is prepared for the State of Kansas Department of Social and Rehabilitation Services, Division of Child and Family Policy, through a contract with the University of Kansas School of Social Welfare, Office of Child Welfare Research and Development.

The research presented within is synthesized by Ms. Kari Dawson and Dr. Marianne Berry from the empirical literature on engagement strategies and work with involuntary child welfare clients in the United States, in order to identify the best practices in child welfare casework that are associated with positive outcomes for the children and families served by child welfare agencies. Very little of this research was conducted within the Kansas child welfare system, and these findings therefore do not reflect the idiosyncrasies of this system.

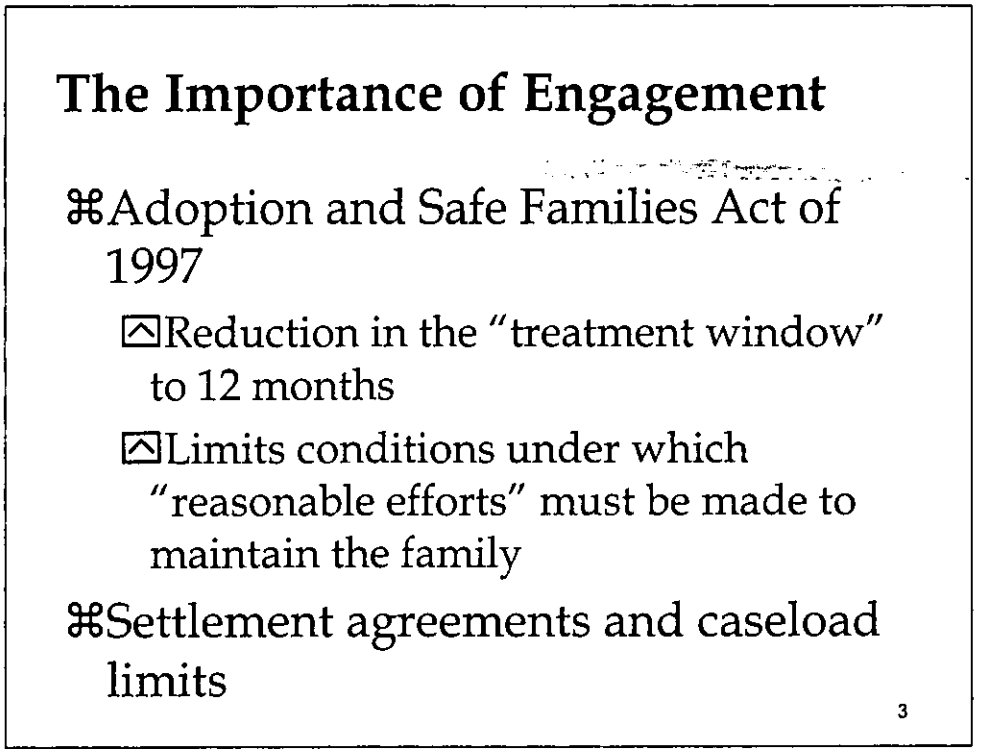
Kari Dawson is a recent graduate of the University of Kansas School of Social Welfare, and was a research assistant to Dr. Berry. Marianne Berry has authored three books and over sixty articles on the child welfare services of family preservation, foster care, and adoption. For further information on this or other research, please contact Dr. Berry at the University of Kansas School of Social Welfare at (785) 864-4720; she can be reached by email at andysmom@ku.edu.

Thanks to Joyce Allegrucci and Paula Ellis for their support of this project. Thanks also to the members of the Office of Child Welfare Research and Development at the University of Kansas School of Social Welfare for their ongoing contributions to the author's knowledge of child welfare policy and practice.



Client drop-out is problematic not only for evaluators, but for treatment itself. Client drop-out rates for therapeutic services range from 35% to 70% (Kazdin, 2000; Mueller & Pekarik, 2000), with higher rates among involuntary or court-ordered clients (Rooney, 1992). Since many child protective service agencies serve only court-ordered clients (voluntary clients often being referred to other agencies), client drop-out and retention are significant issues, often ignored in the specification of treatment models.

