



How are we doing? Results of receiving family-driven feedback on alliances between families and residential treatment staff over time



Jennifer R. Mihalo*, Michael W. Valenti

Pressley Ridge, United States

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ABSTRACT

Developing working alliances and actively engaging families is essential for youth success in residential treatment. Ideally, these alliances can be fostered by sharing feedback with residential staff about their alliances with families over time to encourage more family engagement and better outcomes for families of youth in treatment. This study measured alliances between families and residential treatment family workers and assessed the effectiveness of an unobtrusive method of sharing working alliance feedback with residential treatment staff. Results revealed that family members rated the working alliance higher than family workers, and that these discrepancies in scores converged over time. In addition, higher family member ratings of the alliance predicted higher family functioning, and longer time in treatment resulted in higher family functioning scores. Lastly, receiving feedback about the working alliance resulted in higher family member ratings of the alliance with their family worker.

1. Introduction

Actively engaging families is important for youth success in residential treatment. One possible way that family engagement can be obtained is by strengthening the alliances between residential staff and families by having open and honest communication throughout treatment. Measuring and sharing feedback with residential staff about their alliances with families may increase the strength of these alliances over time and encourage more family engagement, as well as better outcomes for youth and families.

1.1. Alliance and youth outcomes

The term *working alliance* (Bordin, 1979) refers to supportive relationships in helping professions consisting of three interrelated components: bond, goals, and tasks. Each component is equally important to achieving desirable treatment outcomes. A strong bond between individuals and service providers refers to a sense of closeness, understanding, and trust. A healthy alliance also hinges on agreement between individuals and service providers on goals for treatment, as well as the tasks undertaken each day to achieve those goals.

Years of research indicates that healthy alliances between service providers and individuals in their care leads to improved treatment outcomes regardless of the type of service provided, modality of treatment, or approach to services (Horvath, 2006; Horvath, Del Re,

Flückiger, & Symonds, 2011). While initial research on the alliance mostly included therapist/client dyads in outpatient settings, recent studies have expanded into other settings, including schools (Brown, Valenti, & Kerr, 2015) and youth residential treatment centers (Ayotte, Lanctot, & Tourigny, 2016).

1.2. Alliance and youth outcomes in residential treatment

Residential treatment takes place in the context of many alliances. Effective treatment requires collaboration and support of many individuals working in tandem to achieve similar goals. Youth receiving residential treatment experience daily programming through their relationships with on-site direct care workers, therapists, family workers, support staff, other youth, etc. These alliances provide structure for treatment, and influence interactions and behaviors of youth and staff in residential treatment settings.

Studying ways in which healthy alliances between youth and residential treatment workers can improve treatment outcomes is a relatively new area of research. Initial findings suggest that strong alliances between youth and residential staff are related to a decrease in recidivism rate (Florsheim, Shotorbani, Guest-Warnick, Barratt, & Hwang, 2000), decreased aggressive behaviors (Bickman et al., 2004), quicker symptom reduction (Handwerk et al., 2008), and may also predict a trajectory of decreasing behavior problems over time (Ayotte et al., 2016). Several studies also suggest youths' perception of the

* Corresponding author.

E-mail address: jmihalo@pressleyridge.org (J.R. Mihalo).

alliance has a stronger relationship to achieving desired outcomes than staff members' perceptions of the alliance (Ayotte et al., 2016; Byers & Lutz, 2015). Considering these findings, examining how alliances affect positive outcomes should be a primary concern for residential treatment providers.

However, youth's alliances with staff are only one functional relationship occurring in residential treatment. As part of routine care, successful residential treatment also includes services and support to youth's family members. Including families as members of the treatment team and empowering them as collaborators is a valuable component of effective residential treatment (Sisson, 2009). Previous research posits that establishing a strong alliance with family members of youth in treatment may also be a valid strategy for promoting family engagement (Sexton & Datchi, 2014), which itself is positively correlated to desirable youth outcomes (Walter & Petr, 2008). Furthermore, healthy alliances and partnerships between family members and professionals in residential treatment help to increase the proportion of youth living with family after treatment (McConnell & Taglione, 2012; Sisson, 2009). Therefore, a more concrete understanding of how these partnerships with families relate to outcomes is needed.

