

Using Family Perceptions to Shape the Research and Policy Agenda on Intervention Development

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Jeanne C. Rivard, Ph.D.
NASMHPD Research Institute (NRI)
66 Canal Center Plaza, Ste. 302
Alexandria, VA 22314
(703) 739-9333, ext. 146
jeanne.rivard@nri-inc.org

Ranilo M. Laygo, Ph.D.
ORC Macro
3 Corporate Square NE, Ste. 370
Atlanta, GA 30329
(404) 321-3211
ranilo.m.laygo@orcmacro.com

Context/Background

- Current analysis was conducted as one component of activities of the NRI Center for Mental Health Quality and Accountability. Mission to promote Q & A in state mental health systems.
- Integrating EBPs into service systems is one mechanism for achieving quality and accountability.
- Evidence-based practices in children's mental health – defined broadly as:
 - Practices that have been rigorously tested using controlled research designs,
 - Promising or emerging practices with research or evaluation results suggesting that the intervention may be effective, and
 - Practices that are highly valued by families, ethnic or cultural groups, and/or providers because of the perceived (and documented over time) positive impact on children and families.

- Meeting convened in August 2003: *Evidence-Based Practices in Children's Mental Health: Building Capacities for Implementation and Research*
- Partners in planning the meeting and attendees:
 - NASMHPD Research Institute
 - National Technical Assistance Center for Children's Mental Health of Georgetown University
 - Research and Training Center for Children's Mental Health Research - Florida Mental Health Institute
 - Annie E. Casey Foundation
 - Federation of Families, NAMI, NMHA, CHADD
 - Local family organizations and family members
 - State Directors of Children's Mental Health Services

Meeting participants endorsed an approach to advancing EBPs that:

- Is careful and thoughtful;
- Gives communities and families responsibility for selecting EBPs that fit with needs, context, culture, and values of their neighborhoods; and
- Imbeds EBPs in local service arrays within family-driven, quality-improvement oriented systems of care.

Purpose of the analysis

To utilize existing evidence on the perceptions of families to examine:

- Extent to which various types of services were received by children and families
- Extent to which these services actually met the needs of children and their families
- Factors associated with overall satisfaction with child progress

Methods

- Collaboration with ORC Macro in a secondary analysis of data collected in the CMHS-funded National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (Holden, Friedman, & Santiago, 2001; Manteuffel, Stephens, & Santiago, 2002)
- Design: Cross-sectional analysis of service variables at one point in time (First 6 months of enrollment in System of Care sites during 2002 and 2003)

Measures (National Evaluation Team, 2004)

- Descriptive Information Questionnaire
 - Demographic characteristics of children; number of problems; CBCL
- Multi-Sector Service Contacts
 - Services received during last 6 months
 - Extent to which services received met child's needs and/or the needs of the family (1 = Not at all, 2 = Somewhat well; 3 = Moderately well; 4 = Very well; 5 = Extremely well)
- Family Satisfaction Scale
 - Overall family satisfaction with services (1 = very dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very satisfied)
 - Satisfaction with child's progress in last 6 months

Results

Child Characteristics (N = 2167)

- Age: 0 – 22 years, Mean = 12 years, Mode = 14 years
- Gender: Boys – 67%; Girls = 33%
- Race/Ethnicity:
 - American Indian or Alaska native = 5.4%
 - Asian = .7%
 - Black or African American = 27.6%
 - Native Hawaiian or Other Pacific Islander = .5%
 - White = 60.7%
 - Other = 1.1%
 - Hispanic origin = 12.5%
 - Bi-racial or multiracial = 8.5%
- Number of problems: 0 – 27, Mean = 6.8
- CBCL: Internalizing = 61.4%; Externalizing = 76.4%

Services received and extent to which needs were met:

- 93% received services related to emotional or behavioral problems in prior 6 months
- Children received an average of 6 different services
- Following table show proportions of children/families that received 23 types of services, and responses to the questions, "How well did this service meet the child's needs and/or the needs of your family?"

