Centre for Community Child Health

murdoch children's research institute

AUTHENTIC ENGAGEMENT:
THE ROLE OF THE RELATIONSHIPS AT THE HEART OF EFFECTIVE PRACTICE

Tim Moore

Enhanced MCH Workforce Professional Development Day

Melbourne, 4th April 2019

The Royal Children's Hospital Melbourne

WHY ENGAGE WITH PARENTS

Professionals may seek to engage parents for many reasons:

- to help individual parents with personal or parenting problems,
- to help parents support their children's learning,
- to help groups of parents manage shared issues,
- to help communities of parents in addressing common concerns regarding services and environments, or
- to collaborate with parents in co-designing, co-managing and co-evaluating services.

To be successful, all of these different forms of engagement depend upon the nature of the relationships that are established between the professionals and the parents.

OUTLINE

- The importance of relationships
- The neurobiology of interpersonal relationships
- Evidence regarding the role and nature of relationships
- Key features of effective relationships
- Challenges in authentic engagement
- Ensuring ‘take-up’
- Caveats and conclusions

THE IMPORTANCE OF RELATIONSHIPS

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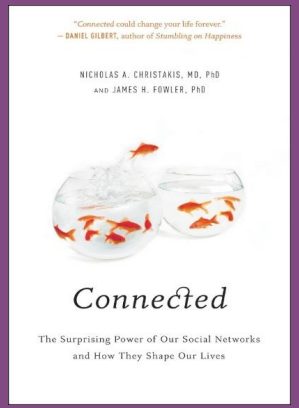
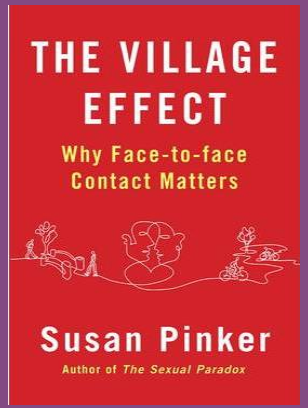
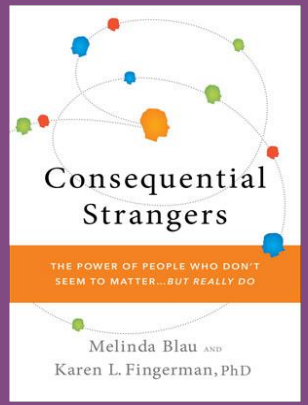
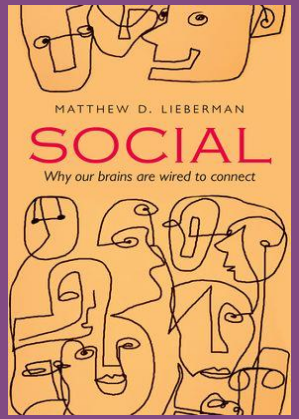
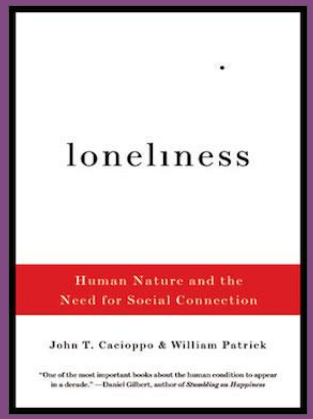
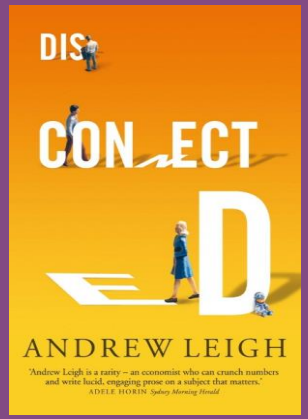






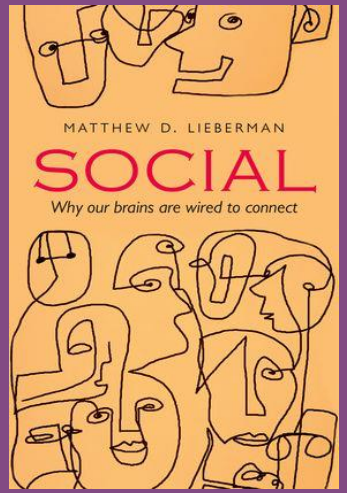






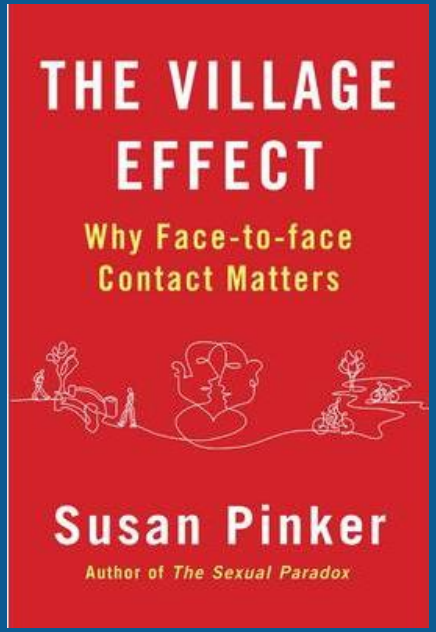
THE SOCIAL BRAIN

- In primates (including humans), the percentage of the brain made up by the neocortex varies according to the size of the social group
- Humans live in the largest average group sizes among primates, and therefore have the largest neocortex as a proportion of brain size
- The main explanation for this relationships is that social interaction is very demanding – we have to navigate a complex social environment, identifying the social status of others and whether they are friends or enemies, and constantly reading other people's minds, facial expressions and body language
- Thus, the human brain is a social organ – its growth and development has been driven by the requirements of social life



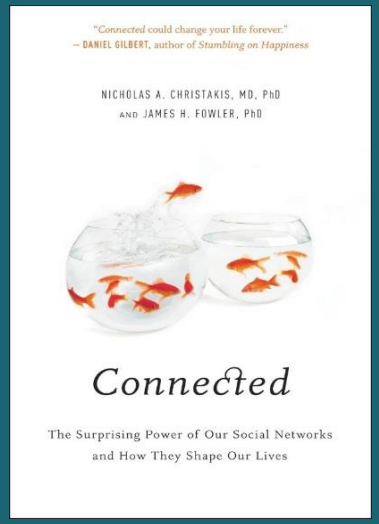
Matthew Lieberman (2013). **Social: Why Our Brains are Wired to Connect.** Oxford, UK: Oxford University Press.

