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The Effects of Parental Involvement on Family Functioning of Children in Counseling

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ABSTRACT

Families with higher parental involvement indicate higher family functioning and child achievement. The STAR (Services to At-Risk Youth) program is designed to serve families identified as being at risk for child abuse and neglect. STAR services are intended to provide individual as well as family therapy for identified families. This study was designed to analyze the parent involvement in these services as compared to family functioning and child success. The study used closed STAR files to determine if children who had received services met their goals and if there was any increase in family functioning based on the pretests and posttests.

The Effects of Parental Involvement on Family Functioning of Children in Counseling

A Thesis

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Of the Requirements for the Degree

Master of Science

By

Rebecca Schardt

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Master of Science in Social Work

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To my mom, for everything she has done to get me here.

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CHAPTER I

INTRODUCTION

There is a plethora of literature acknowledging the importance of parental

involvement in child development; however, a majority of this literature focuses on

parental involvement in the school setting and in regard to academic outcomes (Bower,

Bowen, & Powers, 2011; Choi, Chang, Kim, & Reio, 2015; Doumas, King, Stallworth,

Peterson, & Lundquist, 2015; Im, Hughes, & West, 2016; Kim & Bryan, 2017; Reinke,

Smith, & Herman, 2019; Wang & Sheikh-Khalil, 2014). Although it is limited, there is

some research that suggests benefits for parental mental health as well as child mental

health when at least one member is receiving counseling, with emphasis on family

therapy (Poole et al., 2018; Wilkinson et al., 2013). Due to the limited literature available

on parental involvement in children's counseling, the literature on parental involvement

in school will be used to generalize parental involvement overall for the sake of this

research.

A majority of the literature also focuses on young, elementary-age students as

opposed to adolescent and high school-age students (Alameda-Lawson, Lawson, &

Lawson, 2010; Bower, Bowen, & Powers, 2011; Chen & Zhu, 2017). Several studies,

however, state that parental involvement is not as impactful for adolescent children as it

is for the younger children (Choi, Chang, Kim, & Reio, 2015; Im, Hughes, & West, 2016;

Reinke, Smith, & Herman, 2019). The STAR program serves children ages 6 to 17, or

older if the student is still in high school. The goal of this research is to analyze the

relationship between how involved parents are and how successful the children are in the program and aims to answer the following: What are the effects of parental involvement on family functioning of children in counseling?

This project will examine pre- and posttests of closed client files from the STAR (Services to At-Risk Youth) program at New Horizons, an agency that serves at-risk as well as foster youth, to evaluate parent involvement and child outcomes. Data from the files would also include demographic information, case notes documenting parent involvement, contact logs, and a record of services showing what services were provided to the family and who all was involved in those services. All this information will be collected from the file and analyzed to determine the level of parent involvement and how effective or successful the parent (or in some cases the child) feels STAR services were for the child based on the case manager's documentation. Therefore, research involving children of all ages will be included. This study was approved by ACU's IRB as an exempt study (Appendix A).

The STAR program originated in 1983 to help runaway and truant youth, and by 1988 STAR expanded to provide early intervention for families who might be at risk for abuse and neglect. STAR is a service that is free to families in every county in Texas. While each county STAR provider may vary in how they operate, the basics remain the same, including focusing on child and family functioning outcomes as evidenced by the Protective Factors Survey and encouraging parent and family engagement with services (Nowicki, 2012).

Home-based parental involvement is defined by Pomerantz et al. (2007) as cited in Choi et al. (2015) "represents parents' practices related to school that often take place outside of school," (p. 155).

Parental engagement (parent participation engagement) is defined by Stadnick, Haine-Schlagel, and Martinez (2016) as "active and responsive contributions in and between sessions" (p. 745). Reinke, Smith, and Herman (2019) define it as, "family-school partnerships and parental involvement" (p. 346).

School-based parental involvement is defined by Pomerantz et al. (2007) as cited in Choi et al. (2015) "represents practices on the part of parents that require their making actual contact with schools" (p. 155).

Parental empowerment is defined by Holcomb-McCoy and Bryan (2010) as cited in Kim and Bryan (2015) as

> increasing personal, interpersonal, or political power so that individuals,
> families, and communities can take action to improve their situations . . .
> that fosters power (i.e., the capacity to implement) in disenfranchised and
> powerless groups of people—for use in their own lives, in their
> communities, and in their society (p. 262).

Academic achievement is defined as a student's grades and test performance (Im, Hughes, & West, 2016).

Individual therapy targets the youth's psychological needs without involvement from the parents (Poole et al., 2018).

Family therapy is outlined by Poole et al. as ranging from "engaging family members in order to enhance the effects of the therapeutic approach," to actually having

the family system as the focus of the intervention. It is also stated that "[adolescent] psychological problems are addressed within the context of the wider family system as opposed to an identified focus only on the adolescent" (Poole et al., 2018).

Family functioning/resiliency is defined by the PFS User Manual published by Family Resource Information, Education, and Network Development Service (FRIENDS) as "having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems" (2011).

Social emotional support is defined by the FRIENDS manual as "perceived informal support that helps provide for emotional needs" (2011).

Concrete support is defined as "perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need" (FRIENDS, 2011).

Child development/knowledge of parenting is "understanding and using effective child management techniques and having age-appropriate expectations for children's abilities" (FRIENDS, 2011).

Nurturing and attachment is defined by FRIENDS as "the emotional tie along with a pattern of positive interaction between the parent and child that develops over time" (2011).

CHAPTER II

REVIEW OF LITERATURE

Review of Literature

This literature review analyzes the current data surrounding the topic of parental involvement in a child's counseling, and the STAR program specifically. Due to the topic being relatively under-researched, this review includes areas of parental involvement in the school setting as well as in the counseling setting. The review evaluates parental involvement in the educational setting through the various ways parents may be involved in a child's academics to gain an understanding of how parental involvement affects the child more generally.

Parental involvement with mental health is evaluated through articles on family therapy as compared to individual therapy, as well as the parent's own mental health experiences and conditions. Parent empowerment and training is examined through parenting skills as well as the supports parents have. This review also evaluates the parent-child relationship and family support through cultural and socio-economic considerations, as well as how the parent-child relationship and family support is measured through the Protective Factors Survey.

This review then looks at school engagement and outcomes of parental involvement in early and middle childhood as well as engagement and outcomes of parental involvement during adolescence. This review addresses the barriers for the

topics above including cultural, economic, and parental mental health. Finally, the review includes the limitations of the existing literature.

For this review, EbscoHost and OneSearch were utilized on the Abilene Christian University library's database. The literature discussed below was found by first using the search terms "parental involvement", "social work", and "child counseling." The initial search yielded many articles on parental involvement in school and medical settings. The search was then expanded to the terms "parent involvement or participation" and "counseling." Further articles were found by searching the terms "parent mental health" and a separate search using the terms "therapist characteristics", "therapeutic relationship", and "characteristic matching." All searches were restricted to peer reviewed, full text, and published within the last 10 years. Literature on the Protective Factors Survey was found by searching "protective factors", "protective factors survey" and "protective factors survey for caregivers." These searches were limited to the last five years.

Parental Involvement in an Educational Setting

Much of the existing literature regarding parent involvement relates to the educational setting to some degree (Bower, Bowen, & Powers, 2011; Choi, Chang, Kim, & Reio, 2015; Doumas, King, Stallworth, Peterson, & Lundquist, 2015; Im, Hughes, & West, 2016; Kim & Bryan, 2017; Reinke, Smith, & Herman, 2019; Wang & Sheikh-Khalil, 2014). Parent empowerment programs can greatly improve a child's academic performance (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017). Improved relationships between the family and school faculty, specifically through parental trust of teachers, can also be a factor in improved academic success for that child

(Bower, Bowen, & Powers, 2011). The more knowledgeable parents are about what is going on with their child's education, and their life in general, the better the child tends to perform academically (Im, Hughes, & West, 2016; Searcey van Vulpen, Habegar, & Simmons, 2018).

Academic achievement. Parental involvement has been identified as having a positive impact on a child's academic achievement (Bower, Bowen, & Powers, 2011; Choi, Chang, Kim, & Reio, 2015; Doumas, King, Stallworth, Peterson, & Lundquist, 2015; Im, Hughes, & West, 2016; Kim & Bryan, 2017; Reinke, Smith, & Herman, 2019; Searcey van Vulpen, Habegar, & Simmons, 2018; Wang & Sheikh-Khalil, 2014). The literature found that involvement such as parent communication with teachers, parental advising on academic performance and plans, and parent-faculty trust had a significant correlation with increased academic achievement in the child (Bower, Bowen, & Powers, 2011; Im, Hughes, & West, 2016; Wang & Sheikh-Khalil, 2014). Bower et al. defines faculty trust as a "reciprocal relationship in which parents and teachers trust each other to consistently act in the students' best interests" (2011, p. 159). Communication between parents and children about the child's academic aspirations had indirect effects on the child's academic achievement throughout high school (Im, Hughes, & West, 2016).

Some of the literature found that parental involvement with high school students did not have a significant effect on academic achievement as it did with elementary students (Im, Hughes, & West, 2016; Wang & Sheikh-Khalil, 2014). Wang and Sheikh-Khalil reported that home-based involvement with high schoolers was positively correlated with academic achievement, whereas school-based involvement was not (2014). Im, Hughes, and West discussed the necessity for school involvement in early

childhood as parents play a large role in teaching their kids self-regulation and how to monitor their own schoolwork (2016). This involvement then declines as the child becomes more independent in their academics (Im, Hughes, & West, 2016). However, Im, Hughes, and West did identify that more parental involvement in middle school predicts better academic outcomes in high school (2016).

Types of involvement. Two types of parental involvement in the academic setting and their impact are identified in the literature: home based and school based (Alameda-Lawson, Lawson, & Lawson, 2010; Bower, Bowen, & Powers, 2011; Chen & Zhu, 2017; Choi, Chang, Kim, & Reio, 2015; Im, Hughes, & West, 2016; Reinke, Smith, & Herman, 2019; Wang & Sheikh-Khalil, 2014). Choi et al. (2015) uses definitions from Pomerantz, Moorman, and Litwack (2007) for home-based and school-based parental involvement calling them, "the most clear and inclusive" (p. 155). Pomerantz et al. (2007), as cited in Choi et al. (2015), defines *school-based involvement* as "practices on the part of parents that require their making actual contact with schools," and home-based involvement as "parents' practices related to school that often take place outside of school" (p. 155).

School-based involvement includes parent involvement on school campus and in the classroom, such as volunteering and being present at school (Chen & Zhu, 2017; Reinke, Smith, & Herman, 2019). Most of the literature states that elementary students benefit from this type of involvement; however, it is not significantly beneficial for high school students (Choi, Chang, Kim, & Reio, 2015; Wang & Sheikh-Khalil, 2014). The elementary school children were reported expressing desire for their parents to be on campus and encouraging their parents to be involved; in contrast, adolescent students

express decreased desire for parental involvement through reduced disclosure of their activities to their parents (Alameda-Lawson, Lawson, & Lawson, 2010; Im, Hughes, & West, 2016).

Home-based parental involvement, as previously mentioned, includes parental attitudes about school, engagement and interest in the students' learning and educational future, and homework help (Alameda-Lawson, Lawson, & Lawson, 2010; Chen & Zhu, 2017; Im, Hughes, & West, 2016). When parents foster positive psychological, emotional, and academic attributes in their children, the children perform better academically (Choi et al., 2015; Wang & Sheikh-Khalil, 2014). As mentioned above, reciprocal trust between parents and teachers regarding the student greatly impacts that students' academic success (Bower, Bowen, & Powers, 2011). Home-based parental involvement was found to have a significant effect on academic outcomes for children of all ages, such as math efficacy and performance (Choi, Chang, Kim, & Reio, 2015) and improved academic functioning in high school (Wang & Sheikh-Khalil, 2014). Wong et al. found home-based involvement to have positive effects on the child's psychosocial development (2018).

Parental Involvement with Mental Health

Most of the literature that exists on the topic of parental involvement with mental health focuses on how parental involvement impacts mental health in the school setting or in addition to academic achievement (Searcy van Vulpen, Habegar, & Simmons, 2018; Wang, La Salle, Do, Wu, & Sullivan, 2019; Wang & Sheikh-Khalil, 2014). Other authors address the benefits of family therapy versus individual therapy (Karpetis, 2010; Silverman, Kurtines, Jaccard, & Pina, 2009). Others also focus on the impact of parental

mental health on the child's own mental health and development (Karpetis, 2010; Valdez, Shewakramani, Goldberg, & Padilla, 2013). Valdez et al. (2013) found that parental depression was improved by emotional and educational involvement at home with their child. Karpetis (2010) demonstrates a case study of the connection between parent and child mental health, showing that when one improves, the other improves as well.