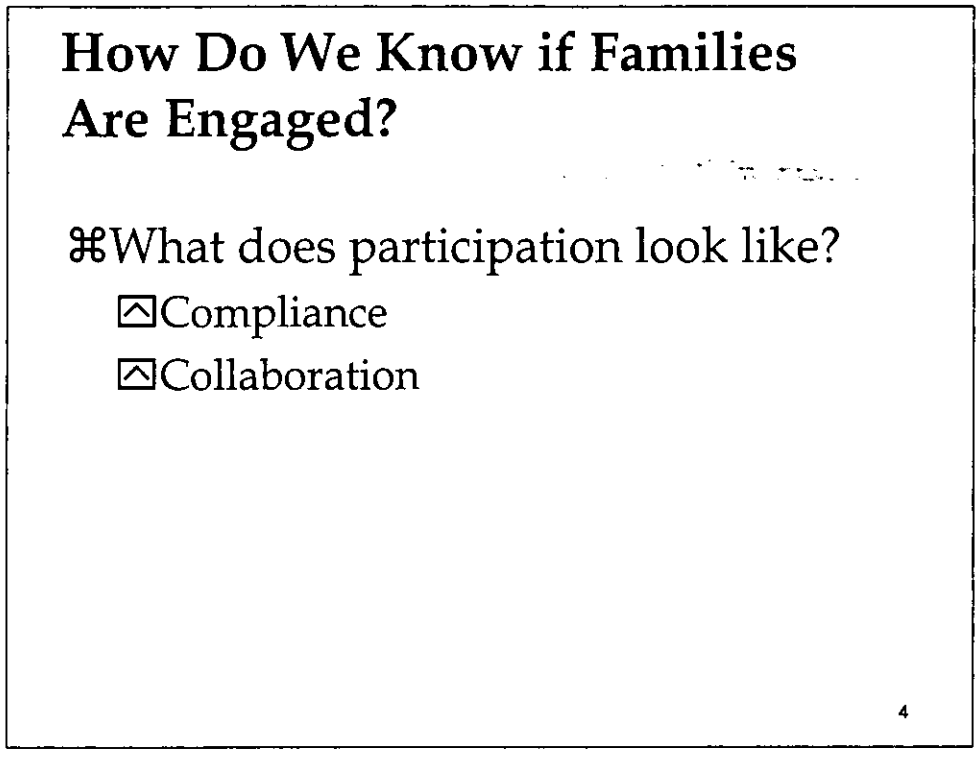
For parents receiving child welfare services, the timely completion of treatment is part of a specified service plan; noncompliance with that plan can result in the removal of children into foster care and, ultimately, termination of parental rights. Uncooperative parents may not be offered services (Jones, 1993), while cooperative parents are less likely to have court proceedings begun (Karski, 1999) or child removal into foster care (Atkinson & Butler, 1996; Jellinek, Murphy, Poitrast, Quinn, Bishop, & Goshko, 1992).



The Adoption and Safe Families Act provides a shorter time frame for serving families and showing improvement, before moving on to the termination of parental rights. The Act reduces the amount of time agencies have (from 18 months [P.L. 96-272; 1980] to 12 months) to show a reduced likelihood of maltreatment in a family. If agencies cannot show family improvement by the twelfth month of services, courts begin proceedings to terminate parental rights.

This reduction in the size of the "treatment window" is intended to be a safeguard for children's healthy development in a permanent and family-like setting. The reduction is also intended to be sensitive to a child's developmental needs for safety and a timely and permanent disposition of a child's case, and also to limit the amount of time that agencies can intrude into families' private lives. This reduction to a twelve-month period to improve family safety was based on a small body of research on models that have achieved safety within twelve months with this population (Henggeler & Borduin, 1990). Even within this body of research, those service models that have shown good outcomes for children and families are often those working with voluntary clients, rather than court-mandated public child welfare families.

