

# **Empowering Families:**

## **Evaluation of a New York State Training Program for Parent Advisors**

**2007 Annual APHA Meeting & Exposition in Washington, DC**

**November 3-7, 2007**

**Sudha Mehta, MPH<sup>1</sup>, Marleen S. Radigan, DrPH<sup>1</sup>, Belinda H. Ramos, MA<sup>2</sup>, Geraldine Burton, FDC<sup>2</sup>, Nicole McDonald, BA<sup>2</sup>, James Rodriguez, MSW, PhD<sup>2</sup>, Chip McCormick, PhD<sup>1</sup>, Serene Olin, PhD<sup>2</sup>, Maura Crowe, MA<sup>2</sup>, Kimberly Hoagwood, PhD<sup>1,2</sup>**

**<sup>1</sup>New York State Office of Mental Health**

**<sup>2</sup>Columbia University/NYSPI**

# Introduction

The Parent Empowerment Program, State Initiative (PEP-S.I.) is a training initiative funded by the New York State Office of Mental Health (OMH) and the Department of Education.

It is an education and support program developed by the Mental Health Association of NYC, in collaboration with researchers from OMH and Columbia University, to improve knowledge about children's mental health, strengthen advocacy skills among parent advisors, and assist them in their work with parents of children with mental health needs.

This poster presentation describes results from an evaluation of a training program for parent advisors in 3 regions of the state.

# Objectives

To examine pre/post and 6 month changes in self efficacy, skills, empowerment, job functioning, and job satisfaction among Parent Advisors who participated in the training.

To describe changes in general knowledge, development of an adherence checklist, and results from the overall evaluation of the trainings.

# 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
- Previous studies have examined the importance of parent empowerment as a way to enhance families' access to and use of services. Bickman, et.al.,(1998) developed a theory-based parent empowerment intervention to increase parent's self-efficacy in obtaining services for their children. This study was limited by several factors:
  - No measure of behavioral change
  - Testing done on largely white, military families
  - No engagement of parents in developing and delivering the empowerment intervention

## **This study extends previous research by:**

- Combining the empowerment strategy and a community and collaboration strategy to train parent advisors. The PEPSI training was based on the PEP manual developed by a collaborative team including MHA of NYC, Columbia University researchers, and parent advocates from NYC, Utah, and CA.
- Parent advisors are professionals trained to work with parents of children with special mental health needs to help them obtain mental health services for their children. In other areas they are sometimes called parent advocates or family support professionals.

# PEP Model

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

## ***Parent Support Principles:***

### ***Parent Support...***

1. Is Individualized.
2. Makes Connections.
3. Is Respectful and Culturally Competent.
4. Builds Skills.
5. Builds Knowledge.
6. Is Engaging.
7. Problem Solves.
8. Focuses on Outcomes and Success.
9. Broadens Horizons.
10. Promotes Advocacy

### ***Factors that Lead to Change***

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

# Methods

## Evaluation Design

Pre and post tests- baseline, post-training and 6 month time points; no comparison group

## Participants

N=60 Parent Advisors (PA) 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)

## Training Procedures

PA 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; Training conducted in 3 regions across NYS (Long Island, Saratoga (central NY) and Western NY)

## Evaluation Measures

- Module training evaluations, overall training evaluation, adherence to training checklist
- Pre and post measures on self efficacy, self assessment, family empowerment scale, job function, job satisfaction, general knowledge.

## Analysis

Paired t-tests were used to examine changes in pre-post test measures

# Findings

- Pre-
- Post-
- 6 Months

\*= Statistically significant between pre & post measure  
\*\*= Statistically significant between pre & six month measure



# Evaluation of Overall Training

---

5 Point Rating Scale

**4.62** Overall, presenters were effective at explaining the material.

**4.61** Overall, presenters demonstrated knowledge of childhood mental disorders and the mental health care system.

**4.59** Overall, presenters were responsive to participant needs.

**4.57** Presenters encouraged and supported the use of skills and knowledge in the training sessions.

**4.4** Presenters provided sufficient and specific training to support the practice and use of skills or knowledge outside the training sessions.

**4.27** This training increased my knowledge about childhood mental disorders and the mental health system of care.

**4.36** This training improved my skills in working effectively with families of children with mental health needs.

**4.51** This training made me feel empowered about my ability to get the most appropriate resources and services for families I work with.

