

Source: Taub, J., Tighe, T. A., & Burchard, J. (2001). The effects of parent empowerment on adjustment for children receiving comprehensive mental health services. *Children's Services: Social Policy, Research, and Practice*, 4(3), 103-122.

This is the first known study to examine the relationship between parent empowerment and children's behavioral outcomes while receiving mental health services. The authors ask whether family empowerment increases over time while children are receiving mental health services. They found that parents of children who were receiving services within a system of care that promoted family participation reported higher levels of empowerment at the family level at the end of services than at the beginning, and that changes in family empowerment occurred at the same time as positive changes were taking place in behavioral indicators. While these findings are important in and of themselves, the study could not determine whether family empowerment influenced children's positive outcomes, whether positive outcomes influenced family empowerment, or whether they were both related to some other factor.

Data were gathered on a sample of children ( $N = 131$ ) who were between 4 and 18 years of age at intake into comprehensive mental health services provided by the Access Vermont initiative, a CMHS system of care site. Children in the study were involved with more than one child-serving agency, were served with the aid of an individualized treatment plan, and remained in the care of the same parent or relative for the duration of the study. Over three-fourths of the participating children lived with families that were eligible for Medicaid, and a third lived in two-parent households. Almost all children were Caucasian (92%), with African-American, Hispanic, Native American, and children with unknown race/ethnicity each comprising 2% of the sample. Schools referred these children for services most often (21%), followed by mental health agencies (19%), parents (18%), and social services organizations (13%).

At intake, parents completed the Child Behavior Checklist (CBCL) to assess the child's behavioral and emotional functioning, and youth ages 11 and over ( $n = 67$ ) completed the Youth Self-Report Form (YSR). At intake, 79% of the total sample of children were rated at or above the clinical range on the CBCL, and for those youth old enough to complete the YSR, 27% rated themselves as being in the top 5% for externalizing or internalizing disorders. Parents also completed the Family Empowerment Scale (FES). Data were gathered on the same measures at seven months post intake.

The FES measures empowerment in three domains: at the Family level, the Service level, and at the level of Community service or activism (i.e., writing letters, etc.) on behalf of children in need of mental health services. Findings from the FES indicated increased empowerment at the family level but not at the other two levels. The changes in the Family empowerment subscale were related to positive changes in the total CBCL score, and the externalizing score.

In conclusion, an important aspect of this study concerned receipt of services "in a service system embracing empowerment ideology" (p. 105). Empowerment principles promote collaborations between the family and treatment team, emphasize strengths and competencies, and promote the family's control of the treatment goals established for the child. (p. 106). Thus, a community site that long held and promoted the philosophy of empowerment and individualized care has begun to document that changes in empowerment at the family level and changes in adjustment do occur over time. However, the details of how these concepts interact with each other is the next research step. The authors conclude by presenting a number of strategies to further involve parents in their children's treatment process, and by offering recommendations for additional research on family empowerment.