Headway Emotional Health Services: A Parent Satisfaction Survey and Needs Assessment

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Headway Emotional Health Services: A Parent Satisfaction Survey and Needs Assessment

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Introduction
Headway Emotional Health Services seeks to transform lives and restore families by providing a variety of quality mental health services to children and families in the Twin Cities Metro Area.

The Vision Program is a partnership between Headway and the Bloomington Public School system. The Vision Program serves K-12 students who qualify for level 3 Emotional and/or Behavioral Disability (EBD) services. All students are in a classroom at their mainstream school and receive daily support from the Vision Mental Health Specialist, a special education classroom teacher, and a paraprofessional. Many students are able to participate in some mainstream programming through the support they receive from the Vision team. Parental participation in therapeutic support services is a required component of Vision.

Purpose
To learn about the perceptions of parents of the Vision Program’s therapeutic support services by answering the following questions.

1. Are parents satisfied with the Vision Program’s Therapeutic Support Services?
2. Do parents perceive their child as improving or maintaining her/his level of functioning?
3. What other services do parents and families have, that are not currently being met by the Vision Program?
4. How can Headway improve services?

Literature Review Highlights:
Children who receive EBD service are often dealing with a myriad of emotional disturbances such as depression, anxiety, oppositional defiant disorder, and PTSD (Bath, 2008; Simpson, Peterson & Smith, 2012).

Many children who receive EBD services have experienced trauma such as physical abuse, sexual abuse, exposure to domestic violence, and neglect (Bath, 2008; Brandt, Brokken & Van Bokkum, 2012; Simpson, Peterson & Smith, 2012).

Support for parents and parental involvement are essential components of effective interventions (Brandt, Brokken & Van Bokkum, 2002; Simpson, Peterson & Smith, 2012).

The SDQ is a widely used, brief assessment instrument that is shown to be effective at assessing children’s level of functioning (Goodman, 1997.)

Methodology
The survey used three assessment measures to examine parental satisfaction.

Satisfaction Survey- Based on survey used in case management to enable assessment between programs. Consisted of 9 Likert-type questions and 2 qualitative questions. Likert scored between 1 (Poor) and 5 (Excellent)

Needs assessment- Contains 8 Likert-type questions and 2 qualitative questions. Likert scored 1 (would not participate) to 3 (would participate)

SDQ- Used to assess parents perceptions of child’s level of functioning. Results analyzed using Microsoft Excel Spreadsheet to establish mean scores and create graphs.

Results of Satisfactin Survey

<table>
<thead>
<tr>
<th>Predictor Satisfaction</th>
<th>Able to stop yelling</th>
<th>Level of professionalism</th>
<th>Respect Values and Culture</th>
<th>Child Improvement or skill gain</th>
<th>Able to have fun in...</th>
<th>Child’s relationship with...</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3</td>
<td>4.5</td>
<td>4.6</td>
<td>3.7</td>
<td>3.9</td>
<td>4.4</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Results of Needs Assessment

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Parent Support Groups</th>
<th>Culturally specific parenting workshops</th>
<th>Family fun night</th>
<th>Wellness or nutrition classes or workshops for families</th>
<th>EBD parent workshop</th>
<th>Adoptive parent workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>m</td>
<td>3.5</td>
<td>1.7</td>
<td>3.5</td>
<td>3.14</td>
<td>3.6</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Response Quotes
What is working...
- “The support Love Caring and Guidance that has been shown”
- “Learning coping skills”
- “Very Practical for day to day living”
- “The patience of saint…”
- “Always felt they were genuinely concerned…”
- “Thanks you…made an incredible difference in our lives”

How can we improve...
- “More therapy time with my child would be beneficial”
- “A father/son group”
- “Family group and fun time”
- “Focus more on academics”
- “Help with respite care”

Key Findings
- 12 out of 24 parents returned the survey & 26 parents completed SDQ.
- 86% of parents view their child as improving or maintaining level functioning based on SDQ score.
- Over 90% of students improved or maintained level of school attendance.
- 66% of parents report their child improved or maintained their level functioning based on SDQ.

Conclusions
1) Parents are satisfied with the Vision Program’s therapeutic support services and their relationship with their mental health specialist.
2) Most parents (66%) view their child as improving or maintaining level of functioning.
3) Parents would like additional services specific to meeting the needs of students who receive EBD services, such as more family fun nights, parenting classes, and parent support groups.
4) Headway could improve services by helping parent access services identified on the needs assessment.

Recommendations:
1) Continue with current therapeutic support services as these are valued and helpful to clients.
2) Future surveys could have few qualitative questions and examine parents perceptions of academic services.
3) Headway should look into the service needs of parents in other programs such as day treatment, case management, and truancy to explore if EBD based parent support is needed by more families. If it is headway should consider developing program to meet these needs.

Strengths
Survey and Needs assessment can be used by other Headway programs.

Limitations
Response rate of 50% could indicate a response bias.

Implications for Practice
Based on the results of this project the Vision program seems to be successful and providing targeted support services to students in the Bloomington public school.

References available upon request.