- Our brains are designed to respond to and be influenced by others: *we are wired to be social*
- Social bonding stimulates the pleasure circuits of the brain, whilst social rejection and isolation leads to pain that is neurologically identical to physical pain
- Social support and social connections can buffer us against the stress of the most difficult moments in our lives
- Increasing the social connections in our lives is probably the single easiest way to enhance our well-being
- Social connections determine wellbeing directly, but also bolster health, providing a second indirect route to wellbeing



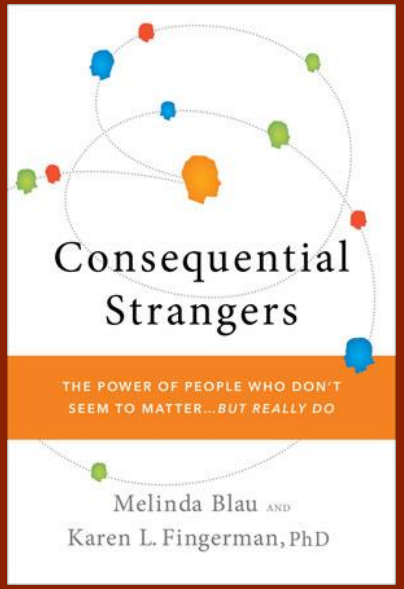
Susan Pinker (2015). **The Village Effect: Why Face-to-Face Contact Matters.** London, UK: Atlantic Books.

- If we don't interact regularly with people face-to-face, the odds are we won't live as long, remember information as well, or be as happy as we could have been.
- Physiological immunity, enhanced learning, and the restorative power of mutual trust derive from face-to-face contact with the people in your intimate circle – the 'village effect' not only helps you live longer, it makes you want to.
- Our relationships with the people we know and care about are just as critical to our survival as food, shelter and money – but not just any social contact, but only the kind that takes place in real time, face-to-face.



Christakis, N.A. & Fowler, J.H. (2009). **Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives.** NY: Little, Brown and Company.

- Human being do not just live in groups: they live in social networks, which affect everything from emotions to health to politics
- Our connections affect every aspect of our lives: how we feel, what we know, whom we marry, whether we fall ill, how much money we make, and whether we vote all depend upon the ties that bind us.
- Our connections do not end with the people we know: beyond our own social horizons, friends of friends of friends can start chain reactions that eventually reach us
- While we are connected to others by six degrees of separation, our influence on each other in social networks obeys three degrees of influence



Blau, M. & Fingerman, K.L. (2009). **Consequential Strangers: The Power of People Who Don't Seem to Matter. . . But Really Do.** New York: W.W. Norton.

- Each of us has a unique collection of consequential strangers - people outside our circle of family and close friends.
- They range from long standing acquaintances to people we encounter on occasion or only in certain places.
- *They are as vital to our well-being, growth, and day to day existence as family and close friends.*
- Although loved ones are universally important, all relationships influence our physiology and psychology - we don’t necessarily need a lot of relationship; its variety that affects our well being.
- Where we live, work, shop and mingle has everything to do with the relationships we cultivate, and therefore our quality of life: we simply can’t separate our relationships from the places we inhabit.

SOCIAL SUPPORT AND FAMILY WELL-BEING

- Social support is linked to a number of child and family outcomes, including low birthweight, child abuse and neglect, maternal adjustment, mental health and physical health

Family isolation can be the result of various factors:

- *geography* (living in rural and remote areas),
- *physical* (cut off from the local neighbourhood by a main highway),
- *poor health, disability or special ne*eds,
- *cultural isolation* (not being able to speak the language),
- *social isolation* (being new to an area and not knowing anyone),
- *lack of money* to reciprocate hospitality,
- *lack of education*, and
- *lack of transport*.

THE NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS

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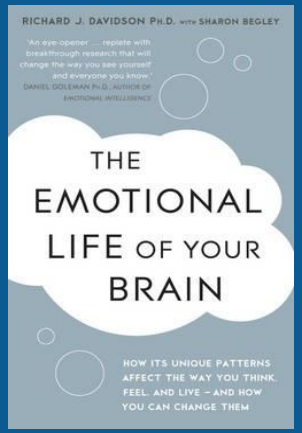
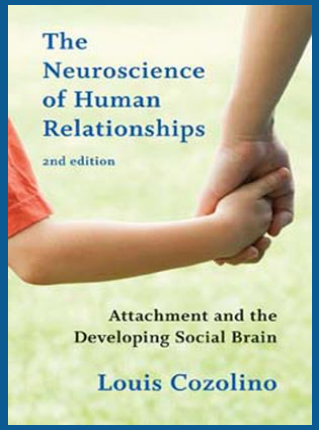
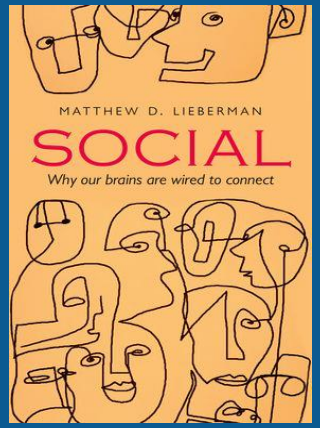
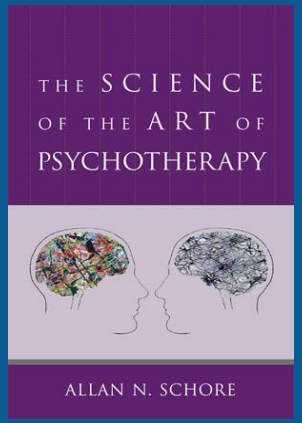
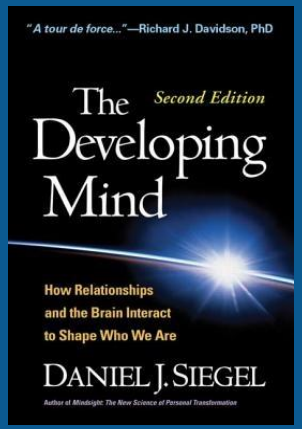
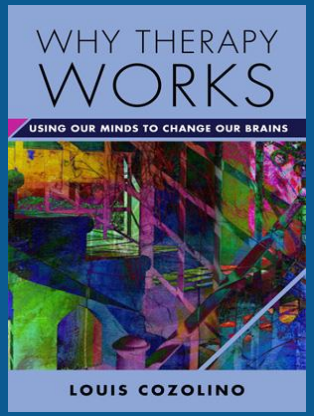