**4.54** I am satisfied with the training I received.



# Sample of Module Training Evaluation

---

4 Point Rating Scale

## Specific Disorders and their Treatments

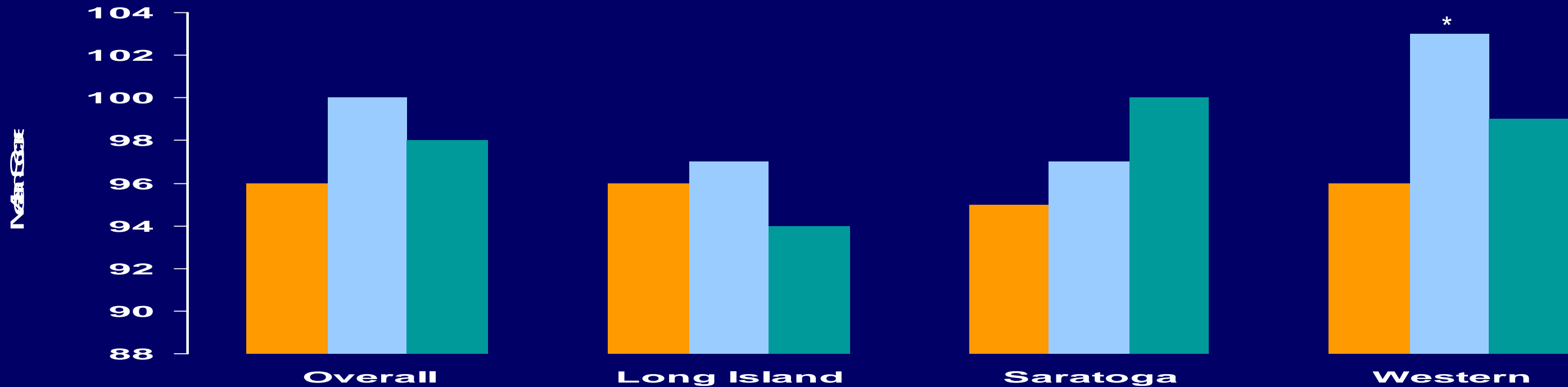
**3.15** I feel that I have a better understanding of the diagnostic process

**3.09** I believe I can explain the diagnostic process to a parent

**3.18** I understand the stages of acceptance and how parents come to terms with a child's mental illness

**3.27** I feel the information covered in this section will help me be a better parent advisor/family support specialist

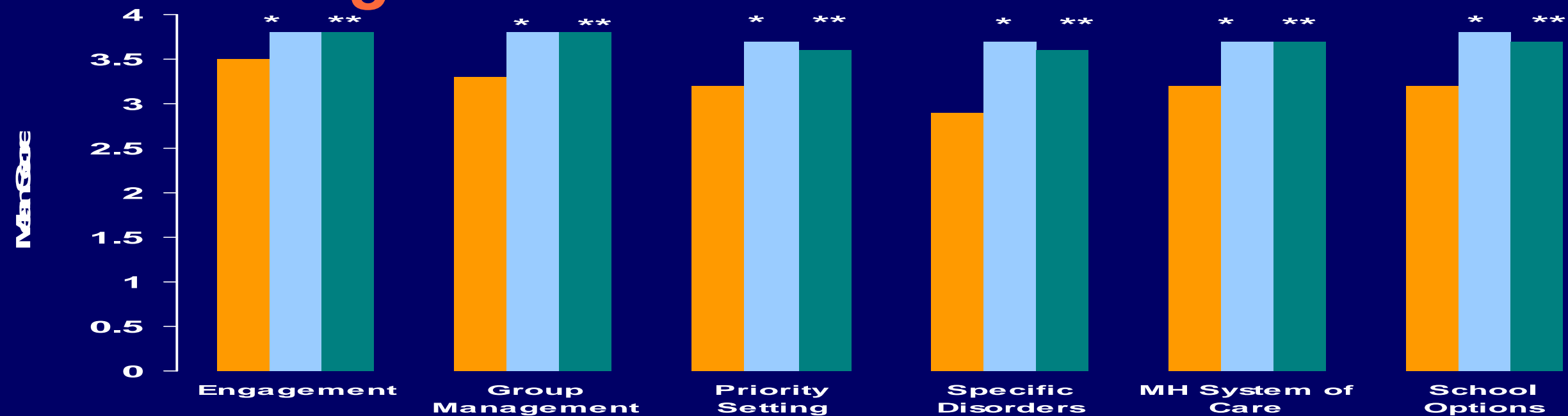
# Changes in Mental Health Self Efficacy Questionnaire<sup>1</sup>