Table 1. Services received and ratings of needs met – Sorted by percent that received

How well did this service meet the child's needs and/or the needs of your family?	Percent that received the service (n=2167)	Mean rating	S.D.
Individual therapy	73%	3.35	1.14
Case management services	70%	3.64	1.14
Medication treatment-monitoring services	66%	3.47	1.11
Assessment or evaluation services	58%	3.30	1.14
Family therapy services	36%	3.42	1.16
Group therapy	33%	3.29	1.11
Recreational activities	33%	3.80	1.04
Caregiver or family support services	28%	3.70	1.09
Flexible funds	24%	4.16	.96
Transportation services	23%	4.13	.93
Crisis stabilization services	18%	3.35	1.25
Behavioral therapeutic aide services	18%	3.53	1.10
Respite care	15%	3.80	1.15
Family preservation services	13%	3.50	1.14
After school programs or child care	13%	3.76	1.07
Day treatment	12%	3.40	1.30
Inpatient hospitalization	9%	3.00	1.26
Residential treatment center	9%	3.55	1.18
Therapeutic group home	6%	3.54	1.10
Therapeutic foster care	5%	3.59	1.14
Residential therapeutic camp or wilderness program	4%	3.77	1.09
Independent living services	3%	3.60	.98
Transition services	2%	3.87	1.10

Figure 1. Services Received by Met Needs

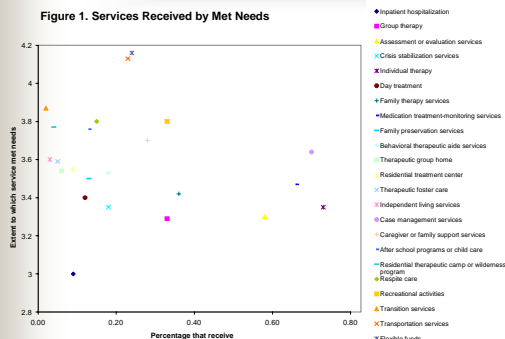


Figure 2. Results of Scatterplot of Services Used by Met Needs

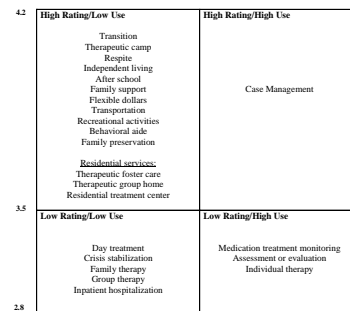


Table 2. Results of Logistic Regression: Factors associated with child progress at six months (dichotomized) n=655

	B	Sig.	Exp(B)
Age	-.02	.61	.98
Number of problems	.01	.63	1.10
Internalizing raw score	.00	.76	1.00
Externalizing raw score	-.06	.00	.94
Overall satisfaction	.74	.00	2.09
Rating of Medic. tx monitoring	.43	.00	1.54
Rating of Individual therapy	.40	.00	1.49
Rating of Case management	-.13	.23	.88
Number services received	-.05	.21	.95
Constant	-2.26	.003	.11

Conclusions

- There is a discrepancy between the supportive services valued by families and services they receive (*because support services not available, accessible, acceptable??*)
- Services with higher ratings of “met needs”, but lower use include:
 - Transition services
 - Therapeutic camp
 - Respite
 - After school
 - Family support
 - Recreational activities
 - Flexible funds
 - Transportation
 - Independent living skills

- Residential services meet family needs, but are proportionally low use
- Case management has high ratings and high use
- Although some of the traditional treatment services that have high use were rated lower in meeting needs, results of the logistic analysis showed that when families perceived that more progress was made by their children, they also rated individual therapy and medication-treatment monitoring as better meeting their child’s needs.
- Need to follow-up with more analyses that explore:
 - Families’ perceptions of why/why not certain services are used,
 - Why they meet needs, and
 - Outcomes of these.

Implications for Research, Policy, Programming

- Additional documentation/evidence that families report that these types of supportive services do meet their needs.
- Points to the need for further research to build/strengthen the evidence base of these child and family support-type services
 - Are they effective in comparison to no service, other services?
 - Are they cost-effective? Should we be putting more resources into these program areas?
- Indicates services to be prioritized for research and development as we move toward realizing a family-driven research and practice paradigm.

References

- Holden, E.W., Friedman, R., & Santiago, R.S. (2001). Special Issue: The national evaluation of the comprehensive community mental health services for children and their families program. *Journal of Emotional and Behavioral Disorders*, 9, 1-80.
- Manteuffel, B., Stephens, R.L., & Santiago, R. (2002). Overview of the national evaluation of the comprehensive community mental health services for children and their families program and summary of current findings. *Children's Services: Social Policy, Research, and Practice*, 5 (1), 3-20.
- National Evaluation Team at ORC Macro. (2004). CMHS National Evaluation: Data profile report: Appendix.