AUTHENTIC ENGAGEMENT:
THE NATURE AND ROLE OF THE RELATIONSHIP
AT THE HEART OF EFFECTIVE PRACTICE

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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

• Evidence regarding the role and nature of relationships
• The neurobiology of interpersonal relations
• Key features of effective relationships
• Challenges in authentic engagement
• Conclusions
THE ROLE AND NATURE OF RELATIONSHIPS
NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS

THE EMOTIONAL LIFE OF YOUR BRAIN
HOW ITS UNIQUE PATTERNS AFFECT THE WAY YOU THINK, FEEL, AND LIVE—AND HOW YOU CAN CHANGE THEM

The Neuroscience of Human Relationships
Attachment and the Developing Social Brain
Louis Cozolino

SOCIAL
Why our brains are wired to connect

THE SCIENCE OF THE ART OF PSYCHOTHERAPY

The Developing Mind
How Relationships and the Brain Interact to Shape Who We Are
Daniel J. Siegel

WHY THERAPY WORKS
USING OUR MINDS TO CHANGE OUR BRAINS

THE NEUROSCIENCE OF PSYCHOTHERAPY
HEALING THE SOCIAL BRAIN
Louis Cozolino

SYNAPTIC SELF
• Our brains are designed to respond to and be influenced by others: *we are wired to be social*

• The brain has a network devoted to mindreading others: we have an unparalleled ability to understand the actions and thoughts of those around us, enhancing our ability to stay connected and interact strategically

• When human beings experience threats or damage to their social bonds, the brain responds in much the same way as it responds to physical pain

NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS

• Research on the neurobiology of interpersonal relationships has shown that our brains constantly communicate with other people’s brains via subconscious high-speed pathways

• These enable us to register others’ feelings and states of mind, and enables them to register our’s, which is why we cannot fake being interested, caring or empathetic

• We are intensely social creatures, and our brains are shaped by relationships, for good or otherwise

• This is particularly true for children, but relationships continue to play an important role in shaping our health and well-being throughout our lives
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
TWO MODES OF INTERPERSONAL COMMUNICATION

• 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

• Our brains constantly communicate with other people’s brains via subconscious high-speed pathways

• The second is a set of later-evolving slower systems involved in conscious awareness that eventually gave rise to narratives, imagination, and abstract thought
TWO MODES OF INTERPERSONAL COMMUNICATION (cont)

- The difference in processing speed between the fast and slow systems is approximately one half second: while it takes 500 – 600 milliseconds for brain activity to register in conscious awareness, our brains process sensory, motor, and emotional information in 10-50 milliseconds

- 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
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.

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)
NEUROBIOLOGY OF INTERPERSONAL RELATIONSHIPS

• The subconscious pathways enable 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.
Secure attachment and right brain development
(Allan Schore, adapted from Trevarthen, 1993)
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

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

- Lessons from vulnerable families
- Research on psychotherapy efficacy
- Research on effective help-giving practices
- Research on family-centred practice / family-centred care
- Research on family partnership training
- Community practice
- 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 & Ghale, 2005; Winkworth et al., 2009, 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 (Froom, 2003; Ghale & Hazlitt, 2002; Oxford, 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 2005 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; Vincent, 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 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 (Brackert, 2007; Brackert & Mendyhr, 2008; Skee, 2008).

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 (Skee, 2008). This changed perspective has considerable implications for services and service systems.
WHAT VULNERABLE FAMILIES NEED

Reviews of the evidence (Centre for Community Child Health, 2010; Moore et al., 2012) suggest that 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.
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
• 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.’
BELIEFS

Both parental and professional beliefs play an important mediating role in achieving positive outcomes in helping relationships:

**Parental beliefs**

- Belief in the intervention plan (placebo effects)
- Belief in personal ability to implement the intervention as planned

**Professional beliefs**

- Belief in the efficacy of the intervention (social validity)
- Belief in the parent’s ability to implement the plan
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.
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**


**Family Partnership Model**

COMMUNITY-CENTRED PRACTICE

- At the community level, engagement and partnering involve the relationship between a service system and groupings of community members.

- The same principles and practices that have shown to be effective in engaging and empowering families at an individual level are also effective at community levels – community centred-practice is family-centred practice at a group level.

KEY FEATURES OF EFFECTIVE RELATIONSHIPS
Relationships have a dual quality or function: they are both a means to an end and an end in themselves.

They are a means to an end in the sense that it is through relationships that children (and adults) learn, develop and change.

And they are an end in themselves in that relationships do not just lead to a better quality of life, they are quality of life.

Westley, Zimmerman and Patton (2005)
KEY FEATURES OF EFFECTIVE RELATIONSHIPS

- 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.

- Engagement is thus a necessary but not sufficient condition for creating change or for being an effective helper – the engagement relationships is the medium through which effective learning / change / programs can be delivered.
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
Effective relationships have universal properties – they constitute a ‘psychosocial fractal’ (Moore, 2006)

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
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.
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

• Using strength-based practice is harder than it looks – our default approach is to see the mistakes and missed opportunities rather than the positives

How not to try and fix every problem

• When we give people time and listen attentively, people can often find their own solutions to many of the challenges they face

https://www.youtube.com/watch?v=-4EDhdAHrOg
CHALLENGES TO AUTHENTIC ENGAGEMENT (cont)

How to know if we are engaging parents effectively

• We need to get regular feedback from parents to ensure that we are still targeting the issues that are of most importance to them and supporting them in ways that they are comfortable with.

How to building genuine partnerships with parents

• In order to build genuine partnerships, we need to share information and power – and trust both the process and the person.

How to plan and design services with parents

• Using co-design / co-production strategies to plan, design, deliver and evaluate services with parents.

• Tasmanian Child and Family Centres (Prichard et al., 2015; McDonald et al., 2015; Taylor et al., 2015)
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.
How to reconcile relationship-based processes and evidence-based practice


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.
RELATIONSHIP BUILDING
Attunement / responsiveness / authenticity

AGREED OUTCOMES
Issues most salient to and valued by clients

AGREED STRATEGIES
Strategies most acceptable to and useable by clients

PROCESS MONITORING
Are the strategies working as intended?

OUTCOMES REVIEW
Have we achieved the agreed outcomes?

OUTCOME SELECTION PROCESS

STRATEGY SELECTION PROCESS

IMPLEMENTATION PROCESS

OUTCOME MONITORING PROCESS

EVIDENCE-INFORMED DECISION-MAKING FRAMEWORK
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.
INTEGRATED SERVICE DELIVERY 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.
CONCLUSIONS
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.

- The evidence-informed decision-making framework incorporates the key features of effective help-giving into a decision-making process that includes evidence-based strategies and outcomes-based monitoring.
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

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