



Engaging Reluctant and Hard to Reach Families: Intervention Research Lessons

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Objectives

- The purpose of this presentation is to:
 - identify characteristics of those families who are hard to reach and/or reluctant to engage in services.
 - assist participants in learning techniques and structural tools to reduce reluctance in families.
 - help participants to better reach those families who are more difficult to reach, but are in need of appropriate services.

Major Points

- Who are hard to reach and reluctant families?
- Concerns and issues of hard to reach and reluctant families?
- Tools for reaching and serving those families.
- Application and evaluation.

USEFUL DISTINCTIONS

- HARD TO REACH FAMILIES
 - DEMOGRAPHIC CHARACTERISTICS

- RELUCTANT FAMILIES
 - FAMILY DYNAMICS

Hard to Reach Families

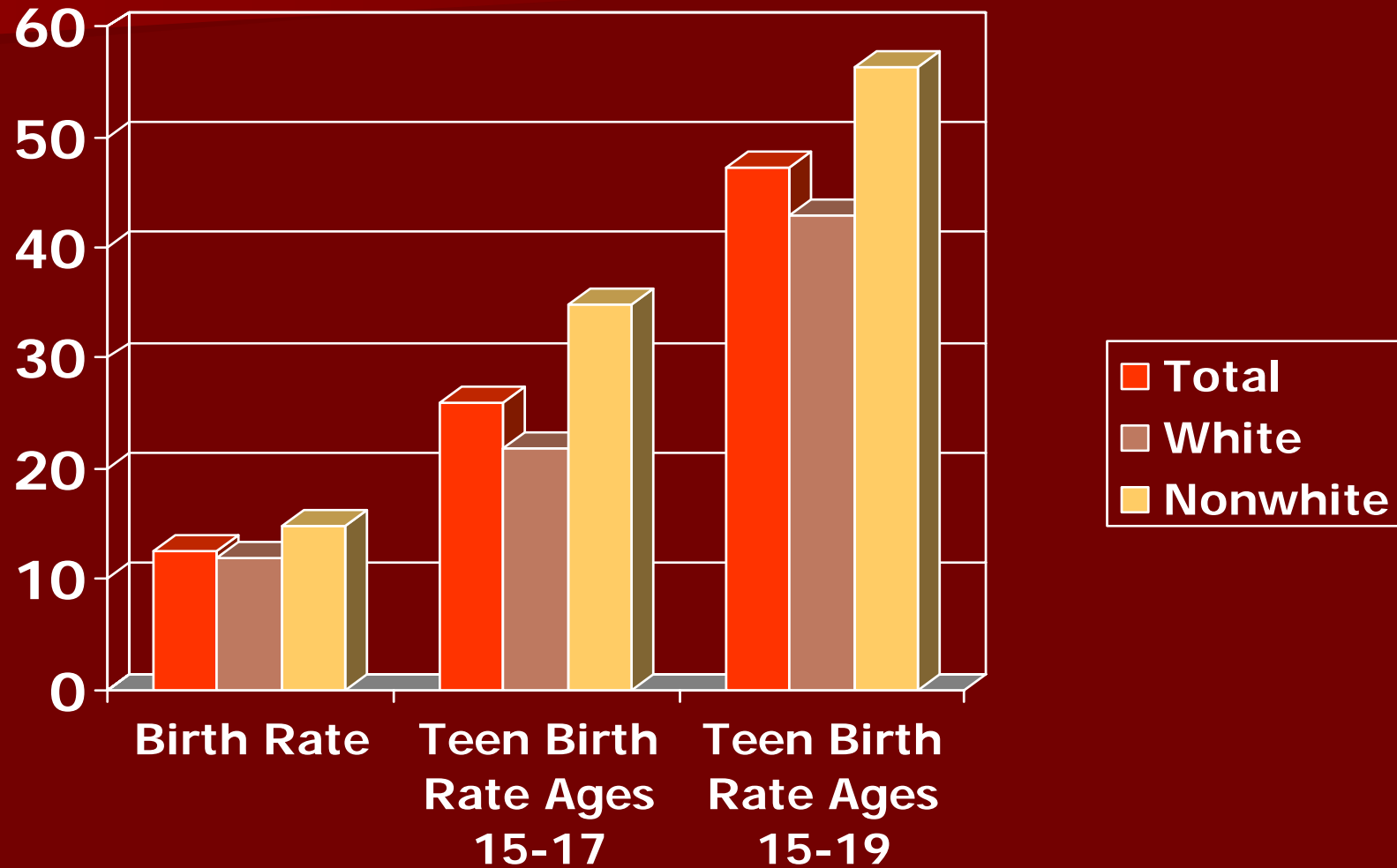
- Kids Count Data*, Florida, 2003**
 - Teen Birth Rate Age 15-17
 - Teen Birth Rate Age 15-19
 - Births to Unwed Mothers
 - Births to Unwed Mothers Under Age 20
 - Births to Unwed Mothers Age 20 and Over