       Family therapy/involvement versus individual therapy. Although limited, some articles have addressed differences between family therapy and individual therapy as far as child outcomes are concerned (Dowell & Ogles, 2010; Jeon & Myers, 2017; Kapke, Gerdes, Kapke, & Gerdes, 2016; Piotrowska et al., 2017; Silverman, Kurtines, Jaccard, & Pina, 2009;). There is general agreement that parental involvement, and specifically family therapy, is more beneficial for child outcomes than individual therapy (Karpetis, 2010; Searcy van Vulpen, Habegar, & Simmons, 2018; Wang, La Salle, Do, Wu, & Sullivan, 2019; Wang & Sheikh-Khalil, 2014). Poole et al. (2018) found that having the parents involved in therapy reduced psychological symptoms in both parent and child. However, in a study on family versus individual CBT treatment for child anxiety, Silverman, Kurtines, Jaccard, and Pina found the outcomes of both groups to be the same (2009).

       Parental mental health. Wilkinson, Harris, Kelvin, Dubicka, and Goodyer discovered that parental psychopathology was directly related to the severity of depression in the child. The more severe the child's depression symptoms were, the more severe psychological symptoms the parents experienced (2013). Valdez, Shewakramani, Goldberg, and Padilla also found that parental displays of depression and anxiety are correlated with negative social and educational outcomes in children (2013). Family

therapy as well as parental treatment for mental health symptoms are positively correlated with improved adolescent mental health (Poole et al., 2018; Wilkinson et al., 2013). Children whose parents had a mental health diagnosis were found more likely to seek treatment for their own mental health (Plass-Christl et al., 2017).

Parent Empowerment

Parent empowerment has a positive correlation with child academic outcomes (Doumas, King, Stallworth, Peterson, & Lundquist, 2015; Issurdatt & Whitaker, 2013; Jeon & Myers, 2017; Kirkbride, 2014; Nieuwboer, Fukkink, & Hermanns, 2017; Piotrowska et al., 2017). In low socioeconomic households and Spanish-speaking households, the research shows an especially noticeable improvement in academic outcomes when the parent has received empowerment or training (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017). Kim and Bryan also show that there is no difference in academic achievement in children who are from a higher socioeconomic status and whose parents are college graduates (2017). Nieuwboer, Fukkink, and Hermanns discovered that online consultation for parents significantly increases parent empowerment and family outcomes (2017).

Parent training. Educating and training parents on how to engage with their child, as well as set boundaries and stay in control, help improve child functions (Doumas, King, Stallworth, Peterson, & Lundquist, 2015; Issurdatt & Whitaker, 2013; Jeon & Myers, 2017; Nieuwboer, Fukkink, & Hermanns, 2017). These trainings range from engaging with the child's school and the child at school to giving parents the tools to remain in control (Alameda-Lawson, Lawson, & Lawson, 2010). Specifically, social workers can encourage and support parents in creating their desired relationship with

their child (Issurdatt & Whitaker, 2013). Doumas et al. (2015) found significant changes in parenting practices including family involvement and parent self-efficacy. As previously mentioned, however, children of college-educated parents and families in a high socioeconomic status appear to not significantly benefit from these types of supports (Kim & Bryan, 2017).

Parent supports. Much of the literature indicates that an important aspect to child outcomes is for schools, service providers, and other family members to provide support to the parents of these children. Several of these articles also outline ways in which service providers including social workers can provide support to parents through online and face-to-face interactions (Alameda-Lawson, Lawson, & Lawson, 2010; Bower, Bowen, & Powers, 2011; Nieuwboer, Fukkink, & Hermanns, 2017). Some of the face-to-face interactions included social work students visiting parents at their homes and inviting them into their parent support group (Alameda-Lawson, Lawson, & Lawson, 2010). Nieuwboer, Fukkink, and Hermanns found that online support was effective in providing parents support as well as answers to questions the parents were able to send in (2017).

Parent-Child Relationships/Family Support

Research indicates that a positive and interactive parent-child relationship is correlated with positive child outcomes (Chen & Zhu, 2017; Piotrowska et al., 2017). Sterret et al. utilized motivational interviewing with parents to increase parental involvement and positive child outcomes (2010). Piotrowska et al. identified that the lack of research on the interactions of two parents and the affects those relationships may have on their child's outcomes (2017). Also identified by Piotrowska et al. is the lack of

universality among parent engagement programs and the lack of knowledge in engaging fathers in these programs (2017).

Cultural considerations. Several studies discuss culture as an important aspect of parent-child relationships (Alameda-Lawson, Lawson, & Lawson, 2010; Chen & Zhu, 2017; Haine-Schlagel & Martinez, 2016; Kapke & Gerdes, 2016; Kim & Bryan, 2017). Some of the literature identifies the differences in parental involvement in Hispanic and Spanish speaking households (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017). Valdez, Shewakramani, Goldberg, and Padilla found that parent involvement in Spanish-speaking households is more likely to include the school engagement piece and homework help than in non-Hispanic households (2013). Also, Chun and Devall found that Latino parents are more likely to be involved with their students when they perceived a welcoming school climate (2019). Chen and Zhu found that Asian, white, and black parents were all likely to encourage different types of activities for their children with white parents being the most likely to encourage participation in a club (2017).

Socioeconomic considerations. Some authors find that families of low socioeconomic status are more likely to have low parental engagement at home and school (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017). However, others find that families of low socioeconomic status are more likely to benefit from parental involvement and relational trainings (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017; Wang & Sheikh-Khalil, 2014). Wang and Sheikh-Khalil also present the possibility that children from families with low socioeconomic status may not

benefit from school-based parental involvement when the involvement is due to existing behavior problems, such as parent-teacher conferences (2014).

Protective factors. The Protective Factors Survey (Appendix B) is an evaluation tool for caregivers on child maltreatment (FRIENDS, 2009). The Protective Factors Survey (PFS) is the only peer-reviewed, reliable, and valid tool for collecting data on multiple protective factors within the field of child abuse prevention (Sprague-Jones, Counts, Rousseau, & Firman, 2019). The survey has five subscales including Family Functioning/Resiliency, Social Emotional Support, Concrete Support, Child Development/Knowledge of Parenting, and Nurturing and Attachment (FRIENDS, 2009). According to the FRIENDS manual, success is considered when there is an increase in score from pre- to posttest in just one of the subscales (2009).

