



Promoting Assistance to Families: University/Family Partnership

Building on Family Strengths Conference

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A parent, a student and a professor will describe their experience in offering a model for providing respite to families with a child with serious emotional challenges, via a university service learning course. Information about course organization, student training, and impact for students and families will be presented. Recommendations for similar programs will be discussed.



Respite Care

- Respite is defined as temporary relief for families and caregivers.
- Since the development of the Child and Adolescent Service System Program (CASSP), respite care has increasingly been seen as an element of community-based services in the system of care in children's mental health.
- Respite care provides benefits to all members of the family.



Sometimes Caregivers Need a Break

- All families experience stress (financial, work, family relationships, etc.) from time to time.
- Families of children with serious emotional challenges have additional stress and responsibilities compared to other families.
- Extra demands on time are placed on these families for meeting with service coordinators, psychiatrists, therapists, counselors, teachers, etc.



Too Much Stress Can....

- Affect relationships with relatives, friends and neighbors, possibly caused by his/her misunderstanding of the child's disorder
- Result in fatigue, depression, and a variety of health problems for parents/caregivers





Is Respite Care a Desired Service?

- Respite care is frequently identified as one of the most needed services by families with a child with an SED.
- Despite the need, it is difficult for families to receive these services.



How Caregivers Benefit from Respite

- Time for other children, spouse, friends, etc.
- Time to relax and re-energize knowing their children are safe, well cared for, and participating in enriching activities
- Time for involvement in other things such as church, support groups, hobbies, clubs/organizations, and sports

Ryan









How Children Benefit from Respite

- Children with SEDs who receive respite care experience a positive social experience.
- They learn new skills and model behaviors of the trained respite provider.
- Many form a friendship or a bond with their respite provider.





Ryan's Interview 4-18-06

- ***What are your strengths?***

"I am good in my best subject science. My all-time best at sports is motor cross, I'm good at baseball, pool, darts, air hockey."

- ***What are the hardest things you have to do?***

"I hate math, social studies, spelling, reading."

- ***How do you plan the time Lauren and I come over?***

"I kinda wait until the day comes and then whatever I feel like doing."

- ***Do you like when Lauren and I visit?***

"It makes me feel good. It makes me not feel bored, because I normally feel bored."

Ryan's Interview Cont'd.

- *Do you think that time has helped you?*
"No, it's just activities."
- *If you could improve respite, what would you change?*
"You staying longer, cause I have stuff planned. I prefer weekends because there is more time."
- *What are your plans this summer?*
"Well, let's see, pretty much racing motor cross, outdoor activities such as swimming and other sports, and video games. Going to Omaha, Nebraska."



Studies on the Outcomes of Respite Care

Bruns & Burchard (2000) found that families who received an average of twenty-three hours of preplanned respite care per month reported

- A decrease in the number of out-of-home placements. In fact out five families that had used OHP before, but had also received respite, none used OHP six months later. This is in sharp contrast to eight families that were put on a waiting list for respite and six months later six of the families (75%) used OHP.
- Better family functioning



Studies on the Outcomes of Respite Care

Bruns & Burchard (2000) reported

- Greater optimism about caring for their child at home, showing how much respite can serve as a “preventative family support service.”
- Reduced stress compared to similar families on a waiting list
- Improvement in the child’s behavior

Conclusion: Increase in respite = Positive gains

HNRS 2316: A University Course Designed to:

- Create family access to respite care
- Enhance education of college students interested in working with families





Service Learning

- Internships/practica focus on students' career development.
- Volunteer activities emphasize civic involvement and the services provided to recipients.
- Service learning is designed to equally benefit the provider and receiver of the service by focusing on the learning and service experiences.



Service Learning

- Students earn academic credit.
- They engage in structured reflection activities as part of the course.
- Service work and learning gained are linked back to the academic curriculum.
- “Students not only learn through service, but also learn to serve.”



Strategies to Add Service Learning to the Curriculum

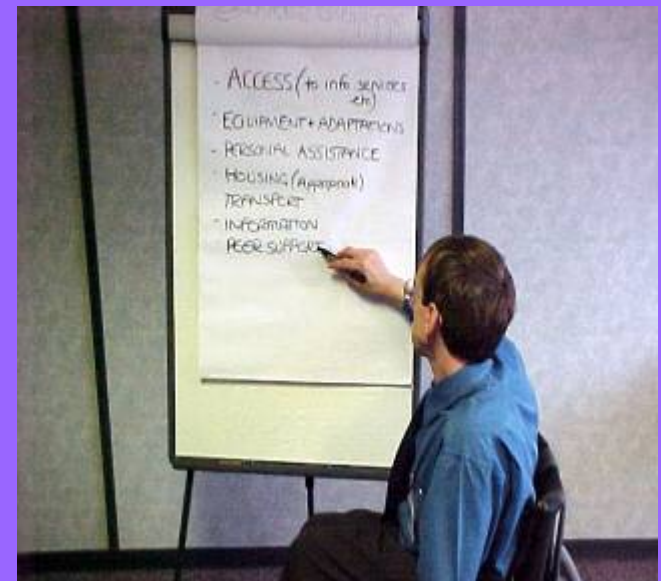
- Honors Program
- Special topics course in a discipline
- New course development
- Service learning component within a course
- Campus volunteer center



Training

Training of the respite provider includes:

- An overview on respite for children with SEDs
- First aid and CPR
- Giving medication
- Emergency protocols
- Behavior management strategies
- Crisis intervention
- Planning and executing enriching activities for the child
- Liability and confidentiality issues
- Working with families



How are families identified and matched with students?

- Professor builds on contacts with mental health community
- Professor meets with local service providers to explain program and request appropriate families
- Professor and students “match” students into pairs and to families based on interests/preferences, schedules, and transportation

Mackenzie



Students initiate first contact

- A student from the pair contacts the family
 - Set up first meeting
- First Meeting with student pair and caregiver
 - Respite Service Agreement
 - Background Information
 - Preferences
 - Plan a schedule

Respite Service Agreement

- Students agree to:
 - Complete training
 - 2-3 hours/week totaling 15 hours
 - Arrive on time, never leave child unattended
 - Notify parent of an emergency
 - Provide enriching, appropriate recreational activities; discuss with parent
 - Respect Family Privacy/ Confidentiality

Respite Service Agreement

- Parent/Guardian agrees to:
 - Communicate with student to schedule services
 - Give students contact information
 - Give students information regarding rules and procedures within the family and home, background information and information that may influence respite care
- Parent/Guardian may give permission for child to be transported.

Background Information

- Name, Address, Phone Number, Birthday
- Contact Information
 - Name
 - Emergency Numbers
- Child's strengths: hobbies, favorite activities
- Medical Information
 - Any Medical Problems
 - Medications

Background Information

- Educational History
 - Grade, school, special education?
- Mental Health Services
 - Primary problem
 - Secondary
 - How long?
 - What triggers problem behaviors?

Other Family Information

- Who is allowed to visit?
- Anyone else allowed to pick up?
- Activities/Food not allowed
- House rules

Plan a Schedule

- Discuss plans for activities
- Obtain permissions
- Set a schedule for the next visit
- **DON'T CHANGE THE SCHEDULE**
- Call beforehand as a reminder

Evaluation





College Student Participants

- 9 students – all female
- 7 European American, 2 African American
- 1 sophomore, 1 junior, 7 seniors
- All social or health science majors
- High levels of previous community service



Caregivers & Children

- **Two-parent household**
 - 9 year old boy with dx of Bipolar disorder, ADHD, GA
- **Single mom household**
 - 12 year old boy with dx of Cystic Fibrosis, ADHD
- **Foster parent household**
 - 13 year old twin girls with dx of ADHD, conduct disorder
- **Single mom household**
 - Twin boys, one with dx of conduct disorder
 - Three other children



Procedure

- **Students**
 - Pre-test data collection
 - Post-test data collection
 - University Survey of Student Opinion
- **Parents**
 - Satisfaction Scale



Instruments & Results





Instruments

- Students
 - The Rosenberg Self-Esteem Scale
 - Community Service Attitudes Scale
 - Professional's Attitudes Toward Parent Scale
 - Community Mental Health Ideology Scale
 - The Caregiver Scale
- Parents
 - The Parent Satisfaction Scale



The Rosenberg Self-Esteem Scale

Instrument

- Widely Used
- 10 item survey
- 4-point Likert Scale
“Strongly Agree” to “Strongly Disagree”

Items

- “I take a positive attitude towards myself”.
- “I certainly feel useless at times”.

Results

- There was no difference between pre-test and post-test scores in self-esteem.



Community Service Attitudes Scale (CSA)

Instrument

- Fairly New (1998)
- 54 items
- Based on Schwartz model of helping behavior
 - 4 Phases:
 - 1) Activation: Perception of Need to Respond
 - 2) Obligation: Moral Obligation to Respond
 - 3) Defense: Reassessment of Potential Responses
 - 4) Response: Engaging in Helping Behavior



The Caregiver Scale

Instrument

- 14 items
- 7-point Likert Scale
“Strongly Disagree” to
“Strongly Agree”

Items

- “Helping people through the volunteer program is worthwhile to me personally.”
- “Helping people through the volunteer program has burned me out”.

Results

- Caregiver Satisfaction Score
($M = 5.91$, $SD = 1.26$)
- Caregiver Stress Score
($M = 1.82$, $SD = 1.32$)



Professionals Attitudes Toward Parents Scale (PATP)

Instrument

- 36 items
- 4-point Likert Scale
" Strongly Disagree" to
"Strongly Agree"
- 5 Subscales:
 - 1) Blame
 - 2) Inform
 - 3) Validate
 - 4) Medicate
 - 5) Instruct

Item

- "It is usually advisable to give parents unlimited access to a child's records."

Results

- 5 Subscales:
 - 1) Blame (-.52)
 - 2) Inform (+ .12)
 - 3) Validate (=)
 - 4) Medicate (+.27)
 - 5) Instruct(=)



The Community Mental Health Ideology Scale (CMHI)

Instrument

- 38 items
- 7-point Likert Scale
"Strongly Disagree" to
"Strongly Agree"

Item

- " Our current emphasis upon the problems of individual patients is a relatively ineffective approach for erasing a community's total psychiatric problem."

Results

- Means are summed for an overall composite score
- Pre-test ($M = 183.4$, $SD = 42.26$)
- Post-test ($M = 252.65$, $SD = 47.41$)



The Parent Satisfaction Survey

Instrument

- Given to every parent
- 16 items
- 7-point Likert Scale
“Strongly Disagree” to
“Strongly Agree”

Item

- “ The students were able to appropriately manage or handle my child’s behavior problem.”

Results

- All items, except one, were rated Strongly Agree by parents.



Limitations

- Only 9 students and 4 families –
- We think we are ready to recruit more students and families
- Students required to offer 15 hours service in semester
- Increase time with families
- Placements sometimes late in starting (for one family and student pair schedules never did work out)

Recommendations

- Begin earlier to have families lined up
- Begin in-home hours earlier in the semester
- Offer course in fall semester so student's and families' schedules are not as full



In Conclusion

- University service learning courses offer a practical and rewarding way to support families and enrich college student education



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Questions?

