Purpose of Presentation

- Report findings from an analysis examining the impact of caregiver involvement on outcomes at one system-of-care site
- Discuss rationale for the study and conceptual model informing research questions and hypotheses
- Describe statistical techniques employed to analyze less than ideal longitudinal data

Background: Why Caregiver Involvement?

- Trends in education and other human service fields
- Research in children’s mental health promising, but limited
- Advocacy
- Policy

Study Aims

- To advance knowledge in this area by:
  - Examining the impact of involvement on outcomes for children with SED and their caregivers.
  - Examining the relationship between child outcomes and caregiver outcomes.
  - Using advanced methods for analysis and to address data issues

Conceptual Model

- PREDICTORS
  - Child Characteristics
    - Demographics
    - Functioning
    - SED
  - Caregiver Characteristics
    - Demographics
    - Functioning
    - Beliefs
  - Service Characteristics
    - Type (residential, school-based, home-based)
    - Accessibility
    - (Non)Support of Involvement

- INVOLVEMENT
  - Contact
  - Retention of parenting functions
  - Decision Making

- OUTCOMES
  - Child Outcomes
    - Satisfaction
    - Achievement & strengths
  - Caregiver Outcomes
    - Satisfaction
    - Empowerment
    - Functioning (strain, coping, parenting)
  - Length of stay
  - Academic achievement
  - Problems & strengths

Adapted from Friesen and Kruzich
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?

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

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 or service?
  - 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'

Measures: Outcomes

Child
- BERS Strengths Quotient (Epstein & Sharma, 1998) ($\alpha = .98$)
- Child Behavior Checklist (Achenbach, 1991)
  - Internalizing Problems ($\alpha = .79$)
  - Externalizing Problems ($\alpha = .73$)

Caregiver
- Satisfaction (CMHS) ($\alpha = .87$)
- Objective Strain ($\alpha = .73 -.91$) (Brannan, 1997)
- Services Empowerment ($\alpha = .89$) (Koren et al., 1992)

Data Preparation and Analysis

- Addressing Missing Data
  - Nonresponse
  - Conditional
  - Invalid
- Random Imputation
- Generalized Estimating Equations

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FINDINGS
Findings: Involvement

- Caregivers' ratings of perceived degree of involvement were relatively high
  \[3.27 \text{ to } 3.48\]
  Corresponding to “some” – “a lot”

- Higher Ratings for Involvement
  - Caregivers of girls \((z = -2.28, \ p < .05)\)
  - Caregivers with more family resources
    \((z = 2.04, \ p < .05)\)
  - Model \(R^2 = .21\)

Findings: Outcomes

- Involvement
  - No direct effects on child outcomes
  - Significant direct effects on caregiver outcomes
  - Caregiver empowerment
    \((R^2 = .67, \ z = 2.22, \ p < .05)\)
  - Satisfaction with involvement
    \((R^2 = .37, \ z = 3.35, \ p < .01)\)

Pearson's \(r\) Bivariate Analysis

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Notes: Lag terms of the child outcomes are partialed out. \(n = 300; \ n_p = 146; \ p < .10^{*} \ p < .05^{**}\) \(p < .01^{***}\)
Multivariate Analysis: Predictors of Child Outcomes

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Summary of Findings

Discussion – What does it mean?

- Contributions
- Implications
  - Practice – assessment as intervention
  - Policy – continued funding
  - Education – family provider partnerships
  - Future Research
    - Larger more diverse sample
    - Mechanisms of change
    - Fit

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