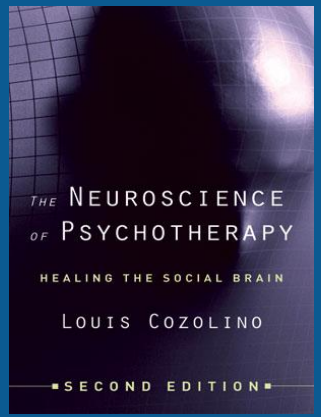


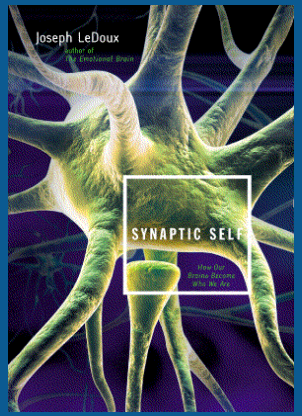












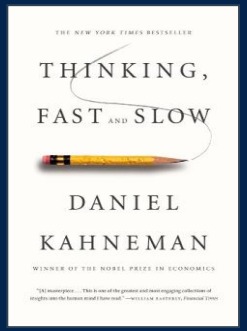
TWO MODES OF THINKING AND CONNECTING

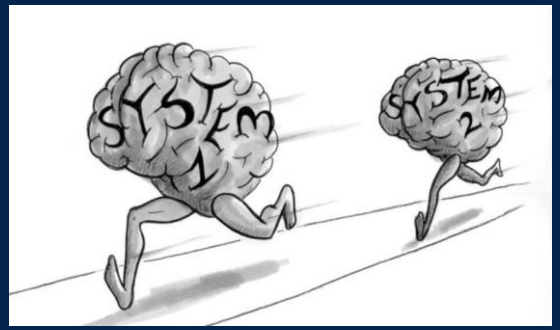
- Our brains have two parallel pathways for processing conscious and unconscious information
- The first is a set of early-evolving fast systems for our senses, motor movements, and bodily processes that we share with other animals and are non-verbal and inaccessible to conscious reflection
- The second is a set of later-evolving slower systems involved in conscious awareness that eventually gave rise to narratives, imagination, and abstract thought
- The brain regions associated with the second pathway tend to be on the outer (or *lateral*) surface of the brain, whereas the first pathway uses mostly medial (or *midline*) regions of the brain.
- The two pathways affect both our thinking and our social connections

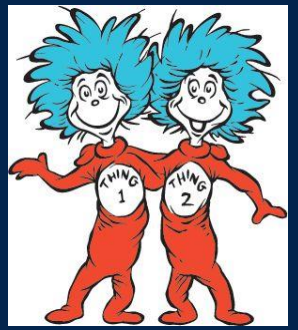
TWO MODES OF THINKING: System 1 and System 2

(Kahneman, 2012)

- **System 1** operates automatically and quickly, with little or no effort and no sense of voluntary control, and generates the impressions and feelings that are the main source of the explicit beliefs and deliberate choices of System 2
- **System 2** operates deliberately and slowly, is only used when the situation demands it, and generates the subjective experience of agency, choice, and concentration







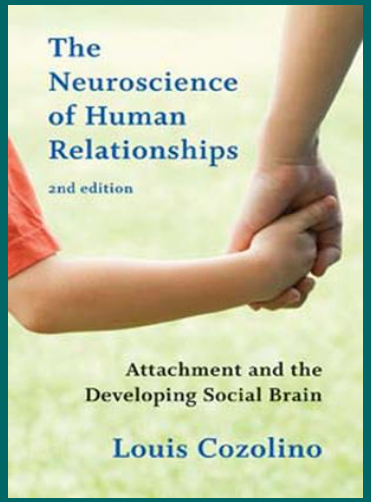
NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS

- The subconscious pathway also enables our brains to read the body and facial signals of others, and detect their intentions and emotional states
- The cues we use include facial expressions, pupil dilation, posture, tone of voice, odour, and mirror systems
- In effect, our (right) brains are able to communicate directly with other people's (right) brains independently of conscious communication processes or awareness.
- The right brain limbic areas that enable this to occur grow rapidly in the first two years of life and the nature of their development can have long-term implications.

NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS (cont)

- The difference in processing speed between the fast and slow systems is approximately one half second: our brains process sensory, motor, and emotional information in 10-50 milliseconds, while it takes 500 – 600 milliseconds for brain activity to register in conscious awareness
- During this vital half second, our brains work like search engines, unconsciously scanning our memories, bodies, and emotions for relevant information, constructing our present experience based on a template from the past that our minds view as objective reality.
- By the time we become consciously aware of an experience, it has already been processed many times, activated memories, and initiated complex patterns of behaviour
- 90 per cent of the input to the cortex comes from internal neural processing, not the outside world

NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS (cont)



Cozolino, L. (2014). **The Neuroscience of Human Relationships: Attachment and the Developing Social Brain (2nd. Ed.).** New York: W.W. Norton.

