



Evaluation Brief – Family Life

9.28.06

This evaluation brief presents information collected from families enrolled in the Child and Family Outcome Study. The focus of this report is on families’ perspectives on their role in their child’s services, family interaction at home, and feelings of stress and strain.

Overview of Child and Family Outcome Study

This study is part of the national evaluation of all systems of care funded through the Substance Abuse and Mental Health Services Administration (SAMHSA).¹ Families who are eligible for local system-of-care services through Families Together in Albany County are eligible for the outcome study. Enrollment is voluntary. One caregiver per family is enrolled. Youth age 11-21 are eligible to participate, under 18 with their parent’s permission. Families are interviewed within 30 days of intake into the system of care and every 6 months for 36 months. Multiple instruments are administered during the 2-hour interview to collect data on child and family functioning, living arrangements, education, family life and interaction, caregiver strain, and service use and satisfaction. Adult participants receive a \$25 gift card at the first (baseline) interview and increase \$5 at each interview point. Youth receive a \$15 gift card at baseline and increase over time.

Description of Enrolled Families

Fifty-nine families were enrolled into the outcome study during the period January 1, 2006, when Families Together in Albany County first started, through August 31, 2006. Table 1 shows where families first entered the system of care.

Table 1
Respondents per Site

Entry Site	Number of respondents
Children’s Mental Health Clinic (Green St.)	27
Single Point of Access for Children’s Mental Health (SPOA)	20
Hilltown Site	2
Colonie Site	9
Albany Site	1
TOTAL	59

The majority (N=54 or 90%) of respondents are biological parents, adoptive, or stepparents of the identified child/youth. There were 2 grandparents, 2 legal guardians, 1 partner of parent, and 1 cousin. The average age of respondents was 41 years, ranging from 27 to 74. Almost three-quarters (N=43, 73%) were Black/African American and about one-quarter (N=17, 29%) were White.² Three caregivers were also Hispanic. The number of children under age 20 living with the caregiver respondent ranged from 0 to 8, averaging 2.5. The total number of adults in the home ranged from 1 to 4 with an average of 1.75.

Family Involvement in Treatment Decisions

¹ The outcome study is in addition to the descriptive study which collects anonymous demographic information on all families who are served by the system of care.

² The total adds to more than 59 because respondents could fall into more than one racial category.

The Caregiver Information Questionnaire (CIQ) asks a series of questions about how families felt involved in treatment decisions for their child and also about their views on medication (Figure 1). Respondents are asked to think about the last 6 months when responding. For the most part, respondents felt a sense of control and involvement in treatment decisions for their children. While still the majority (74.6%), the lowest ranking was whether caregivers felt they had the most influence on whether or not their children got treatment.

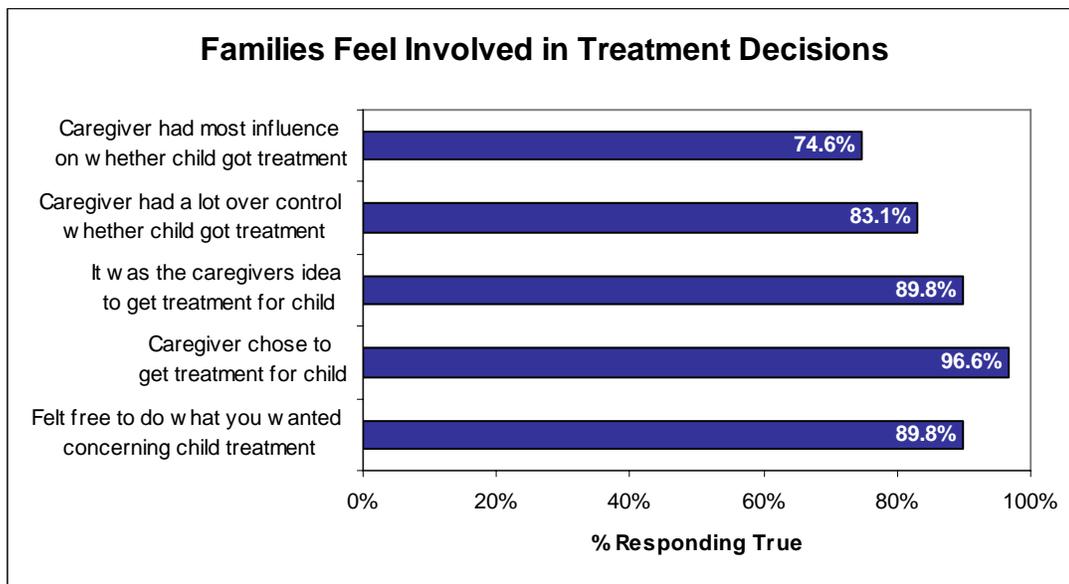


Figure 1

Medications. Caregivers were also asked about their knowledge and attitudes towards their child’s medication. Forty-four (74%) children in the sample were taking medications. Of those, the majority of caregivers understood why their child takes medication and knew what it was supposed to do (91% for each question). Less felt comfortable about their child taking medication (68%) and even less (48%) felt that they had a choice in the medication their child takes.

