



The Ohio State University

Center for Family Research

**Family Empowerment and the Impact of Parent Advocacy on the Families of
Youth with Significant Behavioral Health Care Needs**

**Stephen M. Gavazzi, Scott D. Scheer, Courtney M. Yarcheck-Gavazzi,
Suzanna Twining, Robbi Helser, Il An Kwon, Jason Sullivan, Deborah Wasserman**

Executive Summary

- Of the 517 terminated cases in the FAST\$05 outcomes database, a total of n = 70 cases (13.5%) utilized some sort of **Parent Advocate**. The main intent of this report is to provide information regarding the impact of parent advocacy on outcomes related to the FAST\$05 Project.
- Initial evidence regarding outcomes related to parent advocacy was mixed. Families with a parent advocate who were not at risk of placement at enrollment experienced less placement risk at the end of services than families without an advocate. However, those families without a parent advocate who were at risk of placement at enrollment experienced less placement risk at the end of services than did families with an advocate.
- These mixed results were attributable at least in part to the level of behavioral health care needs displayed by youth at time of enrollment. Analyses of Ohio Scales scores revealed that parent advocates were beginning their work with youth displaying **significantly greater Problem Severity and significantly less Functioning abilities** in comparison to those youth enrolled in the FAST program that did not have parent advocates assigned to their cases.
- Also, adult caregivers with a parent advocate reported significantly greater empowerment at the time of enrollment than caregivers without an advocate. By the end of program participation these differences disappeared, suggesting that **family empowerment occurred as the result of participation in the FAST Program itself** instead of being tied to any single service enhancement such as parent advocacy.
- Although further study of family empowerment and parent advocacy clearly is warranted, these results augment other findings noting that FAST\$05 participation coincided with **solid gains in family and youth well-being indicators**.



Family Empowerment and the Impact of Parent Advocacy on the Families of Youth with Significant Behavioral Health Care Needs

Out of 2,160 youth enrolled in the FAST05 Project, a total of 517 youth were terminated in MACSIS at the time that data were compiled for the first outcomes report on FAST-related activities. Although family empowerment was thought to be an important FAST program activity, very little information had been analyzed regarding the role that parent advocacy played in the outcomes associated with this project.

The present report is designed to set the stage for additional reporting and analysis of specific parent advocacy efforts. Of the 517 cases in the outcomes database, a total of $n = 70$ cases (13.5%) utilized some sort of Parent Advocate in the FAST program effort. The main intent of this report is to provide initial answers to the question “How did the presence of a parent advocate matter?”

The Presence of a Parent Advocate and Risk of Placement

Table 1 indicates that the vast majority of families benefited from involvement in the FAST program from the standpoint of moving from at-risk of placement status at the time of enrollment (Time 1) to no longer being at-risk of placement at time of termination (Time 2). This is consistent with the March 9, 2006 outcomes report that already reported information on

threat of out-of-home placement at time of enrollment (Time 1) and termination (Time 2) was available on 405 youth.

In this previous report, it was noted that:

A total of 302 youth (75%) were at risk of out-of-home placement at the time of enrollment in the FAST\$05 Project, almost exactly the same percentage as in the overall sample of youth enrolled in this program.... (and) a total of 221 youth were no longer at risk of placement outside of the home at the time of termination from the FAST\$05 Project, a 73% reduction in risk status that was statistically significant (McNemar's $\chi^2 = 147.85$ $p < .001$).

What was not done in that prior report, however, was a further examination of the extent to which the presence and participation of a parent advocate mattered in the midst of the overall positive findings.

Table 1: Child at risk for out-of-home placement Time 1 * placement risk at Time 2

Count			placement risk termination		Total
Parent Advocate Used?			NO/NA	YES	
NO	this child is currently at risk for out-of-home placement.	NO	73	13	86
		YES	192	58	250
	Total		265	71	336
YES	this child is currently at risk for out-of-home placement.	NO	17	0	17
		YES	29	23	52
	Total		46	23	69

Our attempt to understand the impact of parent advocates began with the examination of “at-risk of placement” status between those families that did and did not have a parent advocate. At first glance, there seems to be evidence in support of parent advocacy, in that 0% of the families with a parent advocate who were not at risk of placement at Time 1 ($n = 17$) were not at risk of placement at Time 2. This is compared to the fact that 13 out of the 73

families (18%) without a parent advocate who were not at risk of placement at Time 1 became at risk of placement at Time 2.