1.3. Family engagement in residential treatment

Residential treatment providers are increasingly emphasizing family engagement and family work as an invaluable part of youth residential treatment, and many treatment providers are outspoken on the importance of a youth's family being actively involved in treatment (Affronti & Levison-Johnson, 2009; Child Welfare Information Gateway, 2016; Sisson, 2009). Family engagement in youth treatment is associated with a number of positive youth outcomes including a decrease in substance use, disruptive behaviors, recidivism, readmissions, arrests, and safety holds, as well as increases in physical, psychological, and academic functioning, resiliency, self-esteem, reunification with family, and overall long-term success (Affronti and Levison-Johnson, 2009; Huefner, Pick, Smith, Stevens, & Mason, 2015; Hust & Kuppinger, 2014; Lewandowski, Palermo, Stinson, Handley, & Chambers, 2010; Preechawong et al., 2007; Robst, Rohrer, Dollard, & Armstrong, 2014; Wagner, et al., 2010). Family engagement is also associated with shorter length of stays in residential treatment (Affronti & Levison-Johnson, 2009), and there is evidence that youth make most improvements during their first six months in treatment (Strickler, Mihalo, Bundick, & Trunzo, 2016), so it may be important to engage families early on in the treatment process. Additionally, when families are engaged in youth residential treatment, staff can help family members to develop natural community supports which increase protective factors for families when youth return home (McLeigh, 2013).

Another substantial measure of success for residential treatment programs is healthy family functioning, or the ability of a family to cope with relational and environmental stressors (David, 1978). Healthy family functioning is related to favorable effects in youth self-esteem (Preechawong et al., 2007), substance abuse (Wagner et al., 2010), increased trust and intimacy (Coll, Powell, Thobro, & Haas, 2010), and overall physical and psychological functioning (Lewandowski et al., 2010). Healthy family functioning is also associated with residential program completion and planned discharges (Sunseri, 2004). While residential treatment is primarily focused on treatment of youth, it is difficult to separate success of a youth from success of the family; through family engagement, family work, and developing alliances with families of youth in care, residential treatment providers also have a unique opportunity to increase overall functioning for families of youth in treatment.

In order to actively engage families in youth treatment, youth care workers should develop a working alliance with families of youth in treatment. Strong alliances between families and youth care workers are related to increased engagement in treatment and improved parenting practices, and are important for youth outcomes including

decreased externalizing behaviors and improved functioning (Hawley & Garland, 2008; Kazdin, Whitley, & Marciano, 2006). Despite this evidence, little research has focused on practical strategies to foster alliances with families of youth in residential treatment. One practical method for facilitating alliance growth might be to provide feedback to family workers by sharing family-rated alliance measures during home visits. By highlighting families' self-identified areas of growth and development, family workers may be more equipped to provide targeted interventions or to change behaviors that might be causing ruptures in their alliances with families.

1.4. Feedback in treatment

Efforts to increase family engagement and integrate youth and family voice into residential treatment often introduce a mechanism for ongoing communication and methods for providing feedback to staff providing services. *Feedback*, as it is applied in psychological services, can be defined as any response to behavior that influences the likelihood of future occurrences of that behavior (Claiborn & Goodyear, 2005). Whether feedback has any influence on future behavior is influenced by several factors, including valence (whether feedback is positive or negative), credibility of the feedback source, and mood of the receiver (Claiborn & Goodyear, 2005). Feedback about the quality of care can be garnered in many different ways from various sources, including families, and may be one way to improve services. In fact, Sapyta, Riemer, and Bickman (2005) argue that feedback is necessary to improve practice because it provides critical information to a worker by identifying areas of need. They also provide evidence that many clinicians cannot make accurate judgments about their clients' progress in the absence of feedback. Given that there is also evidence suggesting clinicians are overly confident in their ability to judge client progress (Dew & Riemer, 2003), it is feasible that without feedback, many clinicians make erroneous judgments about certain client indicators.

Mechanisms that provide feedback promote open communication and may also have important implications for establishing strong working alliances with families of youth in residential treatment settings. Consider a family worker at a residential treatment center who becomes aware of a rupture in his alliance with a family by receiving feedback about the quality of the alliance from the family's perspective. He might be more likely to change his behavior and to take steps to improve the relationship than a family worker who may not be aware of a disconnected or ruptured alliance because he never receives feedback.

Most research on feedback has been conducted in settings that offer therapy or counseling services. However, feedback is omnipresent in many other domains of care, including residential treatment. Workers in residential care settings receive feedback from various sources, including peers and supervisors; however they often *do not* receive substantial feedback about the quality of their alliances with youths' families. The absence of feedback regarding family worker/member alliances may be significant because these alliances are associated with many aforementioned desirable treatment outcomes.

An effective feedback mechanism that introduces healthy dissonance in their perceptions of their shared alliances with families may improve family workers' behavior and interactions with families. Currently, some family workers may receive feedback on the nature of their alliances with families indirectly through supervision or program satisfaction surveys. While this may prove to be useful for many family workers, this feedback is often obtained after discharge. This feedback is likely to be more beneficial if it was obtained during treatment and from the family's perspective. Providing feedback to family workers in residential treatment in this way may be a viable family engagement strategy that also indirectly improves the family worker's ability to improve their alliances with families.

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