Increasing children’s engagement: 
In therapeutic interventions

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CHILD Conference, Sweden November 2017

Overview

• Engagement in therapeutic interventions – why do we want it?
• What do we know about engagement in therapy?
• What might the conditions for high engagement be?

Therapeutic interventions

• The act of intervening, interfering or interceding with the intent of modifying the outcome
• An effort made by individuals or groups to improve the wellbeing of someone
• Medicine or surgery to treat or cure a condition

Therapy as a life situation

• Unavoidable (if available)
• Avoidable (given a choice)

Why engage?
• Business: better productivity, efficiency, effectiveness
• School: better learning (deeper, faster), increased academic success, better personal development
• Community recreation: builds stronger, healthier, happier, safer communities
• Citizenship engagement: increased tax revenue, better allocation of resources, increased trust
• Therapy: wellness, wellbeing, participation, quality of life

Participation attendance

• Frequency
• Time spent
• Diversity or range of activities

How much is enough?
• Patterns of attendance in home, school, community activities across the life course
What is a desirable pattern?
Participation attendance

- Frequency
- Time spent
- Diversity or range of activities
- Patterns of attendance in therapeutic activities across the life course

How much is enough?

What is a desirable pattern?

Participation 'attendance'

In therapy has often been equated with a client and/or family’s response to:

- Following regimes
- Adhering to recommendations/advise
- Complying with instructions
- Doing as they are told
- Doing as expected
  - …with the goal of achieving a therapeutic dose/effect

Review of health care engagement (Bright et al 2015)

- Engagement in: a 'patient' state – the internal experience expressed by observable behaviours
  - Being with what you are doing, participating beyond talk
  - Participation, contribution, persistence
  - Deliberate, intentional, effortful participation
- Engagement with: a process of connection between client and practitioner or service
  - Is relational
  - Can start before the service,
  - Collaboration, client-centred approach to care, co-established priorities,
  - Appointment keeping, compliance, collaboration with treatment

Proposed definition

- Engagement is a co-constructed process and state. It incorporates a process of gradually connecting with each other and/or a therapeutic program, which enables the individual to become an active, committed and invested collaborator in healthcare

Practitioner

- Persistence
- Caring attitude
- Active listening
- Client-centred approach
- Making information & activities meaningful
- Understanding the client’s perspective
- Co-established priorities
- Ability to create a climate of engagement
- Empathy
- Trust

Client

- Persistence
- Positive stance to intervention
- Collaborative stance
- Appointment keeping
- Perceived usefulness of intervention
- Being open to communication
- Initiation of activity
- Respect & appreciation
- Commitment
- Effort
- Willingness
- Trust

Bright et al 2015
What about in paediatrics

- Engagement requires the child and family/caregiver
- Both, one or neither may be engaged...
- Importance of the quality of engagement in the health care interaction to the quality of the outcomes has long been acknowledged
  - ...but rarely measured

Engaging with
(D’Arrigo et al 2017)

Facilitating engaging with through application of self-determination theory

- Supporting autonomy
  - Collaborative goal setting, opportunities for choice
- Supporting relatedness
  - Quality of therapeutic relationship – building rapport and a therapeutic alliance
- Supporting competence
  - Observing changes, providing opportunity for challenge and mastery

Engaging in
(D’Arrigo et al 2017)

A multifaceted state of affective, behavioural and cognitive commitment or investment in therapy (p. 342)

- Affective:
  - emotional connection, positive affect, excitement, enthusiasm, joy, interest, energy, alertness
- Behavioural:
  - asking questions, sharing thoughts, positive body language, uptake of recommendations
- Cognitive:
  - effort, readiness for change, perceived need for intervention

Development of a measure
(King et al. 2017)

- Conceptualised engagement as a process and optimal client state
  - See page 2 of paper for diagram of conceptualisation

