Overcoming Barriers to Services: Engaging Hard-to-Reach Families in Services

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2025 National Symposium on Sexual Behavior of Youth, Norman, OK
February 27, 2025

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Engagement: The Problems

- Only 1/3rd of youth with mental illness access treatment
- 40-70% of youth/families enrolled in community- or school-based treatment terminate earlier than recommended by their therapists
- Similar attrition rates in studies testing EBIs
  - TF-CBT (30-70%)
  - Parent training (51% of those screened)

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Engagement: The Problems

- Families of color (versus non-Latine, White families)
  - Are less likely to access/start therapy
  - Attend fewer visits within a specified time period
  - Are less like to complete therapy
  - Are less likely to be satisfied with therapy
- Service use disparities also are well-documented for those who immigrated, with incomes below the poverty line, and living in rural areas
- Missed appointments and attrition consume staff time and reduce revenue, leading to therapist stress

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Engagement: The Good News

- Outcomes for families of color and other underserved groups who complete treatment are strong
- Tailoring best practices for underserved groups enhance outcomes (Yu et al., 2021)
- EBIs are more cost effective than restrictive environments (e.g., juvenile justice, inpatient)
- Technology allows for less expensive delivery models
- 50% of children who receive mental health care access it at school and other community-based settings
- Youth outreach and family engagement are facilitated in community-based settings

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Engagement: The Contrast

- There have been more than 1,500 RCTs testing children's mental health interventions
- There have been approximately 55 RCTs testing engagement strategies

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Engagement: Accessing Services

- Barriers to access to mental health care
  - Concrete/practical
  - Perceptual/beliefs/values
  - Trauma-specific

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Engagement: Concrete Barriers

- Language—lack of bilingual clinicians
- Lack of transportation
- Lack of childcare
- Lack of insurance coverage
- Documentation status
- Long waiting lists

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Engagement: Perceptual Barriers

- Being unsure of the purpose of therapy and method of obtaining services
- Stigmatization of mental health
- Distrust
- Parental misunderstanding of children's symptoms
- Tendency to present with somatic complaints that go unrecognized as psychiatric symptoms
- A delay in seeking treatment until patients are in crisis
- Use of alternative interventions

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Engagement: Trauma-Specific Barriers (Brown, Lang, & Sharma-Patel, 2023)

- Avoidance (of people, places, feelings, memories, etc.)
- Negative experiences during previous attempts at disclosure
- Lack of trust of adults in power positions
- Lack of knowledge about mental health consequences and available services
- Lack of training for school and mental health professionals
- Poor coordination across service settings
- Goals of different disciplines (e.g., attorneys)
- Historical and intergenerational trauma

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Accessing Care: Discussion

- *What do you think stops families you work with from getting the mental health services they need?*

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Research on Accessing Services

- McKay et al. (1996) found that 62% attended 1st appt
- Developed engagement strategies to address barriers
- Compared telephone screening: engagement intervention vs "business as usual"
- Goals of engagement intervention:
  - Explain process and purpose of MH services
  - Identify child's difficulties to promote caregiver investment
  - Explore barriers (e.g., previous experiences)
  - Begin problem-solving

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Research on Accessing Services

- Study 1 (*N* = 54): engagement intervention increased appointment attendance by 29% (vs previous year)
- Study 2 (*N* = 108): RCT of 30-min engagement telephone call versus business-as-usual
  - 73% of families who received engagement intervention attended 1st appt or called ahead to reschedule vs 45% of BAU families
- Study 3 (*N* = 107): RCT of first intake session using engagement strategies vs BAU
  - 97% of engagement intervention came to 2nd appt (vs 83%)

(McKay, McCadam et al., 1996; McKay, Nudelman et al., 1996)

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The Community We Serve at CHP

- Queens is the most ethically diverse urban area in the world (population estimates, July 2021)
  - 2.4 million residents
  - 47% are foreign born, from more than 120 countries and speaking at least 135 languages
  - Largest racial/ethnic groups in Queens are Hispanic/Latine (28%), non-Latine Blacks (21%), and Asian (27%; Chinese, Indian, Korean, Filipino); White, non-Latine (25%)
  - 55% of residents speak a language other than English at home
  - Of adults 25+, 83% are HS grads, 34% with BA/BS
  - Median household income = $72k, with 2.86 people per household; 10% living in poverty