Early Childhood Parent Involvement

A majority of the literature focuses on parent involvement in early childhood as opposed to adolescence. Bower, Bowen, and Powers, as well as Piotrowska et al., focus specifically on how parents are engaged with the schools and school faculty (2011; 2017). It was found that the more involved parents are in early childhood, the more likely it is that children will be academically successful and psychologically well-adjusted as they get older (Barger, Kim, Kuncel, & Pomerantz, 2019; Chen & Zhu, 2017). Other benefits of parental school engagement during early childhood include reduced delinquency, increased motivation and engagement in school (Alameda-Lawson, Lawson, & Lawson, 2010; Barger et al., 2019).

School involvement. Younger children benefit greatly from school-based parental involvement as well as home-based involvement (Alameda-Lawson, Lawson, &

Lawson, 2010; Barger et al., 2019; Bower, Bowen, & Powers, 2011). In a study by

Alameda-Lawson, Lawson, and Lawson, respondents said they liked having their parents

at school, and parent respondents said their children were eager for them to be on campus

(2010). Studies also suggest that parents are much more likely to be engaged with

children in general when children are young (Alameda-Lawson, Lawson, & Lawson,

2010; Barger, Kim, Kuncel, & Pomerantz, 2019; Bower, Bowen, & Powers, 2011; Chen

& Zhu, 2017; Jeon & Myers, 2017; Piotrowska et al., 2017; Silverman, Kurtines, Jaccard,

& Pina, 2009).

Outcomes. Better educational outcomes are indicated for children whose

parents are involved at school as well as at home (Bower, Bowen, & Powers, 2011;

Chen & Zhu, 2017; Jeon & Myers, 2017; Piotrowska et al., 2017). Some of the

literature also found that children whose parents were engaged in early childhood

have better educational outcomes when they are in middle and high school (Barger,

Kim, Kuncel, & Pomerantz, 2019; Chen & Zhu, 2017; Im, Hughes, & West, 2016).

However, Barger et al., found that parental involvement in children's homework

had a negative effect on children's achievement and suggest this relationship may

be due to parents only becoming involved after a child is struggling academically

or that parent involvement in homework impairs the child's skill development.

Adolescent Parent Involvement

Parent involvement is greatly reduced during adolescence (Barger, Kim, Kuncel,

& Pomerantz, 2019; Wang & Sheikh-Khalil, 2014). Consequently, adolescents are less

likely to benefit from parental involvement at school. The older the adolescent, the less

likely the adolescent is to want parents involved at all and the more parents rely on

adolescent disclosure of information (Choi et al., 2015; Im, Hughes, & West, 2016).

However, when parents expressed the importance of education and discussed the child's

future plans, the child was more engaged at school behaviorally, emotionally, and had

higher achievement (Barger, Kim, Kuncel, & Pomerantz, 2019; Wang & Sheikh-Khalil,

2014).

Engagement. Stadnick, Haine-Schlagel, and Martinez define *parent participation*

engagement as "active and responsive contributions in and between sessions," (2016, p.

745). Reinke, Smith, and Herman define it as "family-school partnerships and parental

involvement," (2019, p. 346). Several authors use *involvement* and *engagement*

interchangeably (Barger et al., 2019; Reinke, Smith, & Herman, 2019; Wang & Sheikh-

Khalil, 2014). Parent motivation greatly impacts parent engagement (Reinke, Smith, &

Herman, 2019). Examples of "active and responsive contributions" would include parent

discussions of adolescent academic performance and goals (Barger, Kim, Kuncel, &

Pomerantz, 2019; Wang & Sheikh-Khalil, 2014).

Outcomes. Wang and Sheikh-Khalil found that parental involvement at school

does not increase educational outcomes in adolescence as it does in early childhood;

however, parent involvement in academic socialization had a significant positive impact

on achievement and a significant negative impact on depression (2014). Research also

indicates that parental involvement at home indicates improved social functioning in

adolescence (Benner, Boyle, & Sadler, 2016; Wang & Sheikh-Khalil, 2014). Gordon and

Cui found general parental support, specifically through encouragement, had a positive

effect on child academic outcomes when facing academic challenges (2012). Despite

these improved outcomes, Im, Hughes, and West found decreased parent knowledge and engagement during the middle school years (2016).

Barriers to Parental Involvement

Barriers that may hinder or limit a child's outcomes include parent's own knowledge, parental skills, parental empowerment, cultural, economic status and more (Im, Hughes, & West, 2016; Kim & Bryan, 2015; Valdez et al., 2013; Wang & Sheikh-Khalil, 2014). Further, there are barriers that may impair the parent's ability to be active and involved in certain aspects of their children's lives, such as their own mental health, their own culture and support system, and their economic status (Kapke et al., 2016; Loon et al., 2014).

Cultural barriers. Kapke et al. (2016) and Stadnick et al. (2016) discuss the lower level of parental engagement in Hispanic and Latino families due to cultural beliefs and lack of family support of mental health treatment. Kapke et al. also discuss how the lack of cultural competence and limited research on Latino youth causes low retention rate among Latino youth and families (2016). Kim and Bryan found that parent empowerment programs did not improve child academic outcomes for African-American parents as well as Asian/Native Hawaiian/Pacific Islander parents and families living in urban areas (2017).

Economic barriers. Alameda-Lawson, Lawson, and Lawson found that giving parents a stipend to participate in their program improved participation and retention because the stipend helped parents meet families' basic needs (2010). Kim and Bryan describe children of lower income level families as "typically disadvantaged in the schooling process," whereas children of college-educated parents and higher-income

families did not benefit from the empowerment intervention due to parents already having influence in the school (2017, p. 175). Kapke et al. discuss the barriers faced by lower-income families that keep them from seeking and effectively using mental health services, including higher family stress, family size and instability, as well as single-parent households (2016).

Parental mental health barriers. Children whose parents have or have had a mental health diagnosis are at increased risk for mental health symptoms and diagnoses themselves (Hu, Taylor, Glaurt, & Li, 2019; Plass-Christl et al., 2017; Poole et al., 2018; Wilkinson et al., 2012). Parents with mental health diagnoses tended to be less involved in the adolescents' lives by way of parental monitoring, leading to adolescents' externalizing problems (Van Loon et al., 2014). Kapke et al. discuss that increased parent psychopathology leads to higher rates of treatment dropout and higher rates of perceived barriers to mental health treatments, causing the youth to miss potential treatment opportunities (2016).