Pediatric Rehabilitation Intervention Measure of Engagement - Observation

- PRIME-O: King, et al. (2015, research version)
- Client items – extent of
  - Client interest and enthusiasm
  - Client use of strengths based language
  - Client openness to what is being said and done
  - Client overall comfort and confidence in engaging with service provider
- Practitioner items – extent of
  - Provider interest and enthusiasm
  - Provider use of strengths based language
  - Provider overall comfort and confidence in engaging the client
  - Provider listening/communication behaviours
- Client-provider interaction items – extent of
  - Overall warmth of the interaction
  - Collaborative nature of the interaction

Strategies to support engagement

- Study with youth with physical disabilities (Smart et al. 2016)
  - Qualitative design, repeated semi-structured interviews
- Strategies
  - Affective
    - Building a relationship on familiarity and reciprocity
    - Guiding the program using youth preferences & strengths
  - Cognitive
    - Assisting youth to envisage meaningful change
    - Using youth learning styles
    - Promoting awareness of goal progress
  - Behavioural
    - Ensuring youth access to resources
    - Provide youth with multiple decision opportunities
    - Enable youth to showcase capabilities
Does the intervention focus matter?

- Health Condition (disorder/disease)
- Body function & structure (Impairment)
- Activities (Limitation)
- Participation (Restriction)
- Environmental Factors
- Personal Factors

...do our ideas about engagement differ accordingly... or not?

Paediatric therapy

- Health Condition (disorder/disease)
- Body structure & function
- Interventions targeting the physiological, anatomical, psychological domains
- Environmental Factors
- Personal Factors

Activity-based interventions

- 'use it or lose it', 'learn what you practice'

Paediatric therapy

- Health Condition (disorder/disease)
- Body function & structure (Impairment)
- Activities (Limitation)
- Participation (Restriction)
- Environmental Factors
- Personal Factors

Paediatric therapy

- Health Condition (disorder/disease)
- Body function & structure (Impairment)
- Activities (Limitation)
- Participation (Restriction)
- Contextual factors: Individualised goal setting, just right challenge, getting a good person-environment 'fit'
- Environmental Factors
- Personal Factors

Paediatric therapy

- Health Condition (disorder/disease)
- Body function & structure (Impairment)
- Activities (Limitation)
- Participation (Restriction)
- Participation-based
- Person situated in real-life contexts; transactions focused to ensure facilitative experiences, resilience & socialisation focused outcomes
- Environmental Factors
- Personal Factors
A transactional framework for rehabilitation

- Focuses on the shift in rehabilitation research/practice to ‘real world’ contexts
  - Where participation and environment are in focus more than body function and activity
- Requires a broader/deeper awareness of the lives of children and families and of the transactional processes of change over the life course

King, Imms, Stewart, Freeman, Nguyen. (2017) Disabil & Rehab

Why should we change

- Living with a lifelong impairment requires multiple ongoing adjustments and adaptations across the life span, as contexts, activities, processes and people change
- There can be a focus on socialising children and families to rehabilitation/therapy rather than to their situations and contexts

Engagement in therapy

- Engagement should be given special consideration in therapeutic interventions
- It will shape how the child and family and practitioner experience the intervention
- Which may contribute to differential effects of interventions
  - Provided in differing contexts
  - Provided to different children / families
  - Provided at different developmental stages

Engagement in therapy

- If therapy is situated in real life contexts, then engagement will be in other life situations, not ‘therapy’
- ‘Therapy’ will be
  - About seeking opportunity structures and experiences to support participation attendance and involvement
  - Focused on naturally occurring transactions and supporting in-context experiences and capacity development in situ
- Practitioner’s roles will be as
  - Advocates, knowledge brokers, collaborators, facilitators, educators, coaches
  - …not experts doing to

Engagement in therapy

- If therapy is a special life situation, then maximising outcomes in the minimum time period might be imperative
- If involvement is defined as engagement, persistence, affect and perhaps social connection, then current literature suggests that
  - Engagement can be supported as both as a process and a state, and the state of engagement includes
  - Persistence and Affect (which can be further described as affective, cognitive, behavioural engagement) and
  - Social connection is a critical component of the therapeutic relationship

Thank you
References