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Child HELP Partnership: Engagement

- Study of three waves of outreach
  1. Traditional, business-as-usual (child's trauma history and emotional and behavioral problems) with discussion of previous mental health experiences
  2. #1 plus assessment of and problem solving for concrete barriers to service access
  3. #2 plus strategies to:
     - Differentiate trauma clinic from child protective services
     - Address the avoidance symptoms of PTSD
     - Discuss prior mental health experiences in the context of cultural background

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WAVES OF STUDY

Pilot

13 Families TAU
-Introduce PARTNERS Program
-Discuss presenting problems, trauma history, and previous mental health services
-Schedule appointment

Wave 2

65 Families: TAU (*n* = 33)
Engagement (*n* = 32) -TAU plus assessment of and problem solving for barriers to service access

Wave 3

76 Families:
-TAU (*n* = 32) and Engagement (*n* = 44) strategies enhanced to:
(1) Differentiate PARTNERS from child protective services
(2) Address the avoidance symptoms of PTSD
(3) Discuss prior mental health experiences in the context of cultural background

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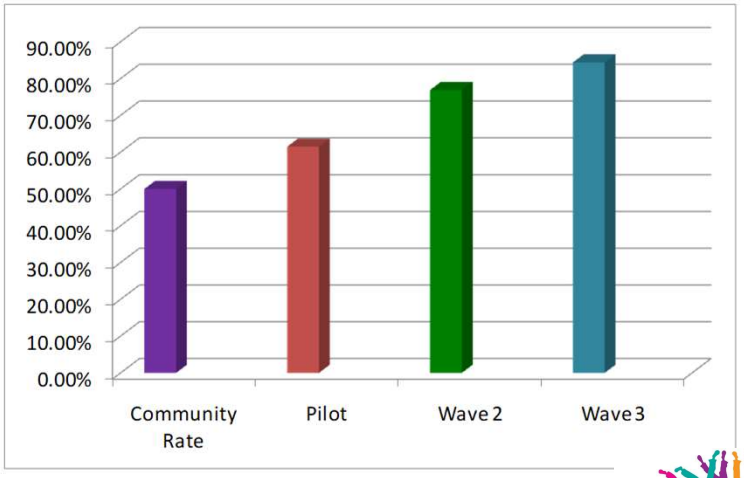
OVERALL TREATMENT ATTENDANCE RATES



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Engagement into Services How-To

- Phone contact script for Child HELP Partnership Clinic
- Video from Multisystemic Therapy for Child Abuse and Neglect
  - https://www.youtube.com/watch?v=PlDnkbzcVcA

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NCHP Steps to Engagement in Trauma-Specific Mental Health Care

Family or agency (school, BGC) **identifies child in need** and tells Care Team

Care Team **reaches out to caregivers to engage and consent**

Agency conducts assessment and, in consultation with team, makes recommendations (i.e., Skills for Psychological Recovery, trauma therapy, or other)

Warm hand off to intervention provider
- Inside school/BGC if Skills for Psychological Recovery
- To mental health clinic if trauma therapy

Engagement by provider, followed by intervention

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Barriers to Engagement in Schools and Other Community Agencies

- School staff was too burdened with other responsibilities to make caregiver engagement a priority
- Families may not see schools as a resource
- Caregivers may fear that private information about child and family will be shared with staff and other families
- Caregivers may fail to disclose needs due to fears about undocumented status or involvement with child protective services
- Previous behavior or discipline problems in the schools/agency can create bad feelings

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How to Better Engage with Families

- Have regular contact with caregivers so they feel connected and supported (vs only hearing from school staff when there is a problem)
  - Regular texts or emails about programming
  - Monthly newsletter
  - Website postings
- Identify staff with best relationship to child and/or caregiver and do warm hand-off from trusted individual
- Be thoughtful about why caregivers may resist staff outreach for mental health concerns (e.g., previous negative experiences)
- Provide help with concerns that may or may not be related to the trauma/mental health