Research Gap

Several limitations exist among the literature presented above as it pertains to the topic of parental involvement on child counseling outcomes. A majority of the literature evaluates parental involvement in the academic setting, rather than involvement in mental health and counseling settings (Bower et al., 2011; Choi et al., 2015; Doumas et al., 2015; Im et al., 2016; Kim & Bryan, 2017; Reinke et al., 2019; Searcy van Vulpen et al., 2018). A majority of the literature discusses outcomes for specific populations including Latino and whites, but neglects to address outcomes among African-American and Asian families and cultures (Chen & Zhu, 2017; Haine-Schlagel & Martinez, 2016; Kapke et

al., 2016; Piotrowska et al., 2017). Dowell & Ogles (2010), Jeon and Myers (2017), Kapke et al. (2016), Piotrowska et al. (2017), and Silverman et al. (2009) are the few studies that discuss both family interventions outcomes as well as individual therapy outcomes.

STAR Program

The foundation for the STAR program started in 1983 and was aimed at helping runaway and truant youth. By 1989, the program developed into the STAR program and was offered in all 254 Texas counties, providing early intervention for families and youth who might otherwise end up in foster care (Nowicki, 2012). According to the Outcomes Report published by the Texas Department of Family and Protective Services (2017), over 18,800 families were served by a STAR program in 2016, and 99.8% of those youth served did not experience abuse or neglect during or after STAR services.

Expected Outcomes

Family therapy is shown to be more effective than individual therapy for child outcomes (Karpetis, 2010; Searcy van Vulpen, Habegar, & Simmons, 2018; Wang, La Salle, Do, Wu, & Sullivan, 2019). However, Silverman, Kurtines, Jaccard, and Pina found no difference in outcomes between family and individual therapy (2009). The more involved parents are, the better outcomes the child should have mentally, emotionally, and academically (Choi et al., 2015; Wang & Sheikh-Khalil, 2014; Wong et al., 2018). There is also a direct correlation expected between improved child mental health and improved mental health of the parent (Poole et al., 2018).

Conclusion

Overall, the literature shows that increased parental involvement indicates better child outcomes in areas such as social, emotional, behavioral, and academic functioning (Choi et al., 2015; Wang & Sheikh-Khalil, 2014; Wong et al., 2018). Research also reveals a relationship between parental mental health and child mental health, and they may directly affect each other (Poole et al., 2018). Due to these findings, it is first hypothesized for this study that higher parental involvement with STAR services and higher goal attainment of the child's counseling, will result in an increase in the Protective Factors Survey change score. Due to statements in the literature regarding the effectiveness, benefits, and likelihood of parents being more involved with younger children, the second hypothesis predicts that the younger the children are, the more involved parents will be with services, and the better outcomes they will have in both goal attainment and PFS scores (Alameda-Lawson, Lawson, & Lawson, 2010; Barger, Kim, Kuncel, & Pomerantz, 2019; Bower, Bowen, & Powers, 2011; Chen & Zhu, 2017; Jeon & Myers, 2017; Piotrowska et al., 2017; Silverman, Kurtines, Jaccard, & Pina, 2009; Wang & Sheikh-Khalil, 2014). According to Kapke et al. (2016), Hispanic and Latino families are generally less supportive of mental health treatment than non-Hispanic families. Based on these findings, the third hypothesis predicts that there will be a lower level of parental engagement in Hispanic families and shorter amounts of time in services, resulting in lower goal attainment.

CHAPTER III

METHODOLOGY

Methodology

The methodology for this study was designed based on the research question, hypotheses, and available data. This section will discuss the design of the study, the data collected, IRB protections, procedures, and analysis. This study was approved as an exempt study by ACU's IRB (Appendix A).

Population and Sampling

Data was collected from client files in the STAR program at New Horizons that closed services between September 2018 and August 2019. The data was collected from paper files kept in a locked cabinet at the New Horizons office. The data analyzed for this study included the pretest and posttest of the Protective Factors Survey, demographic information including age and race, session count and attendance sheets, and case manager documentation to determine how often the parents were a part of or involved in services and if the child had improved outcomes at the end of services. This existing data was collected by the assigned case manager during intake, throughout services, and during the closing session with families and will be de-identified and analyzed by the primary investigator (PI) of this study. Collected data also included a reason for referral, categorized as behavioral concerns, mental health concerns, CPS case, family dynamic concern, and other. Permission has been granted by the agency to collect data from client files from the STAR program at New Horizons (Appendix B).

Human Subjects Protections

Because data was collected from client files of children, no consent will be required due to the use of secondary data. The data that was collected was transcribed into an Excel spreadsheet and kept on a password-protected computer. No identifying information was recorded or kept with the collected data. Any coding done during the collection phase was destroyed after the collection was complete. This study was approved as an exempt study by ACU's IRB (Appendix A).

Instrumentation

Secondary data from the closed STAR files were used to determine parental involvement and assess the outcomes of the child. The PFS was used and scored according to the PFS User Manual. The PFS has five subscales: Family Functioning/Resiliency, Social Emotional Support, Concrete Support, Nurturing and Attachment, and Child Development/Knowledge of Parenting. Family Functioning (FFPS) has five items which are added and divided by the number of items to receive a score. FRIENDS National Resource Center for Community-Based Child Abuse Prevention report the reliability of this subscale as .89. It is used to determine the family's adaptability, sharing, and problem management skills. Social Emotional Support (SS) is used to assess the family's support system for emotional needs. This subscale has three items that are added and divided by 3 and has a reliability rating of .89. Concrete Support (CS) has three items with a reliability score of .76 and is used to assess the family's access to services and coping skills. Nurturing and Attachment (NA) has four items with a reliability rating of .81. This subscale is used to emotional ties during child development. The final subscale, Child Development/Knowledge of Parenting is used to

assess the understanding and use of effective techniques with the child. This subscale has five items but has no reliability rating because it is not recommended to include the calculation of this subscale due to the nature of those questions.

Changes in PFS scores are associated with positive outcomes for the youth. Goal attainment scaling was used to evaluate parental involvement by classifying their participation in family sessions as expected, more than expected, much more than expected, less than expected, or much less than expected (Kiresuk & Sherman, 1968).

Outcomes were also evaluated based on a review of client goals using Kiresuk & Sherman's "goal attainment scaling" (S&K, 1968). The scale ranges from -2 to +2. Based on Kiresuk and Sherman's model, -2 was equal to a child meeting their goals at a level much less than expected, -1 being somewhat less than expected, 0 being as expected, +1 being somewhat more than expected, and +2 much more than expected (1968). The scores were assigned to the cases in this study according to the case manager's assessment of the youth meeting the goals either fully, somewhat, or not at all, and the case manager's notes explaining the youth's achievements.

Study Procedures

The program being evaluated provides counseling to at-risk youth by meeting the child at school once a week for individual sessions to work on life and coping skills. The program also meets with the family once a month to evaluate where the child and family are at in terms of functioning and provide support going forward. The parents complete a PFS at the beginning and end of services to determine if the program has improved the targeted areas of their lives. The pretest and posttest scores were calculated and compared to determine if there was any improvement in family functioning, child outcomes, and

parental involvement after services in the STAR program. Data including age and race, which had already been collected by the agency, were given to the PI. Recorded data counting how many times the parents were involved in a counseling session was examined by the PI, as well as any notes the case manager made on parent involvement or child outcomes.

Data Analysis

The data was then analyzed using the Statistical Package for the Social Sciences. Paired samples *t*-tests were conducted to determine if there was any improvement between pretests and posttests in terms of the measured outcomes. The analysis included multivariate analysis of variance to determine the effects of the dependent variables such as age, gender, and race, on the change score of the protective factors survey.

CHAPTER IV

FINDINGS

This chapter discusses the data collected from the STAR files, the tests run, and results of those tests. Also discussed, are the hypotheses made prior to collecting the data and the outcomes of those hypotheses after analyzing the collected data.

Findings

Data were collected from 87 closed STAR files that were closed between September 2018 and August 2019. Ages of the youths in the examined files ranged from 6 years old to 18 years, with a mean of 12 years old. Of the 87 files, 47 youth were female and 40 were male (Table 1)

Table 1

STAR Demographics

Category: Referral Source	Frequency	Percent
Parent	40	46.5%
School	28	32.6%
Youth	3	3.5%
CPS	8	9.3%
Law Enforcement	7	8.1%
Total	86	100.00%
Category: Youth Gender		
Female	47	54.7%
Male	39	45.3%
Total	86	100.00%
Category: Youth Ethnicity		
Hispanic	35	40.7%
Non-Hispanic	51	59.3%
Total	86	100.00%
Category: Caregiver Ethnicity		
Hispanic	26	54.7%
Non-Hispanic	58	67.45
Missing	2	2.3%
Total	86	100.00%
Category: Months Opened		
1 Month	15	17.4%
2 Months	9	10.5%
3 Months	11	12.8%
4 Months	16	18.6%
5 Months	7	8.1%
6 Months	17	19.8%
7 Months	7	8.1%
8 Months	2	2.3%
9 Months	1	1.2%
10 Months	1	1.2%
Total	86	100.00%
Category: Number of Family Sessions		
0 Family Sessions	43	50.0%
1 Family Sessions	14	16.3%
2 Family Sessions	15	17.4%
3 Family Sessions	5	5.8%
4 Family Sessions	2	2.3%
5 Family Sessions	3	3.5%
6 Family Sessions	1	1.2%
7 Family Sessions	2	2.3%
8 Family Sessions	1	1.2%
Total	86	100.00%

Age of Respondents:	
Mean:	12.51
Median:	13
Min:	6
Max:	18

A majority of the referrals were made by the parent, 40, with the school being next with 28. Three referrals came from the youths themselves, eight came from CPS, and seven came from law enforcement. The referral reason for 82 of the cases was family conflict, with misdemeanors and runaways making up the rest. The reasons for close included 51 completing the program, 10 cases had a voluntary withdrawal, 18 were unable to contact, two moved out of the service area, two refused to participate, and three had an involuntary withdrawal.

Hypothesis Tests

Hypothesis 1

The first hypothesis predicted that the more involved parents are with STAR services and the greater the goal attainment of the child, there would be an increase in the Protective Factors Survey change score. Goal attainment scaling was also used to identify level of success in completing target goals for the youth. This hypothesis was tested using Pearson's *r* to correlate goal attainment scores with number of sessions completed by parents. Using this test, a correlation coefficient of 0.468 ($p = 0.000$, $df = 85$) was obtained, supporting the hypothesis.

The hypothesis was also tested using completion of the program, as indicated by the presence of both pretest and posttest scores on the PFS, and outcomes as measured by GAS. In this case, the average GAS of clients whose parents completed both measures was 1.10, while the average GAS of those whose parents did not complete both measures

was -0.17. This difference was statistically significant ($t=4.858$, $df=85$, $p<0.001$). This hypothesis was therefore supported by both tests.

Table 2

Descriptive Statistics

	N	Min	Max	Mean	SD
# months open	87	1	10	4.13	2.230
# family sessions	87	0	8	1.34	1.916
Valid *N*	87				

It was found that among the parents who completed the posttest the child's goal attainment score was a mean of 1.10, whereas, the mean goal attainment score of the children whose parents did not complete the posttest was -.17. An increase in posttest score to pretest score in three of the four categories measured by the PFS was found. This hypothesis is accepted because significance was found between goal attainment and the number of family sessions ($p=.000$).

Table 3

PFS Scores

Category	Frequency	Range	Min	Max	Mean	*SD*
FFPSC Pre-Test	85	5.6	1.4	7.0	5.03	1.17
SS Pre-Test	85	6.0	1.0	7.0	5.51	1.55
CS Pre-Test	85	6.0	1.0	7.0	5.78	1.49
NA Pre-Test	86	4.75	2.25	7.0	5.38	1.07
FFPSC Post-Test	41	3.6	3.4	7.0	5.85	.78
SS Post-Test	41	6.0	1.0	7.0	6.25	1.02
CS Post-Test	40	6.0	1.0	7.0	6.46	1.33
NA Post-Test	41	6.0	4.0	7.0	6.03	.73
Total	86					

Hypothesis 2

The second hypothesis predicted that the younger the children are, the more involved parents will be with services, and the better outcomes they will have in both goal attainment and PFS scores. The hypothesis was first tested by comparing Goal Attainment scaling was compared youth age groups, divided as over 12 years and under 12 years old. The over 12 age group had a mean goal attainment score of .13, while the under 12 age group had a mean score of .93 ($t = -2.862$; $df = 85$; $p = 0.005$). Using this approach to testing the hypothesis, it was supported.