- Like neurons, we send and receive messages from one another across a synapse – ***the social synapse***
- The social synapse is the space between us. It is also the medium through which we are linked together into larger organisms such as families, tribes, societies, and the human species as a whole
- Because so much of this communication is automatic and below conscious awareness, most of what goes on is invisible to us and taken for granted
- We cannot turn off this subconscious communication system, so are always sending and receiving messages one to another

COMMUNICATION ACROSS THE SOCIAL SYNAPSE

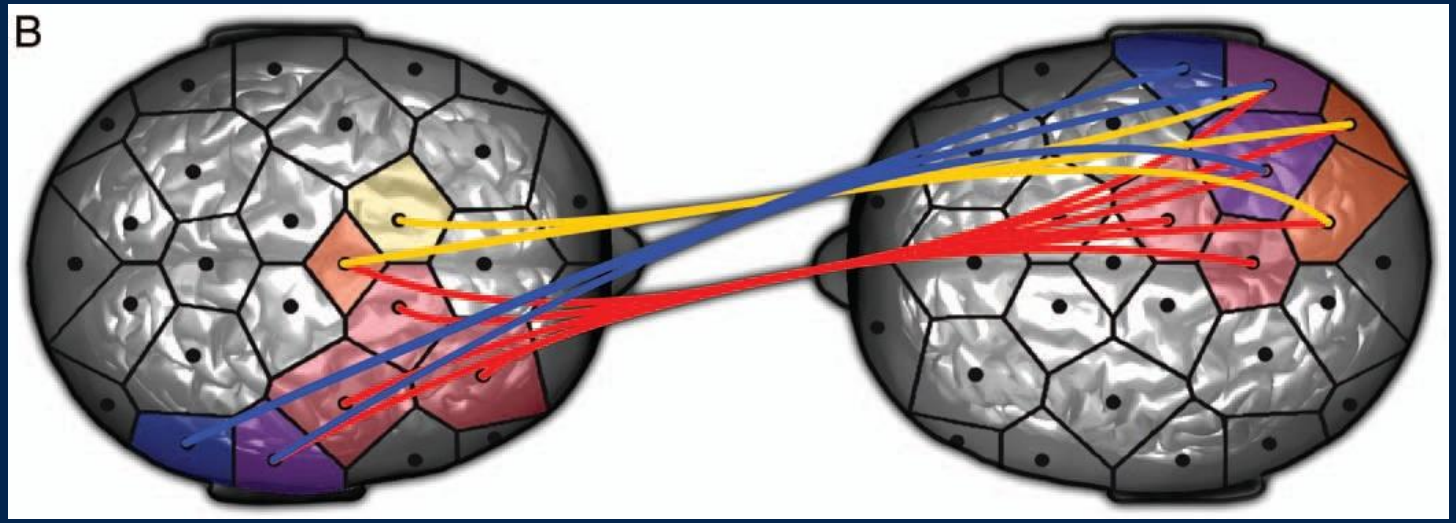
When we smile, wave, and say hello, these behaviors are sent through the space between us via sight and sound.

These electrical and mechanical messages are received by our senses, converted into electrochemical signals within our nervous systems, and sent to our brains.

The electrochemical signals generate chemical changes, electrical activation, and new behaviors, which in turn transmit messages back across the social synapse.

Cozolino (2006, 2014)

INTER-BRAIN SYNCHRONISATION



Inter-brain synchronization in alpha (blue), beta (orange) and gamma (red) frequency bands related to interactional synchrony during spontaneous imitation of hand movements (Dumas, 2011)

EVIDENCE FOR THE IMPORTANCE OF RELATIONSHIPS

EVIDENCE FOR THE IMPORTANCE OF RELATIONSHIPS

The relevance of these neurobiological findings about relationships lies in the fact that *all human services are relational services*, dependent to a much greater extent than other forms of service on the quality of the relationships between practitioners and parents

Insights regarding the importance of these interpersonal relational processes comes from a variety of sources:

- Lessons from vulnerable families
- Research on psychotherapy efficacy
- Research on doctor-patient relationships
- Research on effective help-giving practices
- Research on family-centred practice / care
- Research on family partnership training
- Lessons from co-design and co-production

POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Engaging Marginalised and Vulnerable Families

This Policy Brief explores the evidence regarding improving access to services for marginalised and vulnerable families with young children, and how families can best be engaged and supported.

Definition: For the purposes of this Policy Brief, marginalised and vulnerable families refer to those who are receiving little support in their family and parenting roles either from personal support networks or from community-based support services.

Why is this issue important?

While most families of young children are well supported socially and make good use of services, some do not (Carbone et al., 2004; Moran & Ghate, 2005; Winkworth et al., 2008, 2010). Children from families who have poor social supports and make limited or no use of community support services are at increased risk of poor health and developmental outcomes.

Those parents most in need tend to be the ones who are least likely to access support (Fram, 2003; Ghate & Hazel, 2002; Offord, 1987). These include families with low incomes, young parent families, sole parent families, Indigenous families, families from culturally and linguistically diverse communities, families with a parent who has a disability, and families experiencing problems with housing, domestic violence, substance abuse, mental health or child protection (Carbone et al., 2004). Many families experience several of these problems concurrently.

The cost of failing to provide timely support to these families is considerable – as problems worsen, they become more difficult and expensive to remedy, and the families become more marginalised. Ultimately, this compromises national productivity (Hertzman, 2002; Social Exclusion Task Force, 2007). Concerns about this trend have led to the development – by the Australian Social Inclusion Board in 2009 and 2010 – of a national social inclusion agenda (Hayes et al., 2008). One aim of the agenda is to increase participation of young children and their families in early childhood services (Katz, 2007; Social Exclusion Task Force, 2008; Vinson, 2009).

"There is a growing consensus that rather than thinking about certain families as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain."

There has also been a significant change in how vulnerable parents are viewed and hence in how they can best be supported. Such families have often been designated as 'hard to reach'. This term is problematic in that it implies that the problem exists in the families themselves, rather than in the services provided for them (Brackertz, 2007; Brackertz & Meredyth, 2008; Slee, 2006).

There is a growing consensus that rather than thinking about certain families as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain (Slee, 2006). This changed perspective has considerable implications for services and service systems.

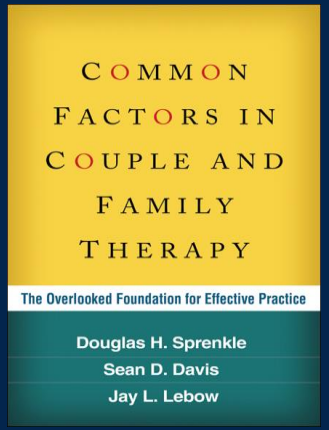
Initiative of:

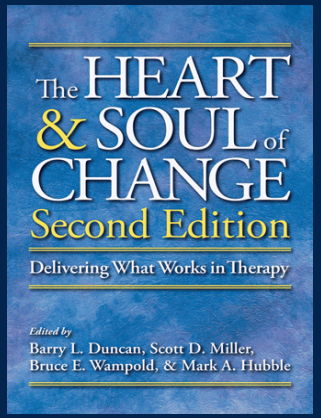
Centre for Community Child Health (2010). **Engaging marginalised and vulnerable families.** CCCH Policy Brief No. 18. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital.

