



Family Empowerment as a Mediator between System of Care and Changes in Child Functioning: Identifying an Important Mechanism of Change

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Acknowledgements

- This research was supported by a grant from the Child, Adolescent, and Family Branch of the Center for Mental Health Services within the U.S. Department of Health and Human Services (#SM52085-06). We are grateful to the entire staff of the System of Care Demonstration Sites for their help in data collection, entry, and checking. We also would like to thank the children and families who participated in and dedicated their time to this study.

Background

- The emerging trend toward positive psychology: Shifting from deficit-based to asset-based
- Family-centered SOC philosophy (Stroul & Friedman, 1994) and research findings
- Essential role of families



Past Research

Family empowerment research

- Focus on capacity building strategies (Dunst & Trivette, 1986; 1996)
“It may not just be [a matter] of whether needs are met but rather the manner in which mobilization of resources and support occurs that is a major determinant of...empowering families.”
- Only one study specifically aimed to increase empowerment (Heflinger, Bickman, Northup, & Sonnichsen, 1997)



Past Research

- **Cross-sectional studies**
 - Singh et al., 1997
- **Longitudinal studies**
 - Resendez et al., 2001
 - Taub, Tighe, & Burchard, 2001



Goal of Current Study

- What is it about delivering services consistent with the system of care philosophy that leads to better outcomes?
 - Is family empowerment within the system of care philosophy a specific **mechanism** of change above and beyond what can be accounted for by perceived adherence to family-centered care?

Method



Participants

- Participants were drawn from one site (Guilford County) from the NC FACES (North Carolina Families and Communities Equals Success) grant communities funded by the Center for Mental Health Services in 1997 as part of the Comprehensive Mental Services for Children and their Families Program
- $N = 79$ children and caregivers who met the eligibility criteria for participation in the outcome study, which included:
 - a) being between the age of 5-and 18-years-old at intake,
 - b) being a local county resident,
 - c) having a clinical diagnosis,
 - d) being separated or at risk of being removed from the home, and
 - e) having multiple agency needs.

Participants

- Age of Children: $M = 12.05$ ($SD = 2.53$)
- 75% male; 25% female
- 55% African American; 36% European American; 9% Hispanic or "Other"
- 78% in the custody of at least one biological parent; 3% grandparents; 5% adoptive or foster parents; 3% other relatives; 11% were in state custody (i.e., child welfare services)
- 45% total family income under \$15,000; 55% above \$15,000

Procedures

- Evaluation component coordinated by ORC MACRO where children and caregivers are interviewed on a variety of instruments at baseline and at six-month intervals thereafter over a three-year period.
- 2-hour In-Home interviews were conducted with the caregiver; 1-hour In-Home interviews were conducted with youth.
- Monetary incentives are provided to the respondents (\$25.00 for baseline interviews; \$30.00 for follow-up interviews).
- Where siblings were enrolled for system of care services, only one of the siblings was included in the longitudinal evaluation.

Measures

Demographic Information

- Demographic Information Questionnaire (DIQ; Center for Mental Health Services, 1997) - 37-items
 - Completed as part of the baseline evaluation interview

Family-Centered Care - Caregiver Report

- Wraparound Fidelity Index 2.0 (WFI; Burchard, 2001)
 - Two subscales utilized specifically related to family-centered care: Parent Voice/Choice and Cultural Competence
 - 3-point scale (0 = No, 1 = Sometimes, and 2 = Yes)
 - Summed composite score was created
 - Internal consistency (Cronbach's alpha) for the composite score was .79.

Child Functioning - Caregiver Report

- Child Behavior Checklist (CBCL) (Achenbach, 1991); 113 items
- T-scores from Total Problem Index
- 3-point scale (0=not true to 2=very/often true)

Family Empowerment - Caregiver Report

- Family Empowerment Scale (FES) (Koren et al., 1992); 34 items
- 5-point scale (1=not true to 5 = very true)
- Mean composite score calculated

Initial Analyses

● Phase One (Rogers, in press)

- Is the system of care philosophy linked with changes in child functioning over a one year period?
- How does adherence to the system of care philosophy influence consumer satisfaction?

● Results

- The degree of change in child functioning is associated with adherence to the system of care philosophy of service delivery
- Consumers of mental health services are more satisfied with services that are delivered consistent with the system of care philosophy
- Documents a more direct, empirical link between change in child functioning and adherence to the system of care philosophy.

