

# Discovering Parent Empowerment: Findings from Two Evaluations of Parent Advocate Trainings

Belinda H. Ramos, M.A.<sup>1</sup>, Geraldine Burton, F.D.C.<sup>1</sup>, Nicole McDonald, B.A.<sup>1</sup>, James Rodriguez, M.S.W., Ph.D.<sup>1</sup>, Kimberly Hoagwood, Ph.D.<sup>2</sup>, Marlene S. Radigan, Dr.PH.<sup>2</sup>, Sudha Mehta, M.PH.<sup>2</sup>, Chip McCormick, Ph.D.<sup>2</sup>, Serene Olin, Ph.D.<sup>1</sup>, Maura Crowe, M.A.<sup>1</sup>; <sup>1</sup>Center for the Advancement of Children's Mental Health, Columbia University/NYSPI, <sup>2</sup>New York State Office of Mental Health



## Introduction

Columbia University has developed a theory-based parent intervention program for family advocates intended to strengthen advocacy and support for parents of children with mental health needs in New York State. The Parent Empowerment Program (PEP) is a manualized training program that has been piloted with a group of family support workers from New York City and subsequently with a group of statewide parent advisors. These initiatives evaluated the impact of the training on their skills, knowledge, and sense of professional effectiveness. This poster presentation will provide quantitative and qualitative findings from these projects and outline the implications of training family support workers in empowerment and engagement strategies.

## Background

Despite advances in developing effective interventions for childhood mental health problems, significant gaps persist in families' access to and use of service

- Barriers include: lack of knowledge about service effectiveness, quality or availability of services, and distrust of professionals
- A development of a theory-based parent empowerment intervention was approached by Bickman, et al., (1998) to increase parent's self-efficacy in obtaining services for their children
  - No measure of behavioral change
  - Testing done on largely white, military families
  - No engagement of parents in developing and delivering the empowerment intervention
- PEP intervention combined the empowerment strategy and a community and collaboration strategy to train Family Support Workers (FSW's)
- FSW's are professionals trained to work with parents of children with special mental health needs to help them obtain mental health services for their children.
- PEP manual developed in 2001 by Columbia University staff, parent advocates from NYC, Utah, and CA.

## Methods

### Participants

- G1**
- N = 27 FSW's recruited from parent resource centers and family support programs in NYC
    - 15 Trained (T1) (4-drop)
    - 12 Comparison (T2) (1-drop)
  - N = 127 parents were recruited from the FSW's caseloads
    - 70 T1 parents
    - 57 T2 parents
- G2**
- N = 60 Parent Advisors from 3 regions of NYS
    - R1 Long Island Region N = 15
    - R2 Central/Hudson Region N = 23 (1-drop)
    - R3 Western Region N = 22 (2-drop)

### Procedures

- G1 trained over 10 consecutive weeks with monthly "booster" sessions for 1 year; optional parent handbook
- G2 trained over one week with bi-weekly 90 minute group conference calls for 5 months; additional 12 hour in-person "booster" session; parent handbook during consultation

### Measures

- G1: basic demographics, work setting and environment, mental health services efficacy, self assessment, knowledge assessment, focus groups, training evaluations; T1/T2 parents: depression index
- G2: mental health services efficacy, self assessment, family empowerment scale, job perception, adherence checklist, training evaluations

## Findings

### Evaluation

- Appraisals of the training were generally high
  - Trainees felt they...
    - gained new skills
    - learned new information
    - were satisfied
    - became more knowledgeable
    - improved as parent advocates
- Module training evaluation averaged 3.9 (range 0-4), overall training appraisals demonstrated high satisfaction (G1: 2.9, range 0-3) (G2: 4.65, range 1-5)
- Self-reported assessments indicate improvements over time for skills and knowledge key to the manual

Figure 1a: G1/T1 and G2 Pre-Post and 1 Year/6Mo Changes in Self Assessment

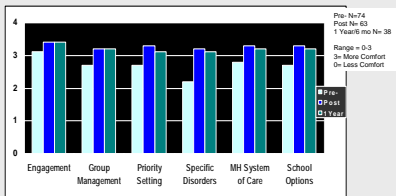


Figure 1b: Adherence Checklist: Sample of qualitative responses to open ended questions from G2 participants

- Q 20. Since the training do you feel you are operating differently in working with parents?**
- Empowerment**
    - " I try very hard to stay focused on empowering and educating instead of enabling the parent that I work with..."
  - Effectiveness**
    - " I think I am more aware of what I am doing... and more effective with parents. I am also more aware of the interactions as they relate to boundary issues. This helps me stay balanced and not burn out."
  - Listening**
    - "...I find myself listening to more of the story instead of heading for specific information."
  - Tools**
    - " I feel more secure in what I am talking about as well as having a concrete manual to go step by step with a parent. It makes me more professional and organized by presenting something in print."

### Challenges

- G1 participants had limited opportunity for direct parent contact: limited hours, competing job responsibilities and demands, high caseloads

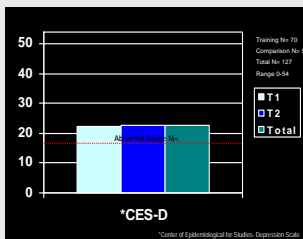
Figure 2a: G1 About You and Where You Work: FSW's are trying to fill in the gap between parents and services and are challenged in meeting the need

- Parent Participation 20%**
  - Lack of attendance in group support meetings
  - Transportation
  - Language barriers
- Lack of Resources/Support 24%**
  - Lack of financial support to agencies
  - High turnover rates with supervisor/administrators
  - Poor sense of support from within the agency
  - Meager resources based on program needs "Red Tape"
- Empowerment and Education 44%**
  - Training parents to advocate for themselves
  - Educating on diagnosis and medication
- Systems 28%**
  - Understanding the education system
  - Advocating for parents in treatment disagreements
  - Difficulties with the Foster Care System
- Service Delivery 12%**
  - Setting priorities with parents
  - Matching services with the parents particular needs
  - Assisting parents in achieving their goals

\*Percentages are based on number of advocates that reported these challenges

- G2 participants identified difficulties in working with parents with mental health needs themselves (as demonstrated with G1 participants), child service delivery systems, lack of services in rural areas

Figure 2b: Parent CES-D Scores: Of 127 G1 parents interviewed 82 (65%) received a 16 or higher on this scale. A score of 16 or higher is indicative of high depressive symptoms. Average score for parents 22.6



Address correspondence to: Kimberly Hoagwood, Ph.D., Columbia University, Division of Child and Adolescent Psychiatry, 1601 Riverside Drive, #7B, New York, NY 10032. hoagwood@columbia.edu

References: Bickman, L., East, E., & Kinoshita, L. (1991). The Vanderbilt Mental Health Self-Efficacy Questionnaire. Nashville, TN: Vanderbilt University. Bickman, L., Hoffinger, C.A., Northrup, D., Sonnenschein, S., & Schilling, S. (1998). Long term outcomes to family computer empowerment. *Journal of Child and Family Studies*, 7, 3, 289-297. Gilliam, C. et al. (2005). Organizational Climate Survey. Tennessee: The University of Tennessee Children's Mental Health Research Center.

This research was supported by grants from NIMH R34 MH071745 and OMH Coordinated Care Services, Inc.

### Impact

- Conversely, there was little impact on efficacy, a key outcome measure
- G1 participants demonstrated immediate increases post training that decreased after 1 year.
- G2 participants scores showed small gains post training, decreased at 6mo.
- No impact across time points for G1 caregivers
- Family empowerment measure for G2 showed no significant changes over the 6mo