Family Life

The Family Life Questionnaire (FLQ) is a set of 10 statements that describe things that some families do together and how some families interact. Table 2 shows a blend of strengths and challenges across families. On the one hand, the majority of respondents reported positive attributes about their families, like they spend time together, talk about fun things, rely on each other. On the other hand, fewer respondents reported that they can consistently handle crises or deal with problems without fighting.

Table 2
Family Life

	N	%
Our family members rely on each other when problems arise	44	73.3%
Our family spends time together	37	61.7%
Our family talks about fun things	35	58.3%
Our family talks about our problems and troubles	32	53.3%
Our family does things together outside of our home	30	50.0%
Our family members agree about things	29	48.3%
Our child talks with members of our family about things	27	45.0%
Our family deals with crises or major problems without fighting	25	41.7%
Our family talks about things that make us angry without fighting	15	25.0%
Family members can solve child’s problems when they happen	14	23.3%

Respondents reporting “Most of the time” or “All of the time”.

Problem Areas

The Columbia Impairment Scale asks caregivers to rate the extent of their child’s problems in the past 6 months. Figure 3 shows that caregivers felt that their children had problems with their affect (feeling sad or nervous), behavior (at home and school or work), and getting along with others at home or work/school. Half felt their children had some trouble having fun.

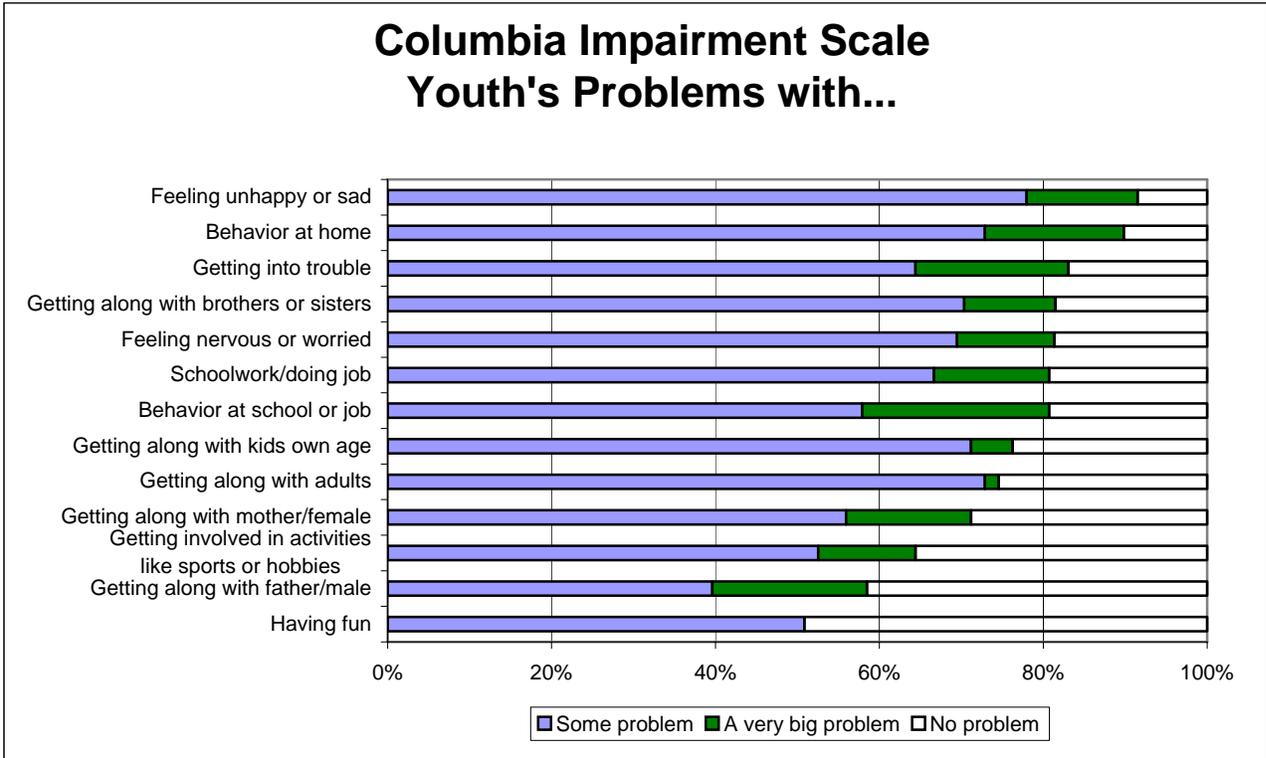


Figure 2

Family Stress

Caregivers were asked to remember how things have been for their families in the past 6 months in relation to their child’s emotional or behavioral problems (Table 3). More than half of the respondents reported disruptions to personal, family, and work routines. While smaller proportions reported significant financial problems, trouble with others, or negative effects on other family members, clearly families feel stressed.