Current Study

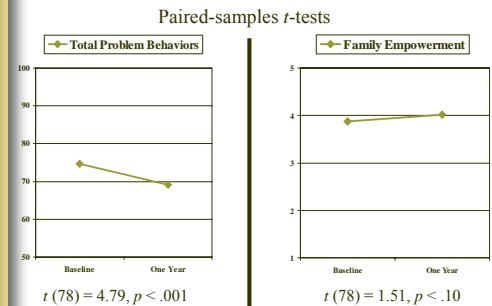
- **Phase Two**
 - Is family empowerment within the system of care philosophy a specific **mechanism** of positive change above and beyond what can be accounted for by perceived adherence to family-centered care?
- **Hypotheses**
 - Children's problem behaviors would decrease over a one-year period while levels of family empowerment would increase.
 - Greater perceived adherence to the family-centered element of the system of care philosophy would be linked to greater change in child functioning.
 - Greater levels of family empowerment would be linked to greater change in child functioning.
 - Family empowerment would mediate the relationship between family-centered care and change in child functioning.

Preliminary Correlational Analyses

- Family empowerment at T1 was correlated with family empowerment at T2 ($r = .45, p < .001$).
- Total problem behaviors at T1 were correlated with total problem behaviors at T2 ($r = .52, p < .001$).
- Family-centered care was correlated with family empowerment at T2 only ($r = .26, p < .05$), indicating that those families who feel more empowered also perceive greater levels of family-centered care.
- Total problem behavior at T2 (not at T1) was associated with both perceived adherence to family-centered care ($r = -.24, p < .05$) and family empowerment at T2 ($r = .26, p < .05$).

- Neither child age nor child gender were correlated with family empowerment, total problem behaviors, or perceived adherence family-centered care.
- Although family income was positively correlated with family empowerment at T1 ($r = .25, p < .05$), that relationship did not hold longitudinally, indicating that while income might be related to initial empowerment status, it is not an indicator of levels of empowerment after receiving services.
- Parental levels of education were unrelated to either family empowerment or perceived levels of family-centered care, but were linked with children's total problem behaviors at T1 only ($r = -.23, p < .05$), with lower levels of parental education predicting higher levels of total problem behaviors.
- As expected, there was a strong correlation between family income and parental education ($r = .62, p < .001$).

Hypothesis One



Hypothesis One Partially Confirmed

Hypotheses Two

- **Series of hierarchical multiple regressions**
 - (Baron & Kenny procedure to test mediation)
- **Regression One**
 - DV: Total Problem Behaviors One Year Later

Variable	<i>B</i>	<i>SE B</i>	β
Step 1			
T1 Total Problem Behaviors	.71	.15	.63***
Step 2			
Family-Centered Care	-1.77	.84	-.27*

* $p < .05$, *** $p < .001$.

Hypothesis Two Confirmed

Hypotheses Three

- **Regression Two**
 - DV: Total Problem Behaviors One Year Later

Variable	<i>B</i>	<i>SE B</i>	β
Step 1			
T1 Total Problem Behaviors	.72	.14	.56***
T1 Family Empowerment	.29	2.09	.02
Step 2			
T2 Family Empowerment	-6.28	1.85	-.37***

*** $p < .001$.

Hypothesis Three Confirmed

Hypotheses Four

- **Regression Three**

- DV: Total Problem Behaviors One Year Later

Variable	<i>B</i>	<i>SE B</i>	β
Step 1			
T1 Total Problem Behaviors	.72	.14	.56***
T1 Family Empowerment	.30	2.09	.02
Step 2			
T2 Family Empowerment	-6.28	1.85	-.37***
Step 3			
Family-Centered Care	-1.18	.82	-.19

*** $p < .001$.

Hypothesis Four Confirmed

Conclusions

- When examined separately, both family-centered care and family empowerment predicted decreases in children's problem behavior over a one-year period.
- However, once the variance accounted for by change in family empowerment was partialled out, family-centered care no longer directly predicted decreases in children's problem behaviors.
- Family empowerment is a mediator between family-centered care and changes in child functioning and is one mechanism of change for children who receive system of care-based services.

Conclusions

- Focusing on family empowerment can indirectly result in more positive child outcomes
- Additional attention and resources geared toward increasing family empowerment
 - Innovative training
 - Program development (Vanderbilt Family Empowerment Project Model)
 - Family support programs (parent-administered programs)
- Policy changes and recommendations for how service systems can foster family empowerment for children receiving system of care services.

Future Directions

- Does parent empowerment impact only specific outcomes?
- What about youth empowerment?
- Are there different ways to measure empowerment other than self-report?