The majority of child welfare agencies across the country are currently operating under some form of settlement agreement or court disposition resulting from class action lawsuits regarding the poor oversight of child welfare cases. Most agencies have limits on the size of caseloads that child welfare caseworkers can carry. These limits can also, however, contribute to a reduced "treatment window" for helping an individual family. For caseloads to remain at a steady size, the number of case closures must be equal to the number of new cases in any given period. As new cases continue to come into the agency, and public agencies are not able to refuse serving families found to abuse or neglect their children, case closures must happen at a rate equal to case openings, regardless of the level of family difficulties. Treatment developments must therefore keep pace with these changing policy constraints.

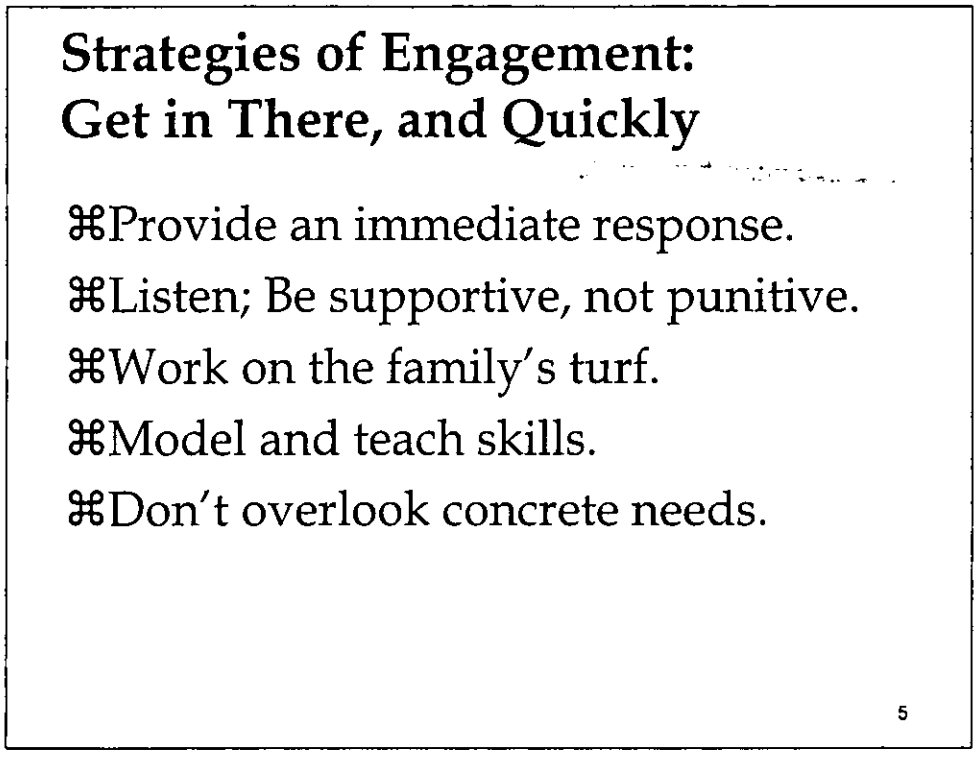


Services can only be effective when clients participate in them. Littell (Littell, 2001; Littell & Tajima, 2000) distinguishes between two types of client participation: compliance and collaboration.

Client compliance consists of such behaviors as keeping appointments, completion of tasks, and cooperation with caseworkers and others.

Collaboration consists of a client's participation in treatment planning and agreement with treatment plans. Both of these collaborative behaviors can be readily influenced by caseworker and agency practices.

We would note that most practice literature in child welfare comments on client compliance, although we propose that client collaboration is the behavior set of most importance to client engagement, and the behavior set most readily amenable to influence.