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Center for the Study of Children's Futures

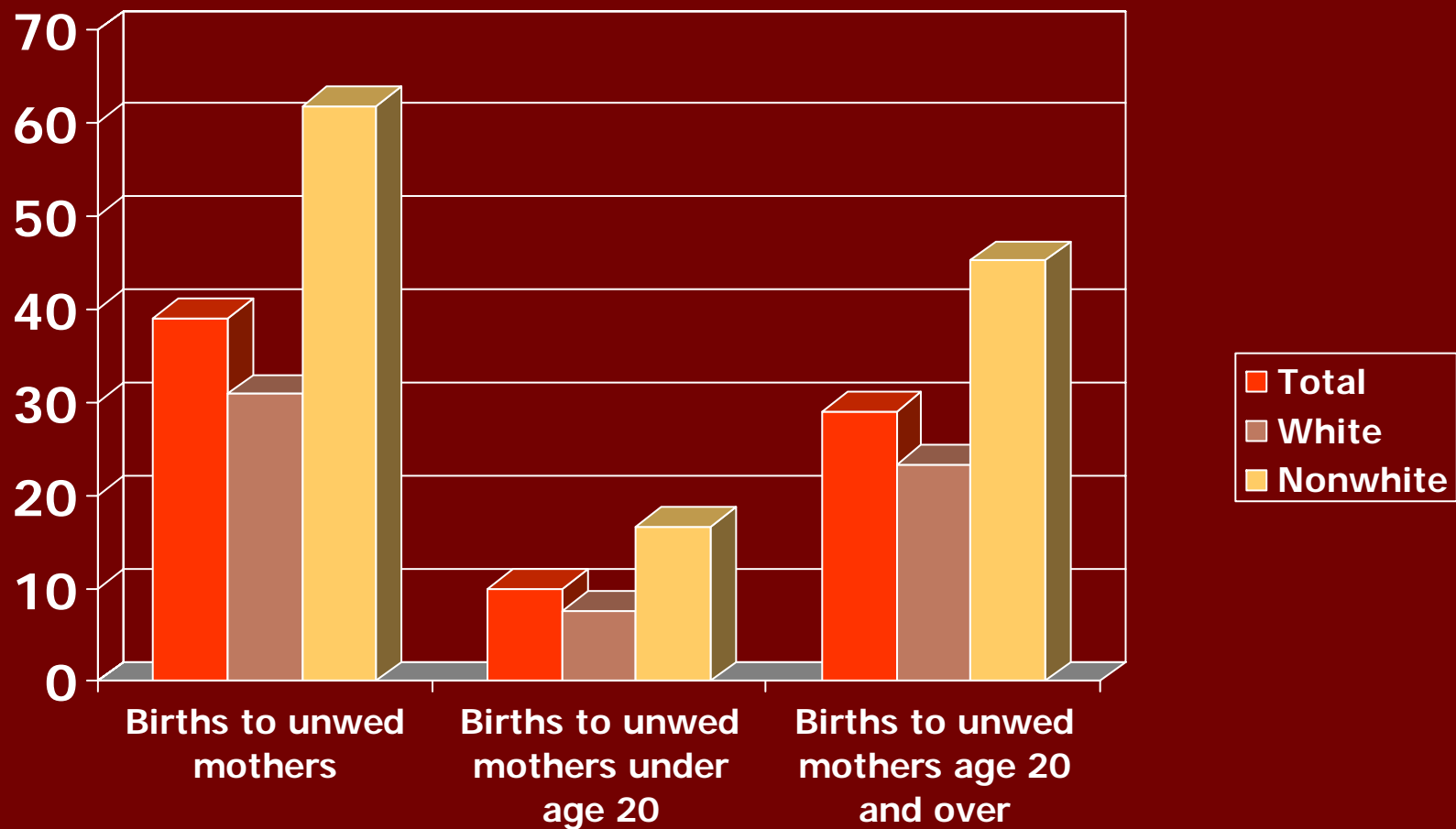
**Data from 2001

Teen Birth Rates

(per 1,000 population)



Births to Unwed Mothers (%)



Other Characteristics of Hard to Reach Families:

- High-school drop out
- Unemployment
- Poverty
- Single-parent families
- Language barriers

CHARACTERISTICS OF RELUCTANT FAMILIES

- STRUGGLING WITH APPREHENSION ABOUT JUDGMENTS BY OUTSIDERS
- ORGANIZED AROUND EXISTING CRISES
- AMBIVALENT FEELINGS ABOUT NEEDING CHILDCARE

The Collaborative Consultant

- The *collaborative consultant* assumes that distress arises when families are hindered in their ability to follow established patterns of acting.
- Professionals using the collaborative approach engage in dialogue with the client about the nature of the issue, the family's goals regarding relationships, and the options for solving the problem.

The Directive Expert

- The *directive model* assumes that problems result from divergent or “abnormal” processes within the family.
- Professionals using this focus use assessment, diagnosis, and prescription of change to help the individual or family to act appropriately.