## Lessons Learned: PEP Training and Delivery

- Key outcome measures were difficult to affect in light of FSW's challenges
- The program seemed geared to newer FSW's; more advanced training is necessary
- Participants felt role plays, group interaction, and topical discussions brought a strong sense of camaraderie
- A consistent theme throughout the various modules was difficult to ascertain
- The provided framework was insufficient in providing a clear directive for the topics and activities
- The goals and framework for the training need restructuring
  - Improve engagement strategies, empowerment strategies, and a clearer directive for effectively using content
  - Provide more "real to life" practice opportunities
  - Give ample opportunity for application in real work settings
  - Skills areas: Training should be made more relevant to challenges
  - Content areas: Training should be clearer about knowledge expectations

## Implications

Lessons learned in implementing PEP in G2 required a clear focus on re-developing the framework, fidelity measures, training model, and training strategies

### Next Steps...

- Integration of formalized engagement strategies
  - Engagement strategies now a core component
  - Mary McKay telephone engagement strategies combined with an empowerment through theatre strategy
    - These "Role Rehearsals" provide:
      - real to life vignettes
      - opportunity to practice engagement strategies
      - intensive trainer and peer supervision
  - Utilize engagement techniques for priority/goal setting
- Framework consistent with parent support principles and models of behavior change
  - Provides a rationale for understanding the work of parent support
  - A basis for honing in key skills

- A foundation for strategizing parent engagement
- Improved framework affords flexibility in adaptations to PEP curriculum in order to secure fidelity to fundamental principles (Olin, et al., 2007)

The overarching framework of PEP brings together what we know from the parent support field and behavioral science and combines them into strategies for helping parents

### Figure 3a: Parent Support Principles

- Parent Support...**
- Is Individualized.
  - Makes Connections.
  - Is Respectful and Culturally Competent.
  - Builds Skills.
  - Builds Knowledge.
  - Is Engaging.
  - Problem Solves.
  - Focuses on Outcomes and Success.
  - Broadens Horizons.
  - Promotes Advocacy.

### Figure 3b: Factors that Lead to Change

- Provide/teach knowledge and skills
- Address environmental constraints
- Increase salience (behavior recognition)
- Form new habits and automatic processes
- Address behavioral intentions (attitudes, expectancies, social norms, self concept, affect, self-efficacy)

### 3. Fidelity Measures

- Adherence measure modified to key components derived from the combined theoretical framework
  - Measure developed to check for training utilization
  - Evaluative component for trainer fidelity
- 4. Training Model**
- Trainers edition created as the central element for training
    - Role Rehearsals Book
  - Parent Advocate Manual remodeled into a pre-required reading textbook
  - Parent Advocate Workbook with activities for working with parents (consultative period)

Figure 4: Parent Empowerment Training Model

<b>Parent Empowerment Program Trainer's Edition</b>	<ul style="list-style-type: none"> <li>Delivered by PEP trainers</li> <li>40 hours of training with various modules</li> <li>Directives and activities for running trainings</li> <li>Directives for facilitating booster/consultation sessions</li> </ul>
<b>Parent Empowerment Program Role Rehearsals Book</b>	<ul style="list-style-type: none"> <li>Booklet of case vignettes for training</li> <li>Provides options for trainers</li> <li>Provides practice opportunities for listening, engaging, priority setting, running groups</li> </ul>
<b>Improving Children's Mental Health Through Parent and Community Empowerment: Parent Advocates Guide</b>	<ul style="list-style-type: none"> <li>Pre-required textbook reading</li> <li>Covers content related to the 40-hour training</li> <li>Can be used in isolation or as part of PEP training</li> </ul>
<b>Improving Children's Mental Health Through Parent and Community Empowerment: Workbook</b>	<ul style="list-style-type: none"> <li>Activities for working with parents</li> <li>Information that can be delivered to parents (specific disorders, medication issues, etc.)</li> <li>Resources</li> <li>Utilized during training and consultation phase</li> </ul>

Koran, P.E., DeChito, N., & Frazier, B.J. (1993). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37(4), 305-321. Olin, S., Crowe, M., Shuster, P., Hoagwood, K. (2007). School parent empowerment project: Improving children's mental health through parent, school, and community empowerment. Poster presented at the University of South Florida Research and Training Center, Tampa, FL.