

**Strengthening
Family Engagement:
Family Therapeutic Intervention Skills in
Work with Children and Adolescents**

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Agenda

- 8:30 -8:45am: Introductions and Orientation
- 8:45-10:30am: Conceptual Foundations
- 10:30-10:45am: Break
- 10:45-12:15pm: Overcoming Barriers to Engagement
- 12:15-1:15pm: Lunch
- 1:15-3:00pm: Strength-based Family Engagement
- 3:00-3:15pm: Break
- 3:15-4:00pm: Q&A Discussion
- 4:00-4:30pm: Wrap Up & Evaluations

Conceptual Foundations

- **Common Factors**
 - Resent research is shifting our traditional views on what works in therapy and the helping professions
- **Family Systems Theory**
 - The whole is greater than the sum of its parts
- **Ecological Model of Development**
 - We influence and are influenced by layers of context

Traditional View vs. Common Factors

- Guiding Metaphor for Treatment (Sprenkle, Davis, & Lebow, 2009)
 - *Traditional:* Medical —individual with the problem follows prescribed treatment
 - *Common Factors:* Contextual—recognizes such qualities as credibility, alliance, and allegiance “surrounding” the treatment are often more important than the unique aspects of the actual treatment.

Traditional View vs. Common Factors

- Role of the Professional in Change Process
 - *Traditional:* Emphasizes the treatment that is “dispensed” rather than who offers it
 - *Common Factors:* Suggests that the qualities and capabilities of the person offering the treatment are often more important than the treatment itself.

Traditional View vs. Common Factors

- Clients’ Role in Change Process
 - *Traditional:* More Professional-Centric
 - Although there may be attempts to be collaborative, greater emphasis is placed on what the professional does and getting clients to invest in treatment in the specific ways the professional intends and recommends

Traditional View vs. Common Factors

- Clients' Role in Change Process (cont.)
 - *Common Factors:* More Client-Centric
 - Less importance is placed on specifically how the professional implements treatment and more on improvising to match the clients' needs and world views
 - Allows clients to use whatever is offered in the course of treatment for their own purposes in often unique and individualized ways

Research-based Common Factors
Linked to Producing Change

- Client Factors
- Relationship Factors
- Expectancy Factors

Client Factors

- What our clients bring to the helping relationship has a far greater influence (~40%) on producing change than any other single variable.

Client Factors

- Client Characteristics: ego strength, culture, motivation and commitment
- Supportive Environmental Characteristics:
 - Physical--basic and financial resources
 - Social—internal (i.e., family) and external (e.g., friends, neighbors, colleagues)

Motivation & Stages of Change

- Stages of Change:
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination
- Professionals need to gear their interactions and interventions to where clients are at in this process

The 3 Cs of Family Relationships

- Cohesiveness, Conflict, Communication
- Cohesiveness
 - Ability to function as a team
 - Largest determinant of well-functioning families
 - When cohesiveness is high, it buffers effects of any reduction in the other dimensions

The 3 Cs of Family Relationships

- Conflict
 - Ability to resolve conflict reflects adaptiveness
 - High conflict points to dysfunction
- Communication (Expressiveness)
 - Ability to express BOTH thoughts and EXPECIALLY feelings
 - Scoring low in expressiveness tends to indicate dysfunction
 - Conspiracies of silence are especially problematic
 - Strong correspondence between both high cohesiveness and high expressiveness and low expressiveness and high conflict

Relationship Factors

- As helping professionals, what we do and how we do it matters, but HOW we do it matters more than what we do.

Relationship Factors

- Tri-fold Therapeutic/Helping Alliance:
 - Creating a warm, trusting, *emotional bond*
 - Being on the same page about *treatment goals*
 - Having a shared understanding about what *tasks* are necessary and important in reaching the goals

Relationship Factors

- Credibility
 - Crucial that the helping professional match his or her understanding of the problem and what will help with the client's view of the problem.
 - They need to act in ways that are congruent and consistent with client expectations of what is helpful.

Expectancy Factors

- By the time clients either seek treatment or have it mandated, they are usually worn out that their own efforts to make improvements in their own lives haven't been as effective as they would like.
- Focusing on their deficits tends to demoralize them further.

Expectancy Factors

- Our clients must find and retain HOPE that:
 - Change is possible, and
 - They have (or can get/develop) what they need to succeed with change.
- It is essential that helping professionals promote optimism about the process and engender self-efficacy and competency in their clients.

