

The Common Elements of Treatment Engagement

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Common Elements of Treatment Engagement Project at UM, Baltimore

- UM, Baltimore and PracticeWise connection
- Common Elements Training Academy at UCLA
- Funding: Center for Medicaid and Medicaid Services 1915(c)
- Project goals:
 - Identify practice elements associated with treatment engagement and placement prevention
 - Train practitioners in these common elements
 - **Social Work Educators and Field Faculty**
 - **School-based Mental Health Providers**
 - **In-home Mental Health Service Providers**
 - Compare implementation (and eventually treatment) outcomes among CE-trained practitioners versus others

Treatment Engagement: Huge Threat to Treatment Access and Therapy Gains

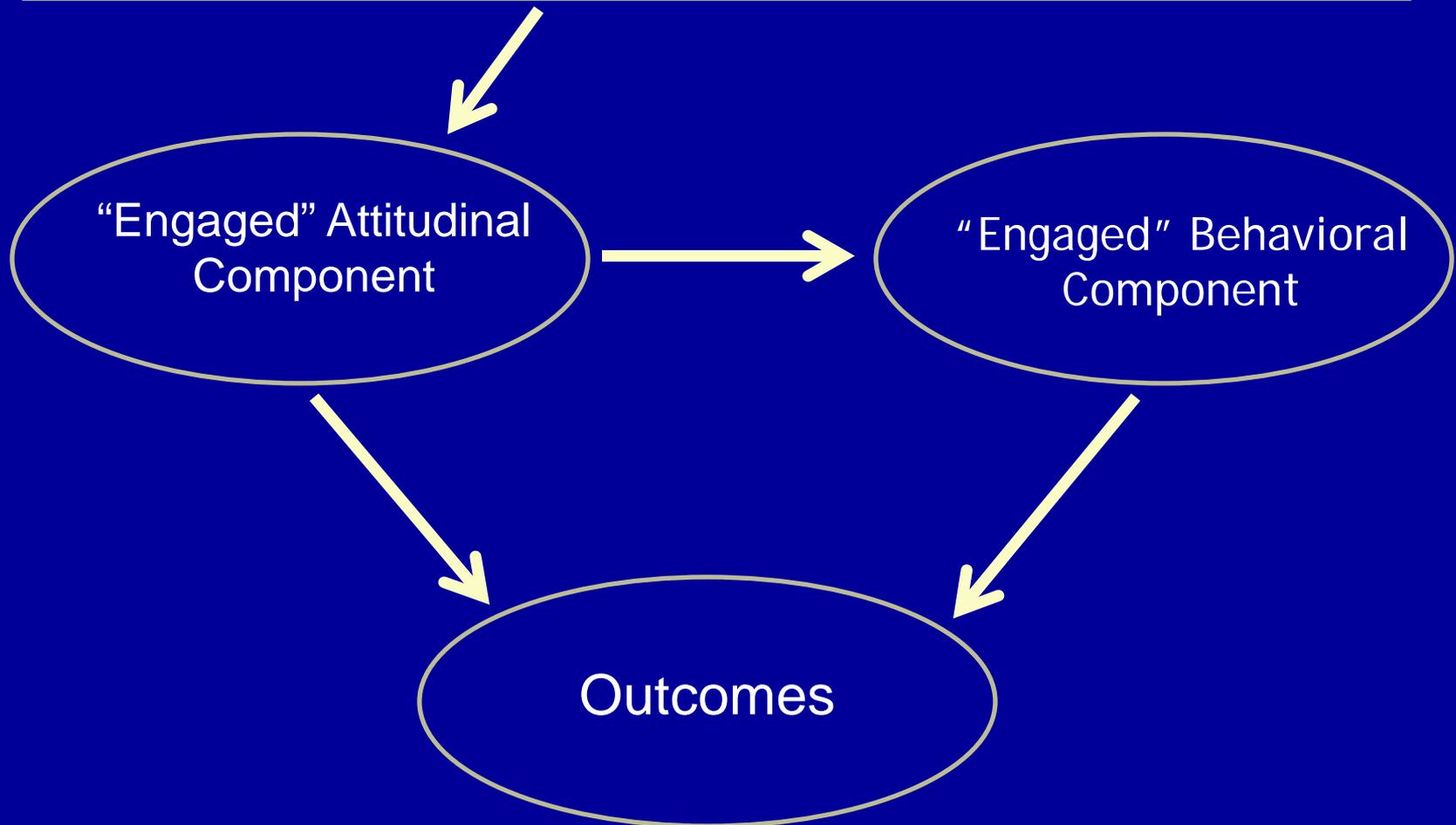
- Majority of youth in need of treatment do not receive it; early termination is likely (USDHHS, 2001; 2003)
- Ethnic minority children and those most in need tend to be underserved (Snell-Johns, Mendez, & Smith, 2004):
 - Identifiable disorder, but no receipt of any service
 - In receipt of services, but services lack scientific support
- Significant public health implications

Importance of Engagement in CWS

- CWS workers regularly refer children to mental health services
- Parent training is an important area in CW practice and research
 - Estimates indicate CWS workers and DSS staff work with 800,000 families per year
 - Providing or contracting out for parent training
- How best to engage caregivers in training and mental health services remains a challenge to CW practice and research

Staudt (2006) Conceptualization of Engagement Process

Treatment relevance; daily stressors; external treatment barriers; cognitions and beliefs about treatment



Reviews of Treatment Engagement Literature

- Four treatment engagement reviews between 2004-2010
- Engagement outcomes and methods vary widely across the literature. Engagement strategies:
 - Tend to have theoretical support, but not empirical support
 - May have been connected to known interventions, but their unique contributions are not supported.