What vulnerable and marginalised families need are services that

- *help them feel valued and understood, and that are non-judgmental and honest*,
- have respect for their inherent human dignity, and are responsive to their needs, rather than prescriptive,
- *allow them to feel in control and help them feel capable, competent and empowered,*
- are practical and help them meet their self-defined needs,
- *are timely, providing help when they feel they need it, not weeks, months or even years later, and*
- provide continuity of care – parents value the sense of security that comes from having a long-term relationship with the same service provider.

EFFICACY IN PSYCHOTHERAPY





According to the ***common factors approach,*** services such as psychotherapy work not because of the unique contributions of any particular model of intervention but because of a set of common factors or mechanisms of change that cuts across all effective therapies.

The two main factors are

- the ***therapeutic alliance*** (the joint working relationship between the therapist and the client), and
- the ***personal qualities*** of the therapists themselves

Journal of Affective Disorders 92 (2006) 287–290

Brief report

Psychiatrist effects in the psychopharmacological treatment of depression

Kevin M. McKay *, Zac E. Imel, Bruce E. Wampold

University of Wisconsin, Madison, United States

Received 12 August 2005; received in revised form 9 January 2006; accepted 16 January 2006
Available online 28 February 2006

Abstract

Background: The National Institutes of Mental Health's (NIMH) 1985 Treatment of Depression Collaborative Research Program (TDCRP) reported that imipramine hydrochloride with clinical management (IMI-CM) was significantly more beneficial than placebo with clinical management (PLA-CM) for individuals undergoing treatment for depression. Unfortunately, in analyzing the NIMH TDCRP data, researchers ignored the potential effect that psychiatrists have on patient outcomes, thereby assuming that psychiatrists are equally effective. However, this assumption has yet to be supported empirically. Therefore, the purpose of the current study is to examine psychiatrist effects in the NIMH TDCRP study and to compare the variation among psychiatrists to the variation between treatments.

Method: Data from 112 patients [IMI-CM (n=57, 9 psychiatrists); PLA-CM (n=55, 9 psychiatrists)] from the NIMH TDCRP study were reanalyzed using a multi-level model.

Results: The proportion of variance in the BDI scores due to medication was 3.4% ($p<.05$), while the proportion of variance in BDI scores due to psychiatrists was 9.1% ($p<.05$). The proportion of variance in the HAM-D scores due to medication was 5.9% ($p=.05$), while the proportion of variance in HAM-D scores due to psychiatrist was 6.7% ($p=.053$). Therefore, the psychiatrist effects were greater than the treatment effects.

Conclusions: In this study, both psychiatrists and treatments contributed to outcomes in the treatment of depression. However, given that psychiatrists were responsible for more of the variance in outcomes it can be concluded that effective treatment psychiatrists and, in fact, augment the effects of the active ingredients of anti-depressant medication as well as placebo.

Keywords: Psychopharmacology; Anti-depressants; Therapist effects; Depression

In 1985 the National Institute of Mental Health (NIMH) (Rockville, MD) commissioned the Treatment of Depression Collaborative Research Program (TDCRP). The dual aim of the TDCRP was to test the feasibility and value of the collaborative clinical trial model in psychotherapy research and to examine the effectiveness of two forms of psychotherapy — cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT). These psychotherapies were further compared to both a "reference treatment condition" for which efficacy had already been established, in this case, imipramine hydrochloride with clinical management (IMI-CM) and placebo with clinical management condition (PLA-CM). In this study, IMI-CM was found to be superior to PLA-CM (Elkin et al., 1985, 1989, 1995; Elkin, 1999).

With some exceptions (i.e. Klein et al., in press), the analyses employed in the NIMH TDCRP studies have traditionally not considered the role that treatment providers play in patients' improvement (Elkin et al., 1985,

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0165-0327/$ – see front matter © 2006 Elsevier B.V. All rights reserved.
doi:10.1016/j.jad.2006.01.020

McKay, K.M., Imel, Z.E. & Wampold, B.E. (2006). Psychiatrist effects in the psychopharmacological treatment of depression. **Journal of Affective Disorders, 92** (2-3), 287–290.

- This RCT of psychopharmacological treatment of depression found that the drug was significantly more beneficial than a placebo
- However, *who* the patient saw rather than *what* they prescribed had a bigger effect: 7% to 9% of the variability in outcomes was due to the psychiatrist and only 3.4% to the drug.
- Some psychiatrists were consistently more effective than others, regardless of whether they were prescribing the drug or the placebo: the top third performing psychiatrists in the study achieved better outcomes using the placebo than the bottom third did using the drug.
- The authors conclude that we should consider that psychiatrist 'not only as a *provider* of treatment, but also as a *means* of treatment.'

PARALLEL PROCESSES

Relationships affect other relationships

Parallel processes operate at all levels of the chain of relationships and services, so that our capacity to relate to others is supported or undermined by the quality of our own support relationships.

- This flow-on effect can be seen in the relationships between early childhood professionals and parents of young children: we model for parents how to relate to their young children by the way we relate to them
- Relationships form a cascade of parallel processes, so that the quality of relationships at one level shapes the quality of relationships at other levels

PARALLEL PROCESSES (cont)

People learn how to be with others by experiencing how others are with them – this is how one's views and feelings (internal models) of relationships are formed and how they may be modified.

Therefore, how parents are with their babies (warm, sensitive, responsive, consistent, available) is as important as what they do (feed, change, soothe, protect, teach).

Similarly, how professionals are with parents (respectful, attentive, consistent, available) is as important as what they do (inform, support, guide, refer, counsel).