The hypothesis was also tested by comparing age with PFS subscore changes, comparing those 12 and younger with those 13 and above. On the FFPSC scale, younger clients' families reported a mean change of 0.8706, with families of older children reported a change of 0.8104 ($t = -0.176$, $df = 39$, $p>0.05$). On the SS scale, younger clients' families reported a mean change of 0.3918, with families of older children reported a change of 0.9130 ($t = 1.646$, $df = 38$, $p>0.05$). On the CS scale, younger clients' families reported a mean change of 0.8394, with families of older children reported a change of 0.1678 ($t = -1.768$, $df = 37$, $p>0.05$). On the NA scale, younger clients' families reported a mean change of 0.4412, with families of older children reported a change of 0.7500 ($t = .970$, $df = 39$, $p>0.05$). While not statistically significant, there is a noticeable difference as the over 12 group approaches 0, a neutral score, while the under 12 approaches a positive score of 1. This hypothesis, then, is rejected due to a lack of significance.

Table 4

Group Statistics

Category	TY Age	N	Mean	SD	Std. Error Mean
Goal Attainment	>=12	56	.13	1.402	.187
	<12	31	.97	1.140	.205
FFPSCchange	>=12	24	.8104	1.144	.23359
	<12	17	.8706	.9796	.23760
SSchange	>=12	23	.9130	1.0945	.22822
	<12	17	.3918	.8248	.2004
CSchange	>=12	23	.1678	1.0700	.22311
	<12	16	.8395	1.2957	.32393
NAchange	>=12	24	.7500	.9555	.19505
	<12	17	.4412	1.0699	.25950

Hypothesis 3

Finally, the third hypothesis predicted that there would be a lower level of

parental engagement in Hispanic families and shorter amounts of time in services,

resulting in lower goal attainment. The hypothesis was tested first by comparing GAS by

client ethnicity. The 35 Hispanic youth had a mean goal attainment score of .46, where

the 51 non-Hispanic youth had a mean score of .37 ($t = .280$). The hypothesis was also

tested by comparing differences in GAS according to the ethnicity of the primary

caregiver. In this case, the 26 identified Hispanic primary caregivers were associated with

the youths' mean goal attainment score of .42, and the non-Hispanic caregivers were

associated with a mean score of .38. This hypothesis is rejected because there is no

statistical significance between the goal attainment scores.

CHAPTER V

DISCUSSION

Overall, the literature shows that increased parental involvement indicates better child outcomes in areas such as social, emotional, behavioral, and academic functioning (Choi et al., 2015; Wang & Sheikh-Khalil, 2014; Wong et al., 2018). Based on the findings, parents who were more involved, such as having higher family session counts and staying engaged through completion of the program to complete the posttest, had high child goal attainment, as the literature suggests. Research also reveals a relationship between parental mental health and child mental health and indicates that they may directly affect the other (Poole et al., 2018). While not a direct indication of mental health itself, the findings showed a relationship between parent engagement as it related to child goal attainment and improved PFS scores. The PFS manual considers success to be an increase in at least one of the subscales. This study found a mean increase in three of the four subscales measured.

The data analysis compared pretest and posttest scores for the PFS survey, while also controlling for the number of cases that contained a completed posttest. Of the 87 files evaluated, 41 cases completed the posttest PFS. There was no statistically significant difference in the pretest scores of those that completed the posttest and those who did not. Statistical significance was found among goal attainment in those who completed the posttest and those who did not. Those who had a completed the posttest had a mean goal attainment score of 1.10, while those who did not complete the posttest had a mean goal

attainment score of -.17. Of the files with a completed posttest, significance was found from pretest to posttest in three of the four areas the PFS evaluates. The fourth subscale, family functioning and resiliency approaches significance at .035. The analysis also found that the referral source was not a significant determinant of completing the posttest or parental engagement in services.

The data analysis also compared session counts, specifically how many family sessions a family had compared with their number of months open, as the program guidelines require the counselor to attempt to hold one family session a month. Of the 41 families that completed the posttest, there was a mean of .497 family sessions a month, but the families who did not complete the posttest had a mean of .137 family sessions a month. A significant correlation was found between goal attainment and number of months a family received services, as well as between goal attainment and the number of family sessions. Both correlations were significant at .000. The significant correlation explains the variance.

Higher parental involvement is expected for younger children, according to the literature (Alameda-Lawson, Lawson, & Lawson, 2010; Barger, Kim, Kuncel, & Pomerantz, 2019; Bower, Bowen, & Powers, 2011; Chen & Zhu, 2017; Jeon & Myers, 2017; Piotrowska et al., 2017; Silverman, Kurtines, Jaccard, & Pina, 2009). It is also discussed in the literature that middle and older adolescents are less likely to want parental involvement and less likely to benefit from parental involvement (Barger, Kim, Kuncel, & Pomerantz, 2019; Choi et al., 2015; Im, Hughes, & West, 2016; Wang & Sheikh-Khalil, 2014). However, this study found no statistical significance in age difference as it related to parental involvement and child goal attainment.

The literature discusses that parental involvement in Hispanic households may differ from non-Hispanic households (Alameda-Lawson, Lawson, & Lawson, 2010; Kim & Bryan, 2017). It was found that Spanish-speaking households were more likely to include parental involvement in home-based activities such as homework help and that parents were involved at school only when they perceived a welcoming environment (Chun & Devall, 2019; Valdez, Shewakramani, Goldberg, & Padilla, 2013). This study found no significant difference on goal attainment among both Hispanic caregivers or Hispanic youth and their non-Hispanic counterparts.

A majority of the data in this study did not reveal statistical significance. There are several factors that may have had impacted that, such as the sample size, the reliability of the PFS being a self-report survey, and the completion rates of the PFS. While some of the data did reveal differences, such as between goal attainment scores for children under 12 (.93) and the scores of children over 12 (.13), it is not significant enough to be meaningful.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

The literature and findings have some implications for agency and practice changes as well as for future research done on this topic.

Implications for Practice

The findings indicate that the more engaged parents are, the higher the goal attainment achieved by their children. These findings imply that case workers and counselors in the STAR program should explore alternative opportunities to engage with parents and increase parental participation.