Intensive family preservation services, such as the Homebuilders program (Fraser, Pecora, & Haapala, 1991; Kinney, Haapala, & Booth, 1991), claim that their successes directly relate to their service structure, by:

- Contacting clients immediately, once a referral is made (2 days or less)
- Providing services in the home, in order to teach practical skills in the setting they will be used,
- Emphasizing skill-building over therapeutic insight, and
- Emphasizing delivery of concrete services.

Studies of consumer satisfaction with services identify many of these same components as particularly helpful. A study of multiproblem families (Benvenisti & Yekel, 1986) found consumers to rate caseworkers most helpful when they

- Were willing to help and to be with the family,
- Were supportive and non-punitive,
- Encouraged and listened to clients, and
- Provided concrete services.

Family preservation caseworkers work to engage the family and instill hope early in the intervention (Kinney, Haapala, & Booth, 1991). Workers provide emotional understanding and support by listening to families and helping families to define the problem and set their own goals for treatment. This practice is reinforced by Huszti and Olson (1999), who emphasize the importance of educating families about the pending case issues during the initial interview process, in addition to modeling appropriate parent/child interventions during sessions.

Most family preservation programs do not, given the short duration of services, emphasize the truly soft services of individual or family psychological counseling. Rather, Whittaker, Schinke, and Gilchrist (1986) focus on the teaching of specific life skills. This form of soft services is especially applicable in short-term interventions where emotional support from agency workers is available only for a finite period, usually two to three months. The skill building that occurs will continue to support and reinforce positive family interaction in the long run, after formal services have ended.

Treatment in family preservation services focuses on modeling of life skills, such as parenting skills, and teaching and practicing with family members the positive and constructive communication and negotiation skills that will contribute to a more positive and less abusive family environment. These positive communication skills foster a respectful and empathic working relationship, in addition to improving parenting skills. Workers assess parenting and communication skills, help parents and children identify non-punitive methods of interacting, and model and practice positive interaction. These skills not only apply to parent and child interaction, but also help families to more productively interact with landlords, doctors, teachers, social workers, neighbors, relatives, and other members who contribute to the support or stress in the family's social environment. The model is non-punitive and non-blaming.

Strategies of Engagement: Address What the Family Needs

- ⌘Concrete needs are easily met.
- ⌘Concrete resources reduce family stress.
- ⌘Families report more satisfaction with caseworkers who provide concrete supports.
- ⌘Concrete services are associated with greater client collaboration.
- ⌘Remember to tailor resources to family need.

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Some studies show strong effects in areas of family need that can be met by flexible and concrete service delivery. For instance, Huz, McNulty, and Evans (1996) present a study of intensive case management services in New York, showing declines in "unmet needs" when families received intensive case management and concrete services. This study focuses primarily on children, and states that children received significantly more recreational, medical, and educational services between baseline and discharge. Overall family functioning, however, showed few significant changes with intensive case management.

The family preservation model of services recognizes the role of concrete resources in the support of families. Provision of concrete resources is important for several reasons. First, families who improve in their communication skills and increase the self-esteem of their members will continue to be stressed by their physical environment if they cannot provide for the basic needs of their children, such as housing, food, and medical care. Approaching solutions from a systems perspective recognizes the importance of these physical and environmental resources to family well-being. Therefore, assistance and the provision of concrete resources can reduce stress pile-up, affecting both the ability to effectively participate in services and participate in family life.

Second, Kinney, Haapala, and Booth (1991) have established that the provision of concrete resources helps to establish rapport between the caseworker and the family, by showing the family an understanding of their concrete needs, and applying a direct and real solution. Intensive family preservation caseworkers often help families to fix broken windows, shop for food, request added furniture, access car repairs, etc. These hard services improve the impoverished circumstances of families and their physical environment, and also provide an opportunity to model these repair, shopping, and/or negotiation skills so that families can learn to do them on their own. Indeed, in a study of the client and agency characteristics predicting client participation or collaboration in family preservation services program, Littell and Tajima (2000) found that programs which provided a wide range of concrete services had higher levels of client collaboration, as reported by their caseworkers.