Gowen and Nebrig (2001)

HOW SERVICES ARE DELIVERED

Overall, the evidence is clear:

How services are delivered is as important as *what* is delivered

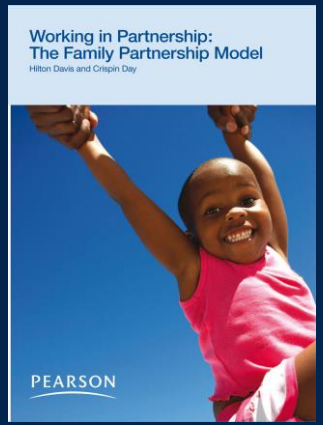
Outcomes are not simply the result of advice (e.g. take drug X or play with your child) but are determined also by the ways in which advice is given *(Davis & Day, 2010)*

The *manner* in which support is provided, offered, or procured influences whether the support has positive, neutral, or negative consequences *(Dunst & Trivette, 2009)*

FAMILY-CENTRED PRACTICE AND THE FAMILY PARTNERSHIP MODEL

Family-centred practice

Dunst, C.J., Trivette, C.M. and Hamby, D.W. (2008). **Research Synthesis and Meta-Analysis of Studies of Family-Centered Practices.** Asheville, North Carolina: Winterberry Press.



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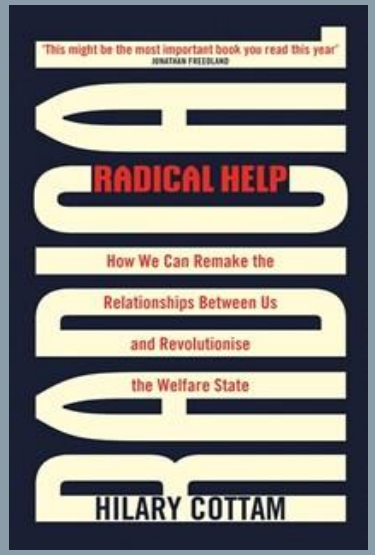

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- Relationships – the simple human bonds between us – are the foundation of good lives. They bring us joy, happiness and a sense of possibility.
- Building on relationships enables the growth of further capability: supporting us to learn, contributing to good health and vibrant communities.
- Today the welfare state concentrates on the efficient delivery of inputs and outcomes, trapping us in the cultures and mechanisms of transaction and limiting human connection.
- In contrast, we need new systems that emphasis relationships, starting from the premise that everyday human connections matter and that they need to be nurtured and sustained for their own sake.

KEY FEATURES OF EFFECTIVE RELATIONSHIPS

THE DUAL FUNCTION OF RELATIONSHIPS

Relationships have a dual quality or function: they are both a means to an end and an end in themselves

- *Relationship are a means to an end*: they are the medium through which we transmit effective strategies to help families change the way they relate to and care for their children – the ultimate aim is to change the parent's capacity to support their children's development and learning
- Having a positive relationship with a parent or parents is a necessary but not sufficient condition for improving child outcomes - you have to do something, intentionally and purposively, to build parental capacities to provide children with different experiences if child outcomes are to improve
- *Relationships are also an end in themselves* in that they do not just *lead* to a better quality of life, they *are* quality of life.

KEY FEATURES OF EFFECTIVE RELATIONSHIPS (cont)

- However, there is a caveat - you cannot treat the relationship simply as a means to an end - you can't fake an interest in the parent and their views – they will know.

> Research indicates that help receivers are especially able to ‘see through’ help-givers who act as if they care but don’t, and help-givers that give the impression that help receivers have meaningful choices and decisions when they do not.
>
> *Dunst and Trivette (1996)*

- Instead, you have to treat the relationship as an end in its own right, while being mindful of the ultimate goal of changing behaviour
- This is what authentic parent engagement – or authentic engagement of any kind (with children, partners, colleagues) - means

KEY FEATURES OF EFFECTIVE RELATIONSHIPS (cont)

Effective relationships have universal properties – here are ten features that are common to all effective relationships:

- attunement / engagement,
- *responsiveness,*
- respect / authenticity,
- *clear communication,*
- managing communication breakdowns (repair),
- *emotional openness,*
- understanding one's own feelings,
- *empowerment and strength-building,*
- assertiveness / limit setting, and
- *building coherent narratives.*

CHALLENGES TO AUTHENTIC ENGAGEMENT

CHALLENGES TO AUTHENTIC ENGAGEMENT

How to know and manage one's own emotions and values

- There will always be some parents and some situations that we will find hard to understand and accept, and will have a visceral reaction to.
- Understanding our default reactions is partly a matter of being aware of our bodily reactions, and what they mean.
- These reactions are part of the unconscious neurobiological processes.
- It is important to recognize and understand these default reactions, and not let them compromise our response to the person or situation.

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to stay in the moment and manage distracting thoughts

- The mind is perpetually busy, and random thoughts are continuously popping into our minds when we are trying to pay full attention to someone's story.
- It is important to learn how to manage these thoughts so that they do not interrupt your attunement and responsiveness to the client.
- Mindfulness strategies for managing stray thoughts are needed (Siegel, 2007, 2009).

How to maintain authenticity

- The neurobiology of interpersonal relationships ensures that we cannot fake being interested, caring or empathetic – our real feelings and intentions are being broadcast to other people's brains through subconscious pathways
- Therefore we need to cultivate genuine interest in others

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to build parental capabilities

- Change only occurs if families become better able to meet their child's needs for care and support.
- Building such parental capabilities requires using a strength-based approach
- The research evidence indicates that use of strengths-based practices is associated with greater engagement with service users, and more positive outcomes being achieved
- Adopting a strength-based approach is harder than it looks since our default approach is to see others' mistakes and weaknesses, rather than their strengths

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How not to try and fix every problem

- What people want first and foremost is for others to listen, rather than try to fix their problem
- When we give people time and listen attentively, people can often find their own solutions to many of the challenges they face
- For an illustration of this, see the short YouTube video *It's Not About the Nail*

https://www.youtube.com/watch?v=-4EDhdAHrOg

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to know if we are engaging parents effectively

- To ensure that they are maintaining authentic engagement with parents, professionals must receive regular feedback from them
- This is to check that they are continuing to target the issues that are of most importance to the parents and are supporting them in ways that the parents are comfortable with
- Such feedback provides more opportunities to repair ruptures in partnerships, improve relationships, modify the strategies being used, and prevent complete breakdowns of the relationship or service

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to building genuine partnerships with parents

- Genuine partnerships involve sharing information, decision-making and power
- The key to doing this successfully is trust – we need to trust both the process and the person
- *Trusting the process* means believing that the process of partnering will yield greater benefits than professionals retaining control over information and decision-making.
- *Trusting the person* means believing in their capacity to be or become an equal contributor in sharing information and expertise, and in making decisions.

