

Eileen Brennan
Julie Rosenzweig
A. Myrth Ogilvie*
Ann Ward

*Research and Training Center
on Family Support and Children's Mental Health
Portland State University
P.O. Box 751
Portland, Oregon 97207-0751
Voice: 503-725-4040
Fax: 503-725-418*

**Affiliation at time of presentation. New contact information:*

*University of Washington, Tacoma
Box 358425, 1900 Commerce Street
Tacoma, WA 98402-5825
Phone: 253.692.4524
FAX: 253.692.5825
amo452@u.washington.edu*

Parent Dilemmas and Solutions: Perspectives on Work-Family Fit

The Support for Working Caregivers Project is designed to study the ways in which employed parents whose children have emotional or behavioral disorders fit their work and family responsibilities together. To that end, project investigators have developed a research model of work-family fit by means of an exhaustive literature review of over 350 articles and books on work and family, the secondary data analysis of the North Carolina Family Caregiver Survey (Brennan & Poertner, 1997), and a focus group study with 41 employed parents of children with emotional or behavioral disorders (Rosenzweig, Brennan, & Ogilvie, 1998).

The work-family fit research model includes as antecedent conditions (a) types and characteristics of parental employment, (b) types and characteristics of the children's educational and child care arrangements, (c) the social support available to family members, and (d) family household characteristics. The outcomes featured in the model encompass (a) parent stress levels, (b) employment absenteeism, (c) work interruptions and tardiness, and (d) difficulty combining work and family life. The model also contains such intervening variables as the strategies parents use to balance work and family demands and the services they use.

Currently, pilot interviews are being conducted with 60 family members who are employed at least 30 hours per week and who have children living in the

home between the ages of 6 and 18 years who have emotional or behavioral disorders.

Research questions for the study include the following:

- ◆ How do educational programs, childcare arrangements, and parent employment characteristics affect the fit that parents report between work and family responsibilities?
- ◆ How do the services and strategies that parents use affect the work and family fit they experience and their levels of reported stress?
- ◆ How does family, job, and child care flexibility relate to work and family fit and such outcomes as parent stress, employment absenteeism, and work tardiness and interruption?
- ◆ How do arrangements in domains such as transportation, household maintenance, and finances affect outcomes?
- ◆ How does family support received from co-parenting adults, extended family members, and co-workers affect family outcomes?
- ◆ What are the levels of job, parenting, and couple strains and gains reported by employed parents of children with emotional or behavioral disorders?

In order to answer these research questions, a comprehensive instrument, *The Support for Working Caregivers Interview Schedule*, has been developed. The survey schedule is designed to be administered as a telephone interview and contains a mix of both scales designed specifically for the study and scales developed for use with other groups of parents. Some open-ended questions are also included to gather unrestricted responses of the employed parents.

Standard Instruments

Items adapted from the *Dependent Care Survey* (Emlen & Koren, 1994) provide measures of such job characteristics as employment level, schedule, absenteeism, tardiness, and interruptions; child care characteristics such as stability and flexibility; and

caregiver perceived stress levels in the areas of health, child care, other dependent care, finances, job, and family relationships.

The Family Support Scale developed by Dunst, Jenkins, and Trivette (1984) asks parents of children with disabilities to rate the degree of helpfulness to the family of such key persons and resources as their own parents, their partners' parents, their partners, their co-workers, parent groups, professional helpers, and the school or day care center.

Scales developed by Rosalind Barnett and her co-workers (Barnett & Brennan, 1995; Barnett, Brennan, & Marshall, 1994) investigate the overall *Role Quality* experienced in three domains: job, marriage or intimate relationship, and parenting. The instruments include positive items measuring gains (the gratification or reward the parent experiences) and negative items measuring strains (the concerns the parent has in a particular domain). An overall role quality score is computed as a weighted average of positive and negative items.

Development of Survey Instruments

For the first extensive interview study of employed parents of children with emotional or behavioral disorders, six new instruments were developed in the areas of educational experiences of the child, transportation needs, household help, domain flexibility, work-family strategies, and work-family fit. These sets of questions have resulted from literature review, focus group data, and extensive review of question and pilot testing with parent consultants.