Rationale: Common Elements of Treatment Engagement

- Not always clear on the treatment engagement strategies employed.
- What strategies are specific to behavioral vs. attitudinal dimensions of engagement?
- How are engagement strategies related to outcomes?
 - Service participation (beyond that of initial attendance)
 - Child mental health and functioning

Identification of Treatment Engagement Practice Elements

- Baseline: Developed an initial list of treatment engagement practice elements:
 - Treatment engagement review articles
 - Developed definitions
 - Shared list with “engagement” experts
 - Missing treatment engagement practice elements?
 - Revision of definitions
- PracticeWise: Coded engagement as a practice element; other coded elements overlap with our vetted list of elements

Engagement Protocol Coding Sheets

- Organized by Protocol Codes, Style Codes and Practice Elements
- Examples include:
 - Protocol Codes
 - Brief Strategic Family Therapy
 - Mary McKay's Engagement Protocol
 - Motivational Interviewing
 - Style Codes
 - Empathic vs. evaluative
 - Directive vs. client-directed
 - Collaborative vs. expert
 - Practice Elements (will discuss in later slides)

Identifying Potential Articles

Steps:

- Conduct a database search** Consider searching relevant terms in the following databases:
 - PsycINFO
 - Pubmed
 - Social Sciences Citation Index
 - Any other relevant databases
- Scan relevant articles for key words** Within articles that are relevant to the topic (although they may not be eligible for coding), identify key words that can be used in subsequent database searches. This can be particularly helpful if a search term is very broad and returns a large number of irrelevant articles. For example, a search based on the term “engagement” may benefit from the inclusion of additional terms such as “attendance” or “barriers to treatment” to home in on relevant research.
- Search backward from eligible articles** Because empirical research explicitly builds upon previous research, review the reference lists of articles eligible for coding to identify previous research that may also be eligible for coding.
- Search forwards from eligible articles** Using a database, identify the articles that have cited an article that has already been identified for coding. This approach may identify more recent articles that are also eligible for coding.
- Scan other resources that may cite potential articles** Review papers, meta analyses, book chapters, and special issues may be a useful source for identifying potential articles for coding. These types of publications tend to provide more global information about a particular topic than any single empirical paper and are likely to cite key papers in the field.
- Contact experts in the field** Ask experts in the field if they have any relevant publications that have not yet been identified. This can be particularly helpful if a manuscript is in press or newly published but is too recent to be included in the search database. Also inquire whether the expert knows of work by other researchers that might be relevant.

Net: 35 Engagement RCTs

- Inclusion/exclusion criteria
 - RCT
 - Engagement strategy employed; outcome measured
 - Child mental health
- Range in years of publication: 1975—2010
- Externalizing problems typified child's behavior
- Primarily clinic settings

Coding of Articles (n=35)

- Coders were 4 members of the research team
- Each article was coded by 2 team members
- “Super-”coder
 - Team member trained in the Common Elements framework
 - Reviewed each article and reconciled any discrepancies
 - Developed final codes

Preliminary Results (n=27)

General Information about 27 RCTs

- Across 27 RCT's there were 62 different engagement interventions coded
- Findings indicate:
 - Top 3-4 protocols, style codes and treatment engagement practice elements used
 - Percent of treatment engagement outcomes assessed

Measures of Engagement

- 26 studies (96%) included a measure of attendance
- 6 studies (22%) included a measure of the child's symptoms and/or functioning
- 6 studies (22%) included a measure of the client's role socialization (i.e., understanding of therapy and his/her role in therapy)

Engagement Protocols

- Mary McKay's Protocol (n=5)
- Brief Strategic Family Therapy (n=3)
- Motivational Interviewing (n=2)

Style Codes

- Task-Oriented/Neutral (n=21)
- Empathic (n=7)
- Person Oriented/Warm (n=4)
- Least coded were: Collaborative (n=3); expert (n=2); evaluative (n=0)

Most Frequently Used Practice Elements

- Psychoeducation of Services
- Appointment Reminders (e.g. letter, telephone call)
- Discussion/resolution of barriers to treatment
- Goal setting

Frequency of Outcomes

- **Attendance (87%)**
- **Symptoms/Functioning (22%)**
- **Ecology (15%)**
- Client role socialization (9%)
- Satisfaction (6%)
- Barriers to treatment (5%)
- Parent motivation (3%)
- Cost (1%)
- Quality of perception (1%)
- Mental health services efficacy (1%)
- Caregiver hopefulness (1%)
- Service appropriateness (1%)

Discussion

- Less is known about attitudinal dimensions of engagement and efficacy of related strategies
- Research primarily in mental health treatment services; less is known about engagement in mental health prevention intervention services; and other service sectors, e.g. child welfare.
- What we know most about treatment engagement concerns how best to engage caregivers in service participation for their children.

Next Steps

- Determine relationship between engagement strategies and treatment outcomes:
 - Service participation
 - Child mental health and functioning
- Determine most efficacious treatment engagement practice elements and their relative effect size

Next Directions in CWS

- Training, implementation, and evaluation agenda in child mental health, but can this work also inform CWS, e.g. parent training?
- What are the key engagement challenges in CWS?
 - Different presenting circumstances require different engagement strategies?
 - Build upon current engagement strategies in CWS with empirical support.

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