On the other side of the coin, however, the rate of overall success in being “not at risk of placement” at the end of services would seem to favor those families who did not have an advocate. Here, 265 out of 336 families without a parent advocate were not at risk of placement at the end of services (generating a 79% overall success rate), in comparison to 46 out of 69 families who had a parent advocate not being at risk of placement at the end of services (generating a 67% success rate). More pronounced are the results for families at risk of placement at Time 1. Of the 250 non-advocate families at risk of placement at Time 1, 192 were not at risk at Time 2 (77%). In contrast, of the 52 advocate families at risk of placement at Time 1, only 29 (56%) were not at risk at Time 2.

Youth Problem Severity and Functioning levels at Time 1 (enrollment)

In a next step toward further understanding the mixed success rates for families with advocates as compared to those without advocates, the attempt was made to examine baseline differences between the two groups at the time of enrollment. Ohio Scales data were used to compare the groups on two baseline indicators of youth well being (Problem Severity and Functioning levels).

Using t -test analysis procedures, Time 1 scores on variables concerning youth Problem Severity levels were compared between the groups of families with and without a parent advocate. Regarding youth reports, there was a significant difference ($t = 2.69$, $p < .01$) in Problem Severity ratings, in that youth with a parent advocate reported significantly greater Problem Severity ($\bar{x} = 29.5$) in comparison to youth without a parent advocate ($\bar{x} = 21.6$).

Parent reports also indicated a significant difference ($t = 2.06$, $p < .05$) in Problem Severity ratings, in that youth with a parent advocate were reported to be displaying significantly greater Problem Severity ($\bar{x} = 36.0$) in comparison to youth without a parent advocate ($\bar{x} = 30.0$).

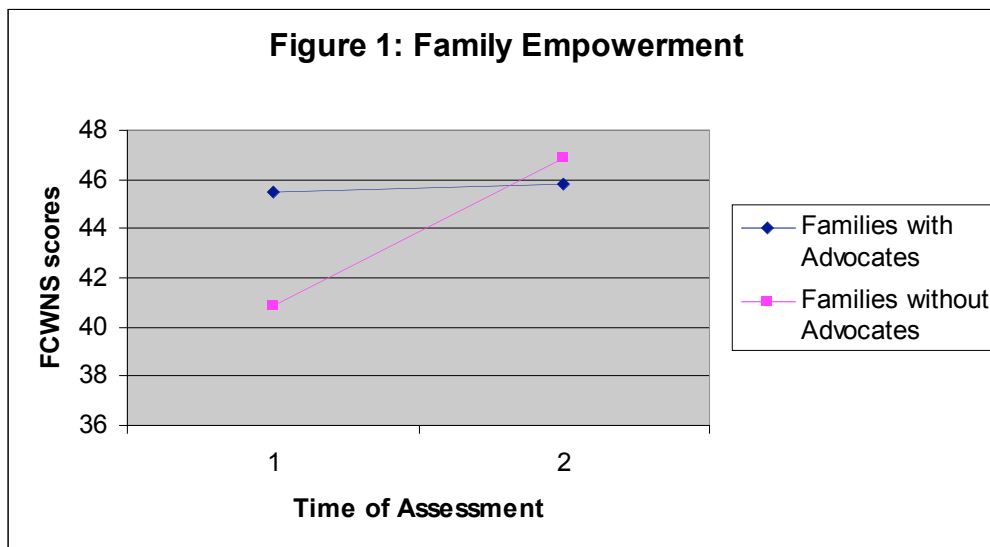
T-test procedures also were employed in order to examine potential differences in Time 1 scores regarding youth Functioning levels. Regarding parent reports, there was a significant difference ($t = 3.35$, $p < .001$) in Functioning ratings, in that youth with a parent advocate were reported to be displaying significantly less overall Functioning ($\bar{x} = 33.0$) in comparison to youth without a parent advocate ($\bar{x} = 43.0$). Worker reports also indicated a significant difference ($t = 3.06$, $p < .01$) in Problem Severity ratings, in that youth with a parent advocate were reported to be displaying significantly less overall Functioning ($\bar{x} = 34.9$) in comparison to youth without a parent advocate ($\bar{x} = 42.4$).