Range = 25-115 ; 25 = Strongly Disagree; 115 = Strongly Agree

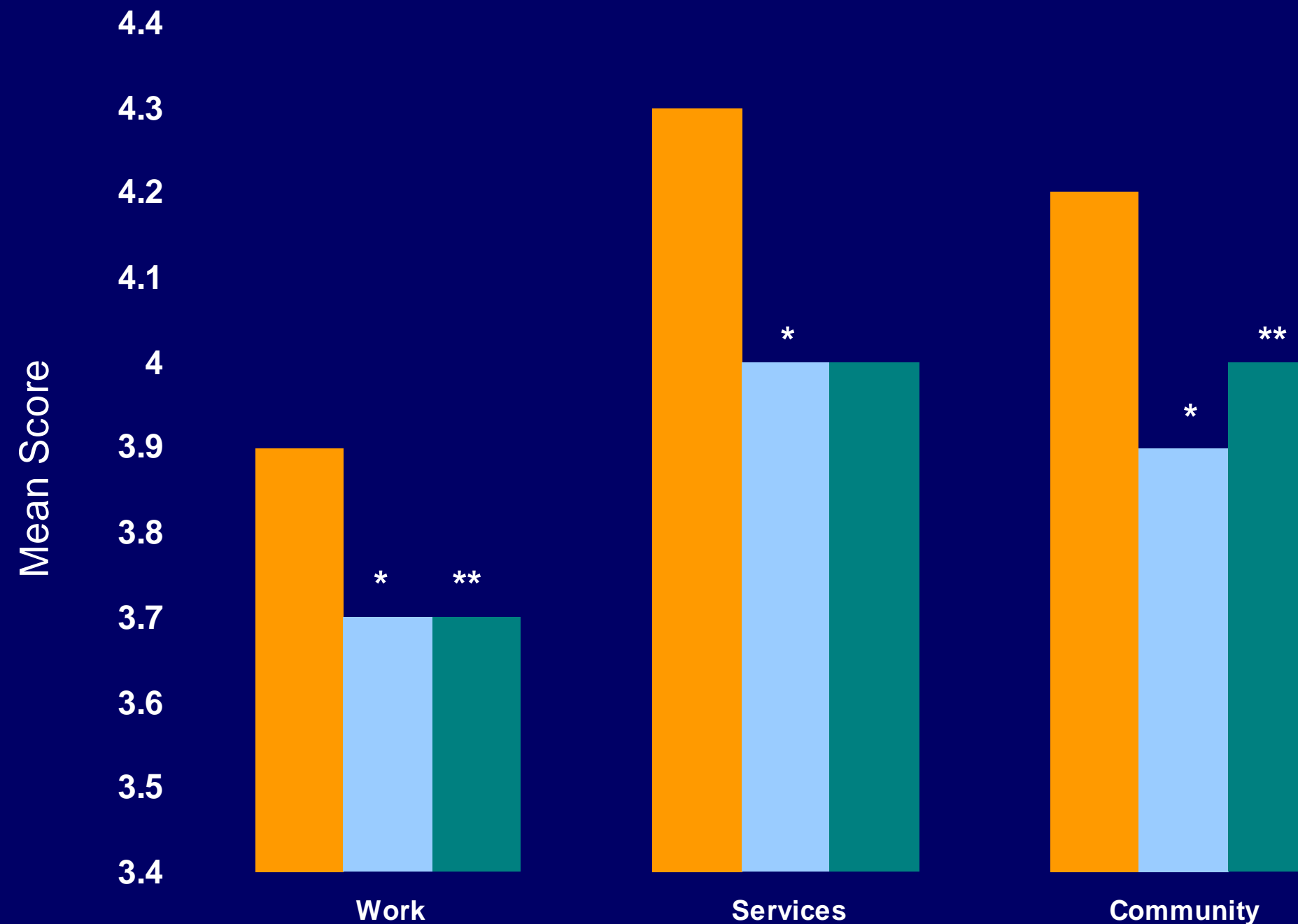
1= Bickman, L., Earl, E., & Klindworth, L. (1991). *The Vanderbilt Mental Health Self-Efficacy Questionnaire*. Nashville, TN: Vanderbilt University.