A common criticism of social service agencies is that they often simplify their services to a "single operating principle" in order to make difficult decisions easier to make (Besharov, 1998). This singular operating principle often changes with child welfare trends; service systems, however, have not trended to a system of flexible service delivery. Marcia Robinson Lowry is quoted as arguing, "never have these systems acknowledged the fundamental principle that the circumstances of individual children and families vary, as should responses to those circumstances" (Besharov, 1998, pg. 124). Broadly focused case management services should therefore be flexibly fashioned to meet the individual needs of the family, including an assessment and allocation of concrete services.

Strategies of Engagement: A Family Focus

- ⌘Involve parents in decision-making about their child(ren).
- ⌘Address more needs than only parenting.
- ⌘Drop-out rates are reduced when parents are involved in child treatment.
- ⌘Family group conferencing holds promise.

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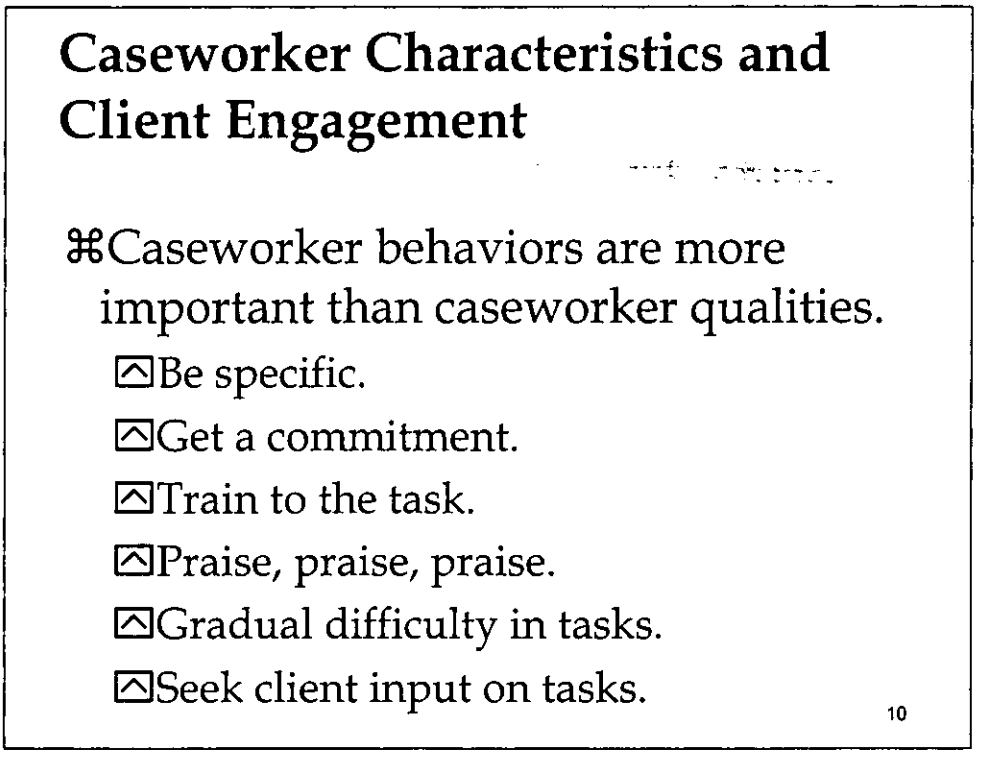
A third form of service structure, receiving much attention since the 1980s, is the family-focused service agency. Many agencies are currently, or have recently, moved towards family-focused services, due to the long term results more likely to be produced when the entire family system is affected. Agencies with a family focus may target more needs within the client system than services that focus primarily on the child. Therapeutic services for children that successfully engage parents as well as children are more likely to retain clients than those that do not engage parents (Smith, Oliver, Boyce, & Innocenti, 2000).

