Engaging Families in Trauma Treatment

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Engaging and retaining families and children in mental health treatment is a public heath priority as over two-thirds of children in need of mental health intervention fail to receive needed services (Satcher, 1991; Hogan, 2003). Children and families impacted by trauma and living in traumatic contexts must overcome multiple, complex environmental and psychological barriers to accessing, engaging in and benefiting from mental health treatment (Kazdin et al., 1993; Snells-John, 2004; McKay, 2005; Thorton et al., 1998). Attrition and poor adherence decreases child and family outcomes, staff productivity and effectiveness, research sampling size and data collection, and the successful implementation of evidence-based practices in community settings (Armbruster & Kazdin, 1994; Dierker et al., 2001; Connor-Smith & Weisz, 2003; Karver et al., 2006; Spinazzola et al., 2005). Developing trauma-specific engagement strategies will support implementation teams' efforts to deliver family informed trauma treatments and study their outcomes. The combined impact of traumatic contexts and trauma exposures warrants the augmentation of family-centered, trauma informed outreach and engagement strategies to negate attrition and risks associated with unmet mental health needs.

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Family engagement challenges, including difficulty accessing and engaging in care, premature attrition from care and inadequate number of appointment kept, are evident in all child and adolescent clinical populations, including childhood maltreatment and trauma (Lau & Weisz, 2003; Armbruster & Kazdin, 1994). Research is beginning to identify certain risk and protective factors influencing engagement and service use. The following table summarizes the risk and protective factors that predict family engagement in treatment.

Levels of Impact	Risks factors for poor service use	Protective Factors for increased service use
Child Level	Conduct and aggression symptoms, history of maltreatment, PTSD symptoms (re-enactment, re-experiencing, arousal, avoidance, numbing), minority status, cognitive and academic delays, association with negative peer group	Positive therapeutic alliance and participation
Parent Level	Insecure attachment style (unresolved-disorganized type), chronic stress and trauma, parental history of alcohol and drug abuse and/or mental health problems, guilt and shame, PTSD symptoms, ongoing domestic violence, adverse life events, problems disciplining child(ren), negative expectations of treatment	Secure attachments, perception of family burden caused by child's mental and behavioral health problems, positive therapeutic alliance, parental efficacy, parental knowledge about PTSD and treatment process, motivation to change, belief that treatment is helpful, positive attitude about mental health services, motivation to change
Family Level	Economic deprivation, stress, minority status, history of discrimination and mistrust of institutions	Having more than one adult in the home, social support
Community Level	Limited access to trauma-informed EBP's, inaccessibility (i.e. distance, insurance, time constraints), stigma	Care coordination, linkage to health and human services
Therapist Level	Lack of staff diversity, lack of experience, incongruence between therapist and caregiver goals and priorities	Therapist self-efficacy, interpersonal skills, warmth, openness, family-centered approach, cultural competency, use of outreach to families with high risk of attrition, flexible and directive style, partnering with families

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