Implications for Policy

Due to the improved outcomes from parental involvement, agency as well as state-wide policy may benefit from considering what approaches are currently being used to engage parents and how that could be improved in the future. Currently, New Horizons has a three-contact attempt policy, stating that a case manager is required to make three contact attempts within a month to schedule a family session. If after that first month the case manager has been unsuccessful in scheduling a family session, the case manager need only attempt one contact a month in the following months. However, this policy also states that if there have been no successful attempts to scheduling family sessions after 90 days of opening a family, the family should be closed. While not statistically significant, some of the data found in this analysis revealed that kids whose parents are not as engaged still benefit from services at some level. Those in policy positions may

need to reevaluate this data to determine if it a child benefiting from services should be closed if the parent is not involved.

Implications for Future Research

As previously mentioned, the above findings indicate further efforts to engage parents. It may be notable for future research to discover alternative engagement methods and program designs to support the parental involvement aspect that this study, among others, has been found to be a high indicator of child success and improved family functioning.

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APPENDIX A

IRB Approval

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

December 11, 2019

Rebecca Schardt
Department of Social Work
Abilene Christian University

Dear Rebecca,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
The effects of parental involvement on child counseling outcomes",

(IRB# 19-150   )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

APPENDIX B

Protective Factors Survey

Protective Factors Survey for Caregivers							
PROGRAM STAFF USE ONLY							
PRE SERVICE □	IN SERVICE □	POST SERVICE □	PEIRS Enrollment ID#				
Caregiver First Name			Caregiver Last Name:				
Caregiver DOB:			Today's Date:				
Is this family member an expectant parent with no other children in the home?					Yes □	No □	
Has this family member completed the program?					Yes □	No □	

Thank you for taking the time to fill out this survey! The information will be used to evaluate the program. For each of the questions, please answer in your own opinion or experience instead of trying to answer for other members of your family. Please answer honestly. There are no right or wrong answers.

If you have any questions about one of the statements or the answer scale, ask one of the program staff. Please do not skip a question.

Part I. Please circle the number that describes how often the statements are <u>true</u> for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. For example, the number 4 means that the statement is true about half the time.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
1. In my family, we talk about problems.	0	1	2	3	4	5	6	7	0
2. When we argue, my family listens to "both sides of the story."	0	1	2	3	4	5	6	7	0
3. In my family, we take time to listen to each other.	0	1	2	3	4	5	6	7	0
4. My family pulls together when things are stressful.	0	1	2	3	4	5	6	7	0
5. My family is able to solve our problems.	0	1	2	3	4	5	6	7	0

Part II. Please circle the number that best describes how much you <u>agree or disagree</u> with the statement.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
6. I have others who will listen when I need to talk about my problems.	0	1	2	3	4	5	6	7	0
7. When I am lonely, there are several people I can talk to.	0	1	2	3	4	5	6	7	0
8. I would have no idea where to turn if my family needed food or housing.	0	1	2	3	4	5	6	7	0

9. I wouldn't know where to go for help if I had trouble making ends meet.	0	1	2	3	4	5	6	7	0
10. If there is a crisis, I have others I can talk to.	0	1	2	3	4	5	6	7	0
11. If I needed help finding a job, I wouldn't know where to go for help.	0	1	2	3	4	5	6	7	0

Part III. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's age or date of birth and then answer questions with this child in mind.

Child's Age _____ or DOB _____/_____/_____

If you are expecting your first baby and there are no more children in your home, STOP here.

	Not Answered	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree	N/A
12. There are many times when I don't know what to do as a parent.	0	1	2	3	4	5	6	7	0
13. I know how to help my child learn.	0	1	2	3	4	5	6	7	0
14. My child misbehaves just to upset me.	0	1	2	3	4	5	6	7	0

Part IV. Please tell us how underlined often each of the following happens in your family.

	Not Answered	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always	N/A
15. I praise my child when he/she behaves well.	0	1	2	3	4	5	6	7	0
16. When I discipline my child, I lose control.	0	1	2	3	4	5	6	7	0
17. I am happy being with my child.	0	1	2	3	4	5	6	7	0
18. My child and I are very close to each other.	0	1	2	3	4	5	6	7	0
19. I am able to soothe my child when he/she is upset.	0	1	2	3	4	5	6	7	0
20. I spend time with my child doing what he/she likes to do.	0	1	2	3	4	5	6	7	0

Computing Subscale Scores

**Computing
Subscale Scores**

The following are directions for calculating the scores by hand.

Step #1: Reverse score selected items
Before subscales can be calculated, all items need to be scored in the same direction such that a higher score reflects a higher level of protective factors. The following items require reverse-scoring: *8, 9, 11, 12, 14, and 16.*

To reverse-score the items listed above, use the following scoring transformation: A score of 1 is rescored 7, a score of 2 is rescored 6, a score of 3 is rescored 5, a score of 5 is rescored 3, a score of 6 is rescored 2, a score of 7 is rescored 1.

Step #2: Calculate the subscale scores

Family Functioning/Resiliency
The FFPSC subscale is composed of items 1 through 5. If fewer than 4 of items 1 through 5 were completed don't compute a score. If 4 or more items were completed sum the items responses and divide by the number of items completed.

Social Support
The SS subscale is composed of items 6, 7, and 10. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Concrete Support
The CS subscale is composed of items 8, 9, and 11. If fewer than 2 of these items were completed don't compute a score. If 2 or more items were completed sum the items responses and divide by the number of items completed.

Nurturing and Attachment
The NA subscale is composed of items 17, 18, 19, and 20. If fewer than 3 of these items were completed don't compute a score. If 3 or more items were completed sum the items responses and divide by the number of items completed.

Child Development/Knowledge of Parenting

The knowledge of parenting and child development factor is composed of five unique items (12, 13, 14, 15, and 16). Because of the nature of these items, calculation of a subscale score is not recommended. Means, standard deviations, and percentages should be used to assess an agency's progress in this area.

APPENDIX C

Agency Approval

From: Stephanie N. Duncan <stephanie.duncan@newhorizonsinc.com>
Sent: Wednesday, October 30, 2019 8:56:19 AM
To: Rebecca Schardt <rebecca.schardt@newhorizonsinc.com>
Subject: RE: Thesis Approval

Rebecca,

I approve of your research of our closed STAR files from Fiscal Year 2019 given that you are a New Horizons employee while conducting this research and abide by our confidentiality policies and agreements. Identifying client information must remain private unless a release is signed by each STAR family who is a part of your research. Please let me know how I can be of assistance in your research.

Thanks,

Stephanie Duncan, LCSW, LCPAA

Treatment and Operations Director

New Horizons CPA and Family Services