# Changes in Self Assessment of Skills



Range = 1-4; 1= Disagree; 4=Agree

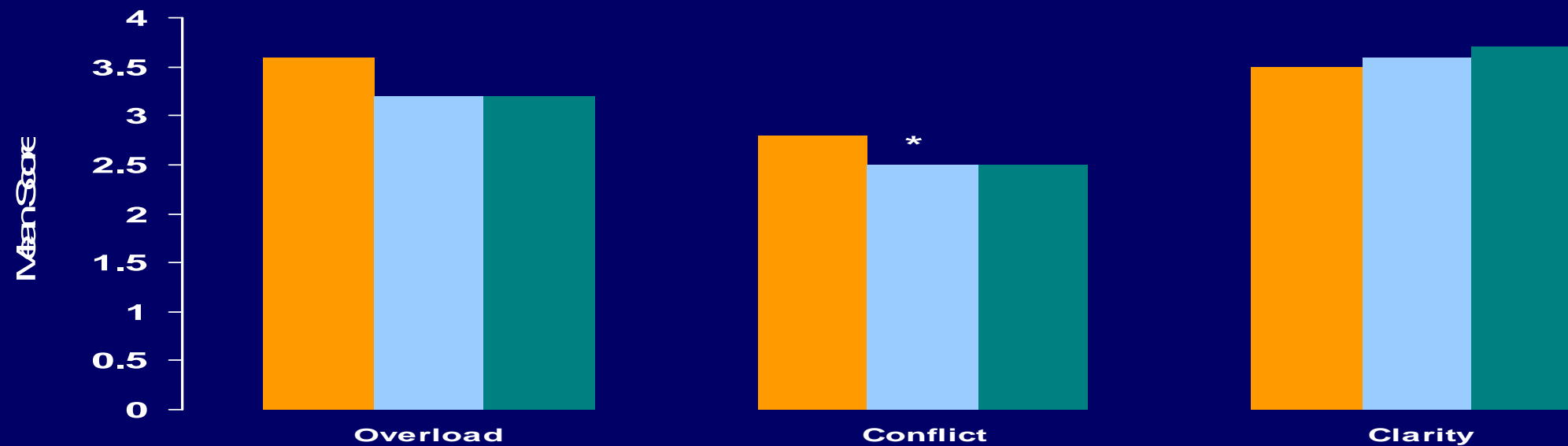
# Changes in Family Empowerment Scale<sup>1</sup>



1 = Koren, P.E., DeChillo, N., & Friesen, B.J., (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37(4), 305-321.