Evidenced based Family Engagement Models

- Family Distress Model (FDM) and Family Outreach Model (FOM)
(Cornille & Boroto, 1999)
- Structural Systems Engagement Model
(Sczapocznik, 1999)
- ARISE Model (Landau & Garrett, 2000)

Family Engagements Models

- The *Family Distress Model (FDM)* explores the reactions that families may have to problems from a non-pathology based perspective.
- The *Family Outreach Model (FOM)* provides strategies for family services professionals to promote engagement and cooperation with families in distress.

Family Models

- The models are based primarily based upon research of family patterns of predictability.
- For family service professionals, a non-judgmental assessment of patterns related to the family's identified issue or crisis is a vital first step in the engagement process.

Family Patterns

- Predictability of family patterns and organization around beliefs, values, or patterns are important to family survival.
- Disruptions to established beliefs, values or patterns are perceived as a “problem” by members of the family.
- When a problem or disruption occurs, families will adapt and attempt to restore stability by using strategies that they have previously found effective.

Family Distress Model (FDM)

- Identifies five phases of family functioning that help to understand how families deal with disruptions in their lives.
- The roles that problem solving and social support play in a family's adaptation process are considered in this model.

Family Outreach Model (FOM), based on the Family Distress Model

- The FOM builds upon the FDM, outlining:
 - The indicators for each stage of the FDM.
 - The effect of each stage of the FDM on the needs and the wants of the family.
 - The conversations that are useful and not useful for families in each stage.

FOM and Referral Staff

- The FOM can be applied to the relationship between referral staff and parents.
- Referral staff and childcare professionals can use this model to collaborate with families in meeting appropriate needs of the child, as well as managing relationships with families when problems arise.

Stage 1: Stable Patterns

- The stable patterns of families may or may not be compatible with those of the school or childcare setting.
- The goal of the relationship between the parent and referral staff is to build a sense of complementary values with families.
- Referral staff need to appreciate the meanings of families' patterns.
- Strategy: Asking about parents' values.

Stage 2: Dealing with Problems

- The most obvious indicator of a problem is a disruption in the stable pattern of the child.
- Families need to perceive support as available in case their strategies for resolving the disruption do not work.
- Referral staff can help families to recognize available resources for dealing with the problem.
- Strategy: Being supportive and reinforcing family goals.

Stage 3: Coping with Crisis

- Family members may present as being overwhelmed, numb, or confused.
- This stage is most consistent with a directive style. Families are open to direction from outsiders.
- Referral staff can inform families that they can receive support without relinquishing their right to choose the direction they wish to take.
- Strategy: Asking permission to act on the families' behalf and contacting appropriate resources.

Stage 4: Isolated and in Crisis

- Families in this stage are typically guarded toward outside interference and often react aggressively if pushed to change their existing patterns.
- Families need to develop or refocus their sense of identity around family goals and values.
- Strategy: Deal with the family with exaggerated respect.

Stage 5: Using Support to Deal with Crisis

- Families often exhibit a sense of urgency or lack of focus.
- Families may now see the professional as a possible resource for generating a new strategy.
- Families want distress relief and reinforcement for overall goals and values.
- Strategy: List of resources available for meeting families' basic needs.

FOM and Styles of Helping

- In stages 1, 2, 4 and 5, a collaborative approach is ideal for:
 - Building complementary relationships with the family.
 - Being supportive.
 - Keeping the family from becoming resistant or uncooperative.
 - Encouraging the family to use support to return to stability.

FOM and Styles of Helping

- As the family copes with crisis in stage 3, a more directive style may be productive.
- In this stage, families are especially vulnerable and may appreciate someone assuming leadership for mobilizing the family system.
- The family often desires relief from acute distress and is open to direction from outsiders.

Structural Systems Engagement Model

(Szapocznik, 1999)

- A directive model for engaging distressed families.
- Developed at the University of Miami.
- Uses systemic and structural family therapy interventions to assess and intervene at the family level.
- Addresses how family/system interactions, patterns, roles, hierarchy, and boundaries maintain the "symptom". duPont project

Structural Tools to Reduce Reluctance

- Sharing Goals
- Reframing: Offering a positive view to replace the resistant family view.
- Opening up Closed Systems: Activating the system by creating a crisis, or magnifying the affect related to the problem.
- Task Setting: Primary task is to negotiate: who will come, what is expected of each member, and what he or she might gain by participating.

ARISE Approach

(Landau & Garrett, 2000)

- ARISE is a collaborative approach to engagement that works on the assumption that there is one individual who can mobilize the family and its utilization of outside resources.
- It takes a step-wise approach to engaging reluctant families.

SO WHAT?

- MAKE NO CHANGES –SYSTEMS LIKE PREDICTABILITY
- IMPLEMENT ENGAGEMENT STRATEGIES
 - FAMILY OUTCOMES?
 - CHILD OUTCOMES?



- For further information about workshops, consultation, and/or evaluation of your program needs, contact us at:

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