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Engaging with Families: Discussion

- *How do you identify the barriers for your families?*
- *What are your tips and tricks for increasing family engagement?*
- *What do you think might get in the way of your using these engagement strategies?*

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How to Engage during MH Assessment

- Review each paragraph in the consent form and encourage questions
- Explain purpose of each survey before administration
- After scoring surveys and reviewing with team, present findings to family
  - Begin with strengths
  - Present reasons why intervention might be helpful
  - Explain how intervention will be helpful--process and purpose of selected intervention
  - Explore and address barriers to engaging in intervention (e.g., *"There are things that can get in the way of families attending services. What might get in the way for your family?")*
- Always encourage input and questions from the family
- Introduce family to the provider

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How to Engage in Intervention Services

- Provider's initial contact with caregiver
  - Begin by introducing yourself and explaining process and purpose of intervention services (instead of asking questions right away)
  - Identify child's difficulties to promote caregiver investment
    - Explore caregiver's perception of child's difficulties, keeping in mind family, community, and culture
    - Use empowering language to recognize the caregiver for advocating for their child
  - Link intervention with child's difficulties
  - If a child is a potential match for services, explain next steps
  - Assess practical, perceptual, and trauma-specific barriers

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Strategies for Overcoming Barriers

- **For practical barriers (e.g., childcare, transportation)**

  Problem Solving

  1) Identify the problem *(I need to be present for an assessment, but have to take care of my toddler)*
  2) Brainstorm possible solutions *(Explore childcare options, services provided by religious institutions, calling on extended family to babysit, provider shortening the appointment, scheduling appointment during child's nap)*
  3) Evaluate solutions ("What if…?") *(Pros and cons of each option)*
  4) Pick one and make a plan

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Strategies for Overcoming Barriers

- **For caregiver beliefs (e.g., stigma, previous negative experience with mental health)**
  - Active listening and validation
    - Ask open-ended questions about the perceptual barrier to understand details and origin of the belief
    - Listen (eye contact if appropriate, nod, summarize what they tell you)
    - Validate ("I understand why you would feel/think…")
  - Educate to normalize their beliefs and clarify inaccuracies
    - Provide data to counter misunderstanding
    - Provide reasons for participating in spite of perceptual barrier
    - Ask for feedback

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Strategies for Overcoming Barriers

- **For trauma-specific barriers** (e.g., avoidance)
  - Educate to normalize feelings and behavior
    - Explain PTSD, with focus on avoidance cluster
    - Explain reminders and how 5 parts of brain (sight, smell, sound, touch, and taste) are activated
  - Problem solving
    - Develop script with caregiver to share with child
    - Gradually expose to attending assessment (e.g., look at website, read brochure on intervention, meet clinician via phone)
    - Use rewards for attendance

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Roleplay: Practice Engagement

- *One of you should act as yourself in your professional role and one of you should act as a caregiver*
- *The caregiver's child has experienced a trauma*
- *The caregiver is ambivalent about getting services for their child*
- *Roleplay initial interaction*

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Ongoing Engagement during Therapy

- Ongoing assessment of barriers and goals
  - Pre-post CPS involvement
  - Trauma narrative
  - Life changes (job loss/change, housing shifts, child academic issues, custody)
- Motivational interviewing with teens and caregivers to address ambivalence
- Flexibility re: timing of sessions
- Matching learning style to delivery of material (visual, experiential)
- Focus on empowerment of all clients—labeled praise and self-efficacy
- Between-session calls for trouble shooting re: home practice/parenting
- Use CBT skills to address crises of the week

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Questions and Comments

- Suggestions?
- Questions?
- Next steps for your program?

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Resources

Brown, E. J., Cohen, J., & Mannarino, A. (2020). Trauma-Focused Cognitive-Behavioral Therapy: The role of caregivers. *Journal of Affective Disorders, 27*, 39-45.

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