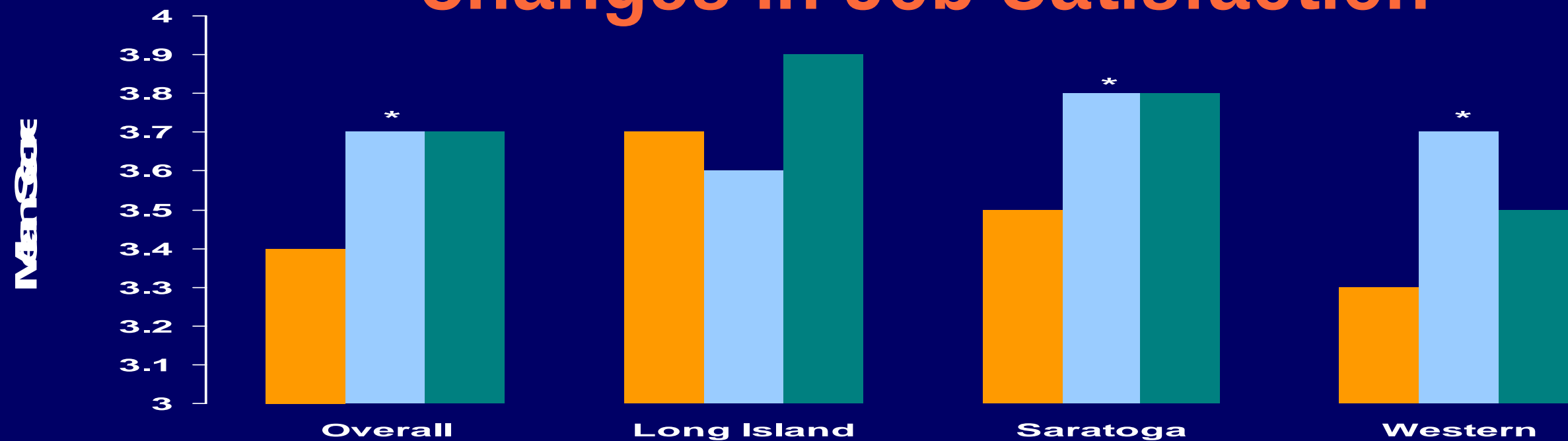
Range = 1-5; 1= Never; 5= Very Often

# Changes in Job Functioning



Range = 1-5; 1= Never; 5= Very Often

# Changes in Job Satisfaction



Range = 1-5; 1= Never; 5= Very Often

# Changes in General Knowledge

## Questions

	Post % Correct Answer	6 Months % Correct Answer
1. What does the acronym “LEAP” stand for?	49(87)	39(75)
2. Which of the following is a way to keep the relationships with your parents healthy?	49(87)	46(88)
3. Which of the following is characteristic of a group in the “Storming” phase:	44(78)	35(67)
4. All are ways to prepare for a group meeting, EXCEPT:	53(94)	46(88)
5. Which of the following professions can conduct a diagnostic interview?	41(73)	42(81)
6. What is a Mental Status Exam?	45(80)	42(81)

# Changes in General Knowledge

## Questions (cont.)

	Post % Correct Answer	6 Months % Correct Answer
7. Which of these is an approach that can be used when a parent is faced with barriers in addressing his/her own needs?	48(85)	47(90)
8. Which of the following is a question that can be asked when helping a parent prioritize their needs?	34(60)	39(75)
9. Which of the following is NOT a specific symptom of ADHD?	52(93)	46(88)
10. All of these are non-pharmacological treatments for ADHD, EXCEPT	50(89)	44(85)
11. Which of the following is considered a test modification?	41(73)	39(75)
12. All of the following are components of a psycho-educational evaluation, EXCEPT:	27(48)	35(67)

# Adherence Checklist

Q. 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.”



# Discussion

- Evaluation findings-

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 4.5 (range 0-5)

- Overall training appraisals demonstrated high satisfaction 4.6 (range 1-5)

- Self assessments indicate improvements over time across all the groups
- Family empowerment scores showed significant changes post training and at 6mo. across all the groups with the exception of no change at 6 mo. for services
- Job Functioning showed a small gain post training for conflicts, no changes at 6mo.
- Overall Job Satisfaction showed small gains post training, no changes at 6mo.
- General Knowledge showed no changes over time

# Lessons Learned

## About PEP Training and Delivery

- Outcome measures did not adequately reflect program model.
- Participants felt role plays, group interaction, and topical discussions brought a strong sense of group cohesion and camaraderie
- The introductory framework for the program did not provide a clear directive for the topics and activities that followed. More program cohesion needed
- The goals and framework for the training needed tightening and 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

# Study Limitations & Challenges

- Study had no control group for comparison of measures
- Naïve pre-test measurement problem: You don't know what you don't know
- Measures did not adequately reflect program model
- Measures were solely from the parent advisors: none collected from parents with whom the advisors worked
- Significant regional variation
- Participants identified significant challenges in working with parents with mental health needs themselves, fragmentation of the child service delivery system, and lack of services in rural areas

# Next Steps...

- Integration of formalized engagement strategies
  - Engagement strategies now a core component
  - McKay & Bannon (2005) 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

- Inclusion of 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
- Manual and Workbook Refinement
  - Trainers edition created as the central element for training
    - Role Rehearsals Book
  - Parent Advisors Manual remodeled into a pre-required reading textbook
  - Parent Advisors Workbook with activities for working with parents (consultative period)