Table 3
Family Stress

	N	%
Interruption of personal time	40	67.8%
Disruption of family routines	31	52.5%
Missing work or neglecting duties	31	52.5%
Disruption of social activities	26	44.1%
Disruption or upset of family relationships	22	37.3%
Any negative mental or physical health effects on family members	31	35.6%
Financial strain	19	32.2%
Less attention given to other family members	16	27.6%
Child getting into trouble with neighbors, school, community, or law enforcement	16	27.1%
Having to do without	15	25.4%

Respondents reporting “Quite a bit” or “Very much”.

Caregiver Strain

Finally, caregivers were asked to look back and remember how they personally had felt during the past 6 months (Figure 5). Overall, caregivers reported a high level of internal and external stress. While 100% felt that they related to their child at least to some degree (two-thirds related “quite a bit” or “very much” and one-third related “somewhat” or “a little”), relatively fewer felt resentful, angry, or embarrassed much of the time. Not surprisingly, the overwhelming majority of respondents worried about their child’s future (N=58, 98%) and their family’s future (N=53, 91%).

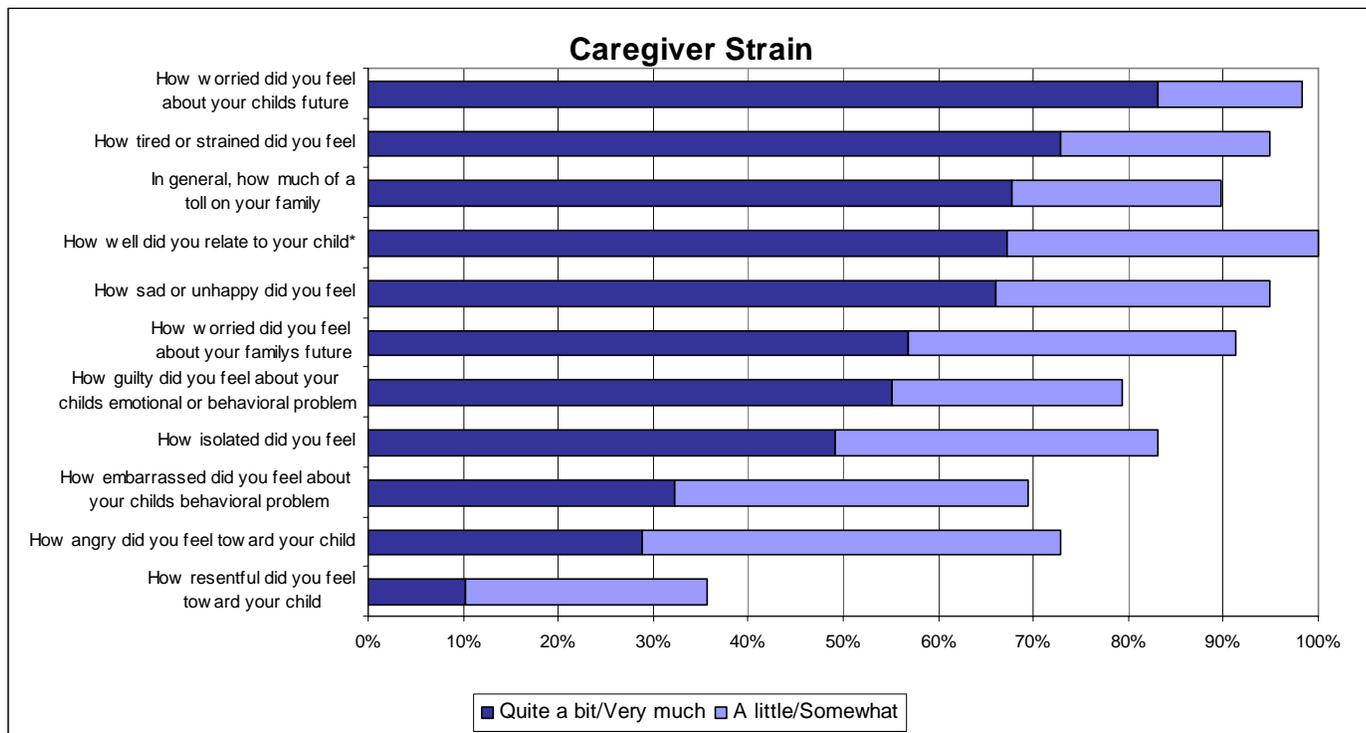


Figure 3

The majority of respondents felt tired or strained (95%), sad or unhappy (95%), or isolated (83%) at least some of the time within the past 6 months. Nine out of ten respondents felt that their child’s emotional or behavioral problem had taken a toll on their family – more than two-thirds of whom felt this “quite a bit” or “very much”.

Summary

Family support is at the heart of systems of care. The data reported in this evaluation brief indicate the type and depth of support families need.

Questions

Questions about this evaluation brief or the evaluation program in general, please contact:

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