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to plan and design services with parents

- The co-production or co-design of services involves a partnership between service providers and service users in which decisions about what, where and how services are delivered are made jointly, with power shared equally.
- Co-production / co-design require new skills of both professionals and consumers: consumers need to become experts in their own circumstances and capable of making decisions, while professionals must move from being fixers to facilitators
- Australian examples of how this can be done include the development of the *Tasmanian Child and Family Centres* (Prichard et al., 2015; McDonald et al., 2015; Taylor et al., 2015), and the community co-design approach developed by the Australian Centre for Social Innovation (TACSI) (http://www.tacsi.org.au/services/co-design/).

CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to develop and maintain skills in engaging parents

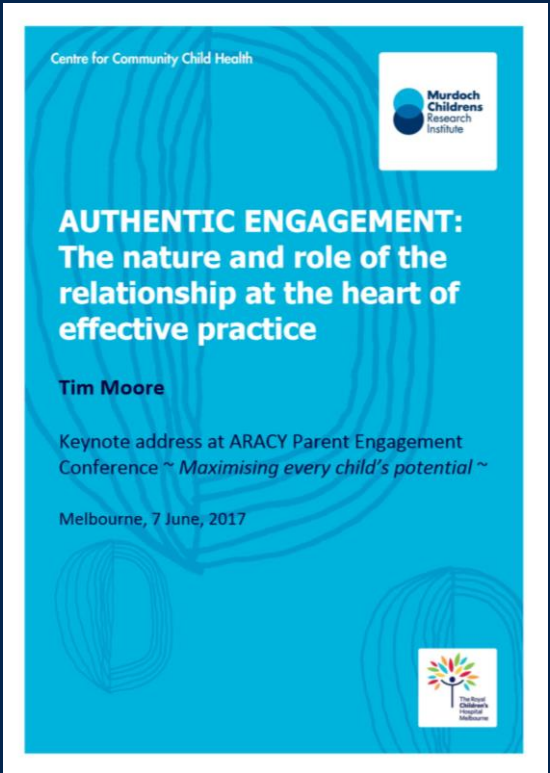
- Relationship-building skills and practices are trainable, and with appropriate supervision and support, can continue to develop over a lifetime
- The forms of training that are helpful in building the skills needed for effective relationship-based work include Family Partnership Training, coaching training, and motivational interviewing
- Also important are regular opportunities for reflection – particularly focusing on and seeking to learn from imperfections and mistakes.

COMMON CONVERSATIONAL RESPONSES

- ***Tell someone who cares***
- ***I can beat that***
- ***Let me fix that***
- ***How awful / amazing for you***

…. and not listening at all

The opposite of talking isn't listening.
The opposite of talking is waiting.
Fran Liebowitz



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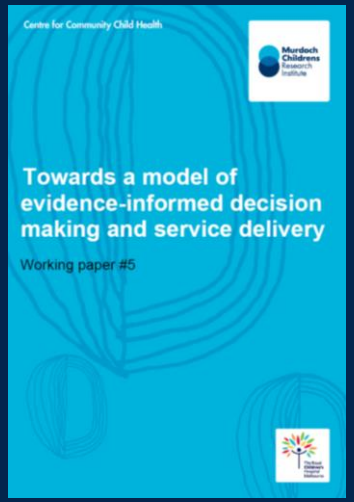
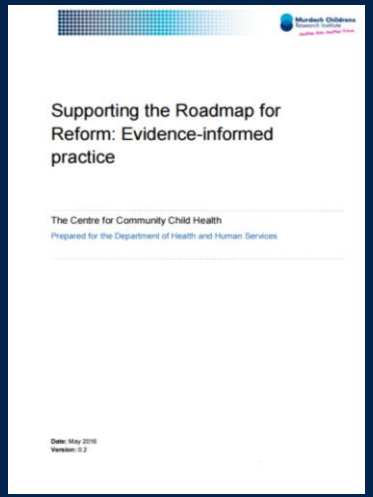
CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to reconcile relationship-based processes and evidence-based practice





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EVIDENCE-INFORMED DECISION-MAKING FRAMEWORK

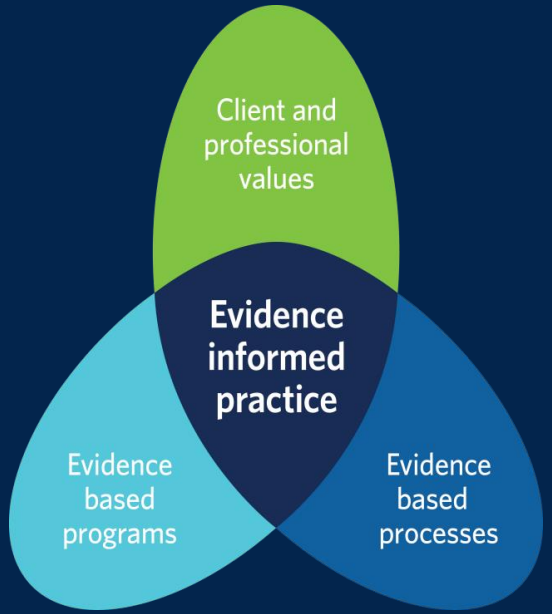
- Evidence-based practice is often interpreted narrowly as selecting from lists of ‘proven’ interventions
- Properly understood, it is much broader than this and involves integrating three sources of evidence:

  - *evidence-based programs*,

  - *evidence-based processes*, and

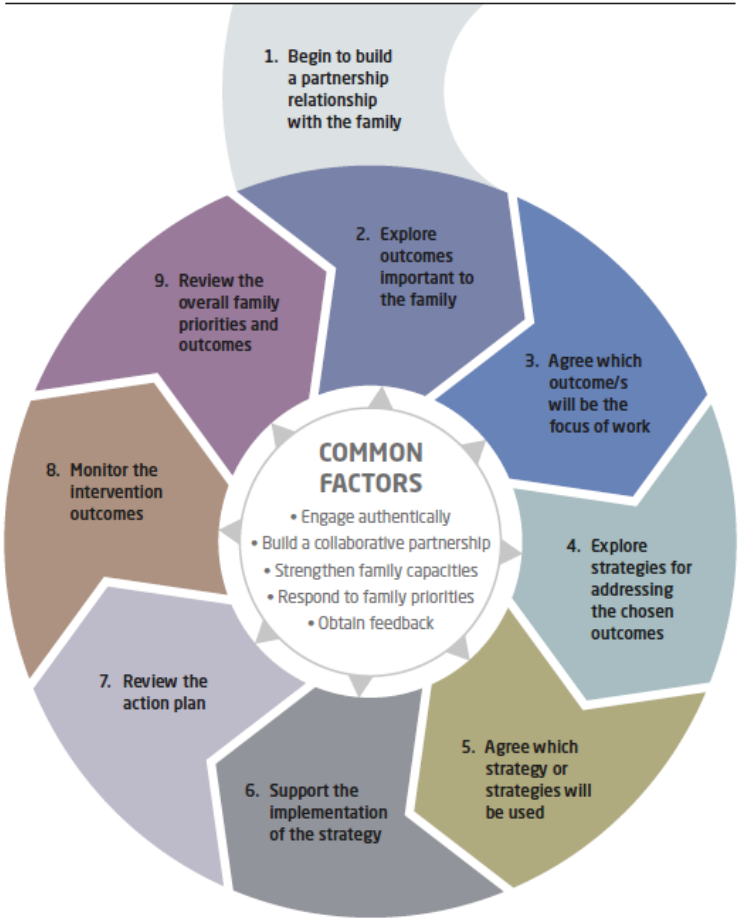
  - *client and professional values and beliefs*

- EBP is best understood as a decision-making process that integrates all three of these elements on an ongoing basis



- We have developed an *evidence-informed decision-making framework* based on this model

EVIDENCE-INFORMED DECISION MAKING



EVIDENCE-INFORMED DECSION-MAKING FRAMEWORK (cont)

- The process described in this framework begins with engagement and tuning in to family values and priorities, rather than with professionals deciding beforehand what the family needs are and what strategies are most appropriate for meeting those needs
- Evidence-based programs and strategies have an important role to play, but always in the context of family values and priorities: information about such programs is not introduced until a partnership has been established and the professional has understood the family values and circumstances
- The process allows for constant adjustments based upon feedback: it is not assumed that the strategies will always work in the ways intended, and indeed assumes that there will need to be modifications

EVIDENCE-INFORMED DECSION-MAKING FRAMEWORK (cont)

- This is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable for the family and ultimately effective
- This service framework is generic, in that it can be used by an individual practitioner or team working with a client or family, an agency working with groups of clients or families, a network of services working with a community, or even a government department working with service networks
- Whatever the context, the use of this framework should maximise clients' 'take-up' of the service, that is, their willingness to access professional services, their ability to make use of the support provided, and whether this leads to actual changes in behaviour

ENSURING 'TAKE-UP'

ENSURING ‘ TAKE-UP’

- The ultimate aim of effective implementation is helping clients / parents find solutions to the challenges that face them.
- The real issue we should be concerned with is the extent of ‘take-up’ by those we seek to support – that is, the extent to which clients / parents are able to make use of the support provided, and the extent to which that leads to actual changes in behaviour.
- By themselves, evidence-based programs, not matter how faithfully they are implemented, are not guaranteed to produce desirable changes in clients.

ENSURING ‘ TAKE-UP’ (cont)

Although we commonly assume that what therapists do is the most important element of therapy, it is in fact the clients who are the most important factor in the success or failure of therapy:

Clients are the ones who choose what to pay attention to and how to make it work. *(Sprenkle et al., 2008)*

Patients are not passive recipients waiting for doctors to make decisions about their health: the evidence suggests that the more actively patients participate in consultations, the better controlled are their chronic diseases. *(Sweeney et al., 1998)*

CAVEATS AND CONCLUSIONS

CAVEATS

Does everyone need meaningful relationships or do some people need them more than others?

- The more vulnerable and marginalised people are, the more important the quality of the relationships with service providers
- Those with more personal resources and supports will more easily tolerate poor service relationships as long as the service provider has the relevant technical expertise

Do we need relationships all the time or are there some situations / services where they are more critical than others?

- The more personal the nature of the service, the more important the quality of the relationship with service providers

CONCLUSIONS

- Engaging and partnering families and communities are quintessentially relational processes whose success depends upon the nature and quality of the relationships established between all those involved - without such relationships, there is a much reduced likelihood of our efforts to build parents' capacity to support their children's development and learning being successful
- The process of engaging and partnering is a necessary but not sufficient condition for change – it needs to be complemented by strategies that are evidence-based and that build the capabilities of parents and caregivers to support their children's development and learning
- Thus, engagement and partnering are the medium through which interventions to change behaviour are driven

CONCLUSIONS (cont)

- However, we cannot treat engaging and partnering merely as stages to be gone through in order to achieve the changes that we would like to see – they must be done authentically for full ‘take up’ to occur
- The skills needed to establish collaborative partnership relationships are well understood and eminently trainable, although not necessarily easy to sustain
- The operation of parallel processes implies that direct service providers will be more likely to engage and partner with families and communities more effectively if their managers and others use similar practices

CONCLUSIONS (cont)

- While everyone agrees that relationships and engagement are important aspects of service delivery, this does not mean that we pay much attention to them - engagement needs to be approached *purposively*, not mindlessly or casually
- We have to *trust the process* – have faith that engagement and partnership strategies will be productive
- We also have to *trust the person* – have faith that the parents have the capacity to be valuable partners and can develop skills and capabilities to support their children's development and learning effectively

OUTCOMES OF DIFFERENT FORMS OF HELPING

DOING THINGS *THROUGH* PEOPLE Partnership with shared agenda to promote child skills and participation	Benefits for child and family, creating positive environments for all
DOING THINGS *WITH* PEOPLE Partnership between parents and professionals, shared power	Benefits for parent, building confidence, skills and self-reliance
DOING THINGS *FOR* PEOPLE Charitable work, no expectation of parent doing anything or reciprocating	Provide temporary relief, but no building of skills or self-reliance
DOING THINGS *TO* PEOPLE Directing, controlling, covert agenda to change people as you judge fit	Compliance or resistance, no building of skills or self-reliance

Tim Moore (2014)

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