Understanding Family Systems

- The whole is greater than the sum of its parts.
- Characteristics of systems of people
 - Idiosyncratic goals, beliefs, values, & manner of expression
 - Governed by implicit or explicit roles, rules & procedures
 - Have boundaries that may be open or closed, rigid or flexible

Understanding Family Systems

- Like a mobile in constant motion, each part simultaneously influences and is influenced by other parts. Any action is simultaneously a cause and a response; this is called "circular causality."

What Function Does the Symptom Serve?

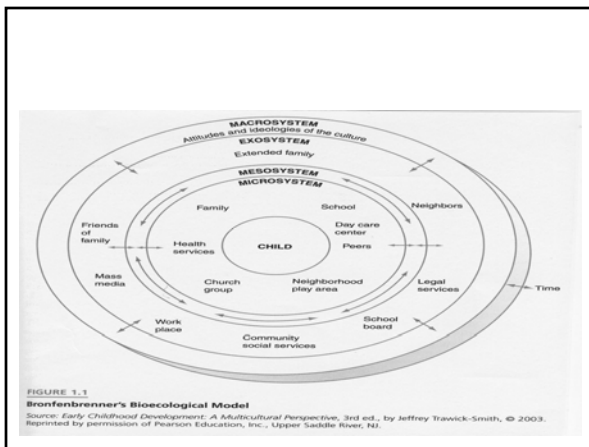
- Human systems function best when there is dynamic equilibrium/balance between stability and change.
- When one part of the *human* system breaks down, other parts of the system will adjust to compensate; solutions to one problem can lead to other problems

Purposeful vs. Productive

- “Families act purposefully, although for the most part family members are not aware of the antecedents or reasons for their behavior and interaction. The tendency of family systems to act purposefully is not consistently evident to the observer, since acting purposefully is not always identical to acting productively” (Rosen, 1998, p. 6).
- The same can be said of systems of helping professionalsfamilies don't always see the method behind our madness either!

Ecological Model of Development

- There are layers/levels of interacting causes of behavioral change: physical/molecular, biological, psychological, social, cultural, and historical.
- The quality and effectiveness of the immediate environment—its responsiveness to an individual's needs and the opportunities it provides— depend on the larger context.
- The larger environment is, in turn, shaped by interactions within and between lots of smaller environments.



Ecological Model of Development

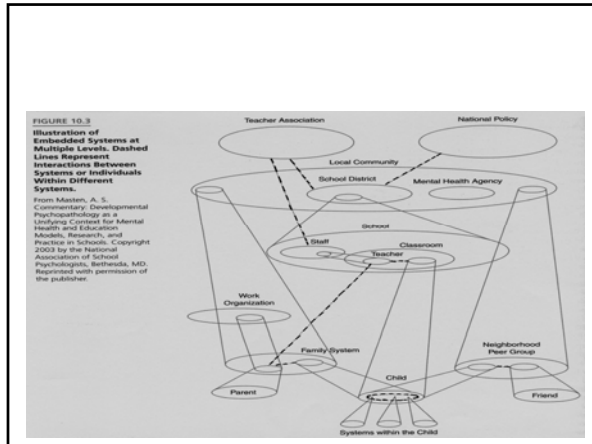
- Within-child multi-directional influences include: genetics, biology, and psychology.
- Micro-system influences include the child's immediate social environment which begins with the family and expands as the child grows to include the neighborhood, child care center, schools, churches, etc.
- Meso-system influences take into consideration that different components within the micro-system are impacting each other (e.g., parent/teacher dynamics)

Ecological Model of Development

- Exo-system influences include those factors in the child's environment with which the child may not have direct contact, but that still create indirect impact.
 - These may include the media, community services, school board (& their policies), extended family and social networks.
- Macro-system influences include the attitudes and ideologies of both the dominant culture and any minority cultures within which the child operates.

Impact of Systemic/Ecological Perspective on Service Delivery

- National Wrap-Around Initiative
- System of Care in Georgia
 - KidsNet Georgia
 - Community Based Alternatives for Youth (CBAY)
 - KidsNet Sites
 - Caring Communities



A Real Life Application

- Video Clip of interview with Dana McCary

References

- Broderick, P. C., & Blewitt, P. (2006). *The life span: Human development for helping professionals, 2nd Ed.* Columbus, Ohio: Pearson.
- Kissane, D. W., & Bloch, S. (2002). *Family focused grief therapy.* Philadelphia: Open University Press.
- Rosen, E. J. (1998). *Families facing death: A guide for healthcare professionals and volunteers.* San Francisco: Jossey-Bass.
- Sprenkle, D. H., Davis, S. D., Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice.* New York: Guilford Press.