Family group conferencing is a recent addition to many family-focused service agencies' repertoire of services. Literature surrounding the successes of family group conferencing (Connolly & McKenzie, 1999; Sieppert, Hudson, & Unrau, 2000; Swain & Ban, 1997) emphasizes the inclusion of the entire family as the core component of intervention success. This body of research points to several themes in family group conferencing success, in that these programs:

- utilize the strengths of a widely-defined family group,
- promote decision-making based on a family's needs, as well as the needs of children involved, and
- allow for the cooperation of parents and workers in the planning process.

Anecdotal evidence supports these programs as contributing to family engagement and cooperation in service planning and case dispositions (Jackson & Morris, 1999; Ryburn & Atherton, 1996; Thomas, 2000). More evidence must be gathered before this approach is adopted with confidence, however.



A great body of research has also coupled treatment success with the empathy, trust and rapport established between a caseworker and his/her clients. Again, this is not typically a factor inherent in the overall service structure of an agency, but this factor is influential by the worker representing each social service agency (Lazaratou, Vlassopoulos, & Dellatolas, 2000; Menahem & Halasz, 2000).

Rooney's (1992) review of research on service effectiveness with involuntary clients identified caseworkers behaviors, rather than qualities, that are most successful in influencing the treatment adherence or compliance of clients. He summarizes the resulting treatment recommendations as the following:

- Make a specific request or instigation rather than a vague one.
- Seek overt commitments from clients to comply.
- Provide training in performing the task.
- Supply positive reinforcement of the task.
- Choose tasks that require little discomfort or difficulty.
- Ensure client participation in the selection and design of tasks (pg. 88).

These behaviors exemplify the qualities of empathy, trust and respect noted above, as manifested in cooperative, mutually agreed upon, task design and completion. It is this mutual process that will help to ensure the engagement of clients who are often mistrustful, having experienced little empathy and trust in their service history.

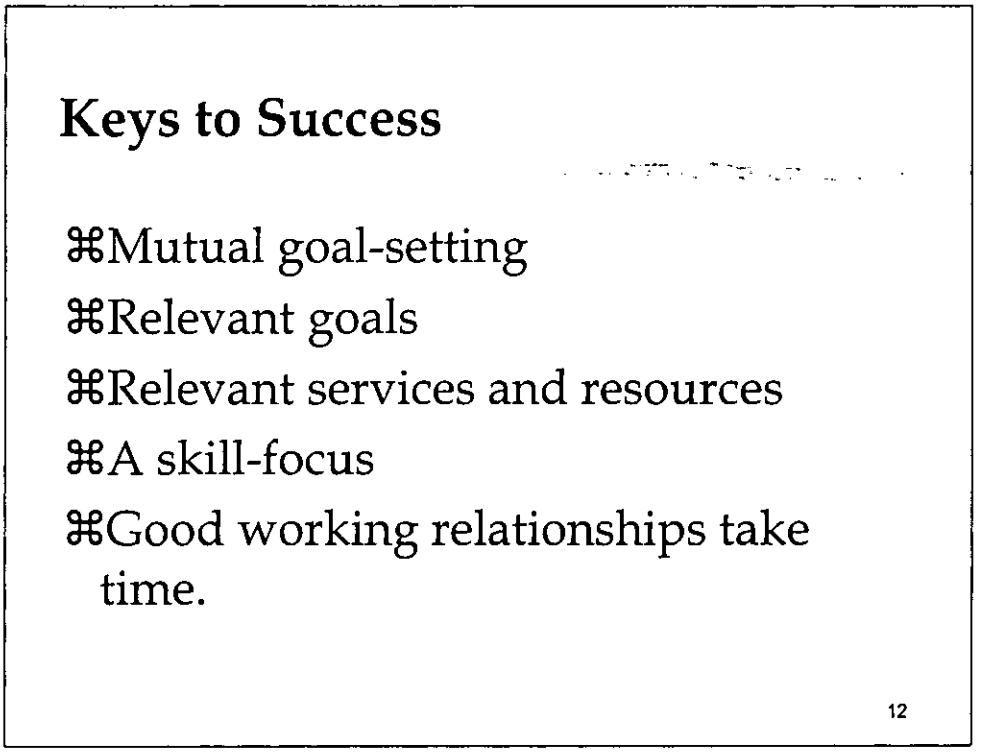
Recent research in this area reveals that a therapist/caseworker can influence the process of client engagement and compliance by increasing the amount of time s/he spends in direct contact with clients. MacLeod and Nelson (2000) cite research in which a strong correlation was found between worker contact hours and family stability. They state that "interventions which were more intense, requiring a greater number or hours, resulted in fewer children being removed from their homes because of concerns about child maltreatment" (pages 1130-1131). In a similar assessment of intensive case management services, Werrbach and Harrod (1996) show a positive correlation between total case manager hours and a child's score on the function assessment inventory. Although the issue of contact hours might strictly be seen as an agency-level contributor to the engagement process, individual workers should consider whether or not they structure services by integrating direct contact hours into the treatment plan.