The *Educational Experiences* questions include items that gather information on the type of school the child attends, specialized Individualized Educational Plans or 504 Plans, the extent to which school officials call parents at work, and the times parents leave work to manage school problems. A separate scale was designed to elicit parent ratings of their level of interaction with specific school personnel. Finally, three open-ended questions examine the school-based services received by the child, the parents' perceptions of unmet needs for school services, and the parents' recommendations for additional training of school personnel.

The *Transportation Needs* scale asks parents to indicate whether their children have used specific methods of transportation, such as public transit, school bus, private car driven by parents, or carpool. For each method used, the parents rate the level of supervision the children requires and how adequate that method of transportation is perceived to be.

The *Domain Flexibility* items request parents to rate the degree of flexibility in their work schedule to handle family responsibilities, their family schedule to handle work responsibilities, their child care schedule to handle work responsibilities, and their family schedule to handle child care responsibilities.

The Work-Family Strategies Scale investigates 17 specific services, resources, and strategies which were suggested by parents of children with emotional or behavioral disorders which could help them balance work and family responsibilities. The interviewed parents are asked whether the service is available and, if so, how often they use it. For services not available, parents are asked to indicate how frequently they would use each service if it were available.

The final instrument developed for the study is the *Work-Family Fit Scale*, a pool of 30 items based on focus group members' comments on fitting together work and family life. The items emphasize the possible conflicts or places of fit between two or more separate domains of life. Domains investigated in the items

include work, family, school, childcare, leisure activities, the mental health needs of the child with emotional or behavioral challenges, and services for that child.

Preliminary Findings and Next Steps

Parents in initial interviews have offered some telling comments on the ways in which their work and family lives fit together. For example, one parent stated, "I started my own business to be able to have flexibility needed to care for my child with SED [Serious Emotional Disturbance]. My work times during the day vary [at home business]. Often I work until 11 or 12 at night after he has gone to sleep." Another mother remarked, "Child care works fine, because we [the parents] do it all—We can't get anyone else to do it. He was kicked out of summer camps and child care." One parent characterized her work-family fit succinctly, "It works—at a cost."

After the completion of the pilot interviews, the scales will be refined through item analysis. A more extensive research program will be undertaken which will follow one or more cohorts of employed parents and their children with emotional or behavioral disorders as they adjust their work and family lives. Research results will also be used in the development and pilot-testing of an appropriate family support intervention.

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Craig Anne Heflinger

*Vanderbilt Institute for Public Policy Studies
1207 18th Avenue, South
Nashville, Tennessee 37212
615-322-8275
c.heflinger@vanderbilt.edu*

Patti Orten

*Tennessee Voices for Children
1315 8th Avenue, South
Nashville, Tennessee 37203
615-255-7882
tnvoices@isdn.net*

Sarah H. Scholle

*University of Pittsburgh
3811 O'Hara Street, Suite 430
Pittsburgh, Pennsylvania 15213
Voice: 412-624-1703
Fax: 412-624-2360
schollesh@msx.upmc.edu*

Caregiver Experiences with Managed Behavioral Health Services for Children with SED

Managed behavioral health care is widely becoming the most frequent method by which mental health services for children with serious emotional disorders are being delivered. However, little information is available on the impact of managed care on the children or families that are served. This presentation focused on parent/caregiver satisfaction with the mental health services their child had received, as well as their ratings of satisfaction with their behavioral and physical health care plans. The study used data from three states included in the national study of the impact of managed care on vulnerable populations funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The following states and numbers of participants were included: Pennsylvania (n=365), where some children were in a managed care (MC) program and some in a fee-for-service (FFS) program; Tennessee (n=178), where all children were in managed behavioral health care; and Mississippi (n=201), where all children received services through a fee-for-service program. All were Medicaid programs.

Caregivers reported the following about their experiences with their children's behavioral health providers: