



IMPACT OF THE DAWN PROJECT ON FAMILIES

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Introduction

Families and family support are important influences in the development of children and youth. Young people with serious emotional or behavioral disorders are no exception. However, the behavior of these children and youth often poses serious challenges for their parents, other family members, or other legal caregivers. The purpose of this brief report is to describe changes over time in general family functioning, caregiver strain, and family resources.

Methods

As part of the national evaluation, caregiver respondents are asked to complete the general scale of the Family Assessment Device (FAD), the Caregiver Strain Questionnaire (CGSQ), and the Family Resource Scale (FRS) during each interview. Because the design of the national evaluation required that only the caregiver most knowledgeable about a child's behavior over the last six months be interviewed, responses on the three measures are not necessarily associated with the young person's biological family, but rather associated with the young person's family situation at the time of the interview. Family-related questionnaires were not asked of staff member respondents.

FAD. The FAD general scale is a set of 11 questions designed to measure interaction patterns in families that are both healthy and unhealthy. Some of the items included were: (healthy interactions) Individuals are accepted for what they are; we are able to make decisions about how to solve problems; we can express feelings to each other; (unhealthy) planning family activities is difficult because we misunderstand each other; we avoid discussing our fears and concerns; we don't get along well together. Caregivers respond to the statements using a rating scale of strongly disagree to strongly agree. The scores are totaled and the average is taken. Average FAD general scale scores can range from 1 to 4. In the original scoring format, lower scores are associated with more positive family functioning, while higher scores are associated with poorer functioning (Epstein, Baldwin & Bishop, 1983). For ease of interpretation, the scored data provided by the national evaluators, ORC Macro, is recoded so that low scores indicate poorer family functioning and higher scores better family functioning.

CGSQ. The CGSQ is a 21-item scale that assesses the impact on caregivers of caring for a child with emotional and behavioral problems. Caregivers respond to each item using a response set that ranges from not at all to very much a problem. Though the CGSQ yields four strain scores, only the Global Strain score is analyzed as it has been found to be the most reliable and valid measure of strain. Higher scores on the Global Strain score indicate higher levels of caregiver strain.

FRS. The FRS is a 30-item scale designed to assess the adequacy of a family’s basic, financial, recreational, social, health, and other resources. Caregivers respond to each item using a scale ranging from 1 (not at all adequate) to 5 (almost always adequate). The FRS yields six subscale scores and one overall resource score. For this analysis, only the overall resource score was used. Higher overall resource scores indicate higher levels of overall resources.

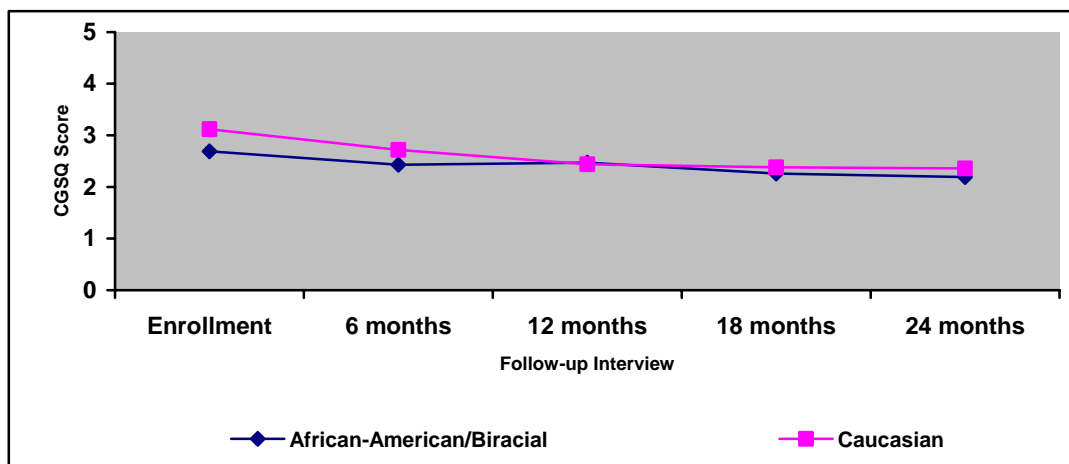
Analysis. Due to its ability to handle cases with missing data, longitudinal analyses of the three scales were conducted with HLM, allowing the use of all available caregiver data from enrollment to the 24-month follow-up period.

Results

FAD. When compared to caregivers of young people referred to the Dawn Project from mental health ($M = 2.87$; $SD = 0.52$), caregivers of young people referred by child welfare reported significantly better levels of family functioning at the time of enrollment into the DPES ($M = 3.14$; $SD = 0.49$). The longitudinal analysis of the FAD indicated that as a whole caregivers reported a slight, but statistically significant improvement in family functioning from enrollment to the 24-month follow up period, regardless of demographic of referral source characteristics.

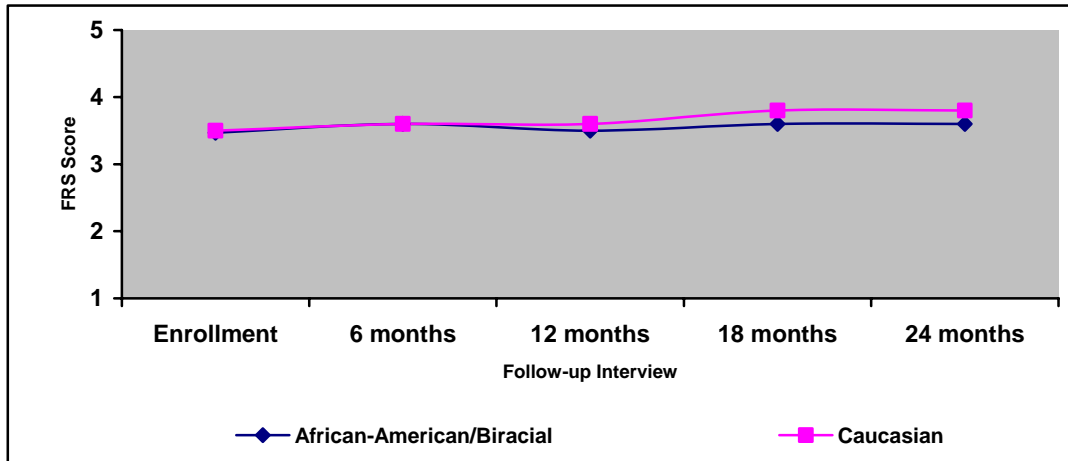
CGSQ. When compared to the caregivers of young people referred from mental health ($M = 3.44$; $SD = 0.91$), caregivers of young people from Child Welfare ($M = 2.46$; $SD = 0.91$), Juvenile Justice ($M = 3.07$; $SD = 1.01$), and Education ($M = 2.95$; $SD = .88$) all reported lower enrollment levels of overall caregiver strain. Caregivers of African-American or biracial young people reported significantly less strain at enrollment ($M = 2.69$; $SD = 0.93$) than did caregivers of Caucasian young people ($M = 3.12$; $SD = 1.03$). The longitudinal analysis of the CGSQ indicated that caregivers reported a statistically significant decrease in strain over the 24-month evaluation period. Additionally, caregivers of Caucasian young people reported a change in caregiver strain over time that dropped more sharply than did caregivers of African-American young people (see Figure 1).

Figure 1. CGSQ score over time by race.



FRS. When compared to families of young people referred from mental health ($M = 3.30$; $SD = 0.63$), families of young people referred from child welfare ($M = 3.70$; $SD = 0.80$) reported higher levels of overall resources at the time of enrollment into the DPES. The longitudinal analysis of the FRS indicated that over the 24-month evaluation period, caregivers reported a statistically significant increase in their overall resources. Finally, caregivers of Caucasian young people reported a change in overall resources that was higher than that reported by caregivers of African-American young people.

Figure 2. FRS score over time by race.



Impact of the Dawn Project on Caregiver Employment

Included within the satisfaction questionnaire are a series of questions that ask caregivers to rate the degree to which the Dawn Project has helped them improve their family’s employment situation. These questions are asked of caregivers during the 6-, 12-, 18-, and 24-month interviews, unless the family has been discharged from the Dawn Project. As with the other caregiver-related measures, the data presented below are cross-sectional in nature as the caregivers interviewed for each youth could vary from interview to interview.

Of the caregivers interviewed at 6 months 63.3% indicated that either they or someone in their household was employed. The percentage of caregivers reporting that someone in the household worked outside the home increased slightly over the course of the evaluation (63.2%, 12 mo; 75.0%, 18 mo; 70.2%, 24 mo). During the first six months of their involvement with the Dawn Project, 65.7% of caregivers with an employed person in the household reported that the services their family had received helped to increase the employed person’s ability to work at least a little bit. The percentage of caregivers reporting an increase in work ability remained approximately the same during the 12- and 18-month interviews, with a somewhat smaller percentage endorsing increased ability to work by 24 months (52.5%). Additionally, at each assessment period, between 37% and 43% of caregivers interviewed said the employed person in their household was able to earn at least a little more money because of the services their family was receiving. Receiving services was helpful to some caregivers in gaining additional job skills. Of the caregivers interviewed at 6 months, approximately 36% said services were at least a little

helpful by allowing the employed person to obtain more job-related skills. Over the evaluation period, the percentage of caregivers stating that services assisted the employed person in the household to gain additional job skills varied somewhat with a high of 47% at 18 months and a low of 27.5% at 24 months. At six months, 32.8% of caregivers felt the services their family had received helped at least a little in allowing the employed person to gain additional educational or vocational skills. Over time, the percentage of caregivers reporting that receiving services helped with gaining more educational or vocational skills changed very little. During the 6-month interview, 43.9% of caregivers indicated that because of services, the employed person in their household missed fewer days of work. At 12, 18, and 24 months, only slight differences were noted in the percentage of caregivers endorsing that the employed person in their household missed fewer days of work. At each six month assessment, over 60% of caregivers who reported missing fewer work days said they were able to work at least one additional day each week because of the services their child or family was receiving.

Conclusions

Caring for young people with severe emotional or behavioral disorders poses many challenges for caregivers and families. Because of the cross-sectional nature of the data, we are limited in the degree to which we can comment on these findings. However, the general trends suggesting that the supports the Dawn Project provides to caregivers appear to be helpful are encouraging. Indeed, based on our analyses, involvement in the Dawn Project appears to positively impact families by reducing caregiver strain, improving family interactions, and increasing their financial and other resources.