Other factors, such as the type of treatment chosen and clarity of goal setting, can be useful in the successful engagement and treatment of clients. Littell and Tajima (2000) found fewer child removals and fewer recurrences of child maltreatment when parents were involved in treatment planning in intensive family preservation services. Traglia, Pecora, Paddock, and Wilson (1997) recommend the following set of practice principles in determining whether or not an intervention program is successful in engaging families:

- Are the goals and guidelines mutually agreed upon by all involved parties, and are they clearly stated?
- Is the consumer making sound decisions, and taking personal responsibility for the consequences of these decisions?
- Is the practice focus on expected results, and are the staff and clients committed to working together?

Most researchers agree that treatment goals should be met, in order to consider an individual intervention successful. Few researchers, however, consider the elements of the treatment process themselves as important contributors to treatment compliance. Recently, the United States Department of Health and Human Services (1997) issued a report that emphasized evaluation of change during the treatment process with neglectful families. Evaluation is to take place on two levels: changes in conditions and behaviors that originally caused maltreatment, and progress made by the client to achieve set tasks and goals. A formal evaluation in the midst of treatment, rather than at case closure, is also helpful in order to discuss familial perceptions of goal achievement (U.S.D.H.H.S., 1997). Such a formal evaluation is not only empowering for families, it is a motivator for tasks and goals not yet achieved.

Further research by Lazartou, Vlassopoulos, and Dellatolas (2000) examines the relationship between therapy type and compliance; the results of which support previous research stressing the importance of family-focused services. This study found increased compliance (77.8%) in parental counseling, than in psychotherapy (38.8%) or specialized therapies (57.3%). The argument here is that knowledge is power: through parental or family therapy, help and support are extended from the caseworker, and the direct result isfamily-wide treatment compliance. Couple these factors with a caseworker's responsibility to offer clear goals (Traglia, Pecora, Paddock, & Wilson, 1997), and with cognitively, socially, and emotionally appropriate interventions (Huszti & Olson, 1999), and engagement and successful outcomes increase.



This review of engagement strategies and behaviors that contribute to positive case outcomes has identified several promising tactics. Most notably, this review has identified caseworker and agency behaviors, rather than qualities, as most salient in the engagement of clients in child welfare services. While the qualities of empathy and respect are certainly important in building a working relationship, these qualities are best communicated through clear and concrete behaviors between caseworker and client: setting of mutually satisfactory goals, provision of services that clients find relevant and helpful, focusing on client skills rather than insights, and spending sufficient time with clients to demonstrate skills and provide necessary resources.

These tactics, when applied in a supportive and non-punitive manner, will help to engage clients in treatment, and perhaps stem the number of families having to experience the termination of parental rights due to their noncompliance with agency goals.

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