In combination, these results indicate that parent advocates were beginning their work with youth displaying significantly greater problems and significantly less Functioning abilities in comparison to those youth enrolled in the FAST program that did not have parent advocates assigned to their cases. Hence, the difference in success rates between families with and without parent advocates could be attributed at least in part to the fact that the parent advocates were working with youth displaying significantly more behavioral health care issues at the time of enrollment.

A critical next step in our attempt to better understand program success for those cases that did and did not include a parent advocate would be to employ paired t-test analysis procedures in order to examine Time 1 and Time 2 differences on these variables. Regrettably, the very small number of cases that contain matched Ohio Scales at enrollment and termination precluded our conducting such analyses at the present time.

Family Empowerment

Fortunately, the relatively large numbers of matched scale scores regarding the project's measure of family empowerment levels did allow for further analyses that could include the employment of paired t -test analysis procedures. The Family Caregiver Wants and Needs Scale (FCWNS), based on a set of items adapted from the psychoeducational work of Fristad and Gavazzi¹, assessed the adult family caregiver's access to services and professionals that were supportive, non-blaming, and otherwise contributed to the belief that family members were given a "voice" in the planning and treatment process.



First, independent t -test analysis procedures indicated a significant difference ($t = 2.35$, $p < .05$) between Time 1 family empowerment scores for those families with a parent advocate ($\bar{x} = 45.5$) in comparison to families without a parent advocate ($\bar{x} = 40.9$). By the end of

¹ Goldberg-Arnold, J. S., Fristad, Mary A., & Gavazzi, S. M. (1999). Family psychoeducation: Giving caregivers what they want and need. *Family Relations*, 48, 411-417.

program participation, however, the significant differences between these two groups disappeared, as noted in Figure 1. A paired samples t -test using the FCWNS scores indicated a significant increase ($t = 3.25$, $p < .001$) in family empowerment by the time of termination ($\bar{x} = 46.9$), generating evidence that the families without a parent advocate were able to experience family empowerment at levels similar to those families that were supplied with an advocate.

Because the FAST Program itself was designed to develop and sustain a considerable focus on family-specific issues, the evidence seems to suggest that family empowerment may be occurring as the result of participation in the initiative itself, rather than being tied to any single service enhancement offered through the program, such as the involvement of a parent advocate. In addition, further study of issues surrounding the meaning and measurement of family empowerment is underway at this time. Among other things, an examination of the psychometric properties of the FCWNS instrument is being conducted that will generate evidence regarding its reliable use with this clinical sample, as well as further information about its concurrent and predictive validity properties.

Summary

Further study of family empowerment and parent advocacy clearly is warranted. An immediate question that may arise for some readers of this report concerns the relatively low percentage of families that used an advocate. Unknown at this time is whether the percentage is a reflection of how often families are offered advocacy services, or how often families take advantage of advocacy services even when they are offered, or whether this is an artifact related to the characteristics of those families that had termination data available at the time that the first outcomes database was constructed. Additional information on families that have terminated from the FAST\$05 Program since the time that the last outcomes database was

constructed undoubtedly will strengthen our ability to answer such questions with greater confidence.

The increased sample size of the database also will allow our evaluation team to conduct additional appropriate statistical analyses, especially with regard to changes between time of enrollment and time of termination. Further, these very preliminary findings should draw attention to the need for more data to be collected and analyzed about potential within-group differences that may be tied to variation in specific types and amounts of advocacy efforts, among other potential factors. At the same time, the results reported in this study augment other findings that supported the notion that FAST\$05 participation coincided with solid gains in family and youth well-being indicators.