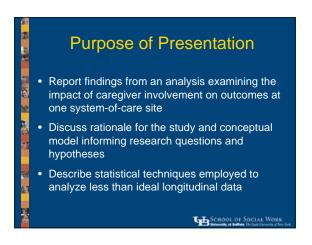
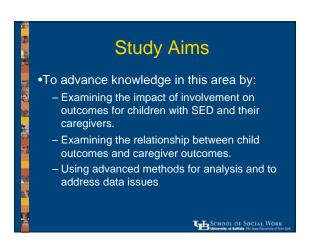
Caregiver Involvement: Service Planning and Positive Outcomes

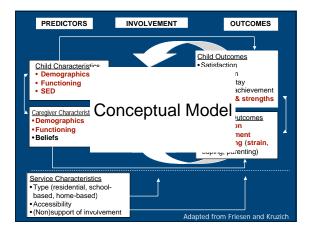
Adjoa D. Robinson, PhD

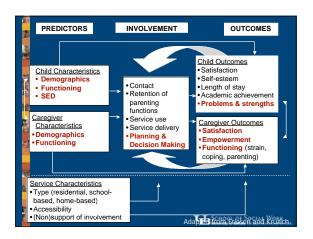
Presented at the
20th Annual Research Conference
A System of Care for Children's Mental
Health: Expanding the Research Base
Tampa, FL • March 5, 2007



Background: Why Caregiver Involvement? Trends in education and other human service fields Research in children's mental health promising, but limited Advocacy Policy







Research Questions

- 1. How do caregivers perceive their involvement in planning services and treatment?
- 2. Do child and caregiver outcomes vary by caregiver involvement in planning?
- 3. What is the relationship between child and caregiver outcomes?

SCHOOL OF SOCIAL WORK

Methods · Secondary data analysis • Oregon System-of-Care site • 5 waves · Primary caregivers of children receiving services in 2 systems • Self-report measures • Same respondent across waves SCHOOL OF SOCIAL WORK

Measures: Involvement in Planning

- Degree of Involvement ($\alpha = .86$)
- · To what extent:
 - Were you included in the planning of the most influential service/treatment your child received?
 - Was there a role for you in carrying out the treatment
 - Were you involved in reviewing the child's progress in treatment?
- Response choices
 - 4 "A lot", 3 "Some", 2 "A little", 1 "Not at all"

SCHOOL OF SOCIAL WORK

Measures: Outcomes

Child

- BERS Strengths Quotient (Epstein & Sharma, 1998) (α =
- Child Behavior Checklist (Achenbach, 1991)
 - Internalizing Problems (α = .79)
 - Externalizing Problems ($\alpha = .73$)

Caregiver

- Satisfaction (CMHS) (a = .87)
- Objective Strain (α = .73 -.91) (Brannan, 1997)
- Services Empowerment (α = .89) (Koren et al., 1992)

SCHOOL OF SOCIAL WORK

Data Preparation and Analysis Addressing Missing Data

- - Nonresponse
 - Conditional
 - Invalid
- · Random Imputation

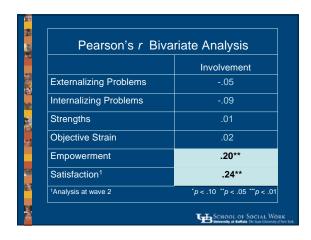
• Generali	zec	ı Est	ımaı	ing i	=qua	ation	S			
		% miss		% miss		% miss		% miss		% miss
involvement	73	29	84	19	61	28	42	38	29	37
empowerment	94	9.6	99	4.8	79	7.1	61	1.3	43	6.5
						ษ		LOF SO		WORK STORY of New York

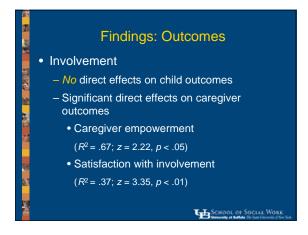


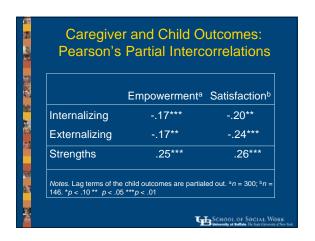
<i>N</i> = 104	N	%	
Male	76	73.1	
White	92	88.5	
Diagnosis			
ADHD	47	45.2	
Mood Disorder	18	17.3	
Referral Source			
Mental Health	58	55.8	
School	18	17.3	
Received care in-home	95	91.4	
	M	SD	Range
Age	14.3	2.8	5.6 – 17.
Presenting Problems	7.7	5.2	1 - 23
Services used prior to study	2.6	1.1	0 - 5
Diele feeteen	0.4	17	0 7

<i>N</i> = 104	N	%	
Female	91	87.5	
H.S. diploma or less	49	46.7	
Some college+	55	53.3	
Biological/Step-parent	86	82.7	
Biological mother has sole custody	49	47.1	
	M	SD	Range
Age	47	9.4	28.5 – 72
Household size	3.8	1.3	2 – 8
Family Risk Factors	3.0	1.5	0 - 5
Perceived adequacy of resources	3.6	0.6	1 - 5

Marie Wall	Findings: Involvement
10 CONTRACTOR 10	Caregivers ratings of perceived degree of involvement were relatively high 3.27 – 3.48
	 corresponding to "some" – "a lot" Higher Ratings for Involvement Caregivers of girls (z = -2.28, p < .05) Caregivers with more family resources
27 27	- Categorers with more family resources $(z = 2.04, p < .05)$ - Model $R^2 = .21$
Se de	SCHOOL OF SOCIAL WORK







PI	edictors of Child	Outcomes	
Outcome	Predictor	7	p
Strengths	Involvement	2.26	.0.
	Empowerment	01	r
	Involvement	.99	n
	Satisfaction	2.22	
Internalizing	Involvement	1.46	n
Problems	Satisfaction	-1.94	n
Externalizing	Involvement	3.09	n
Problems			.000
	Involvement	2.26	.0:
	Satisfaction	04	n

