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**Parental satisfaction with child mental health services**

Frances Ahunna Ohaeri

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PARENTAL SATISFACTION WITH CHILD MENTAL HEALTH SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Frances Ahunna Ohaeri
June 2008
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5/29/08
ABSTRACT

This research project surveyed 40 foster parents using the Youth Services Survey for Families. Foster parents were included into the study whose foster children were receiving mental health services from agencies that they were referred to by "A Coming of Age Foster Family Agency". The purpose of the study was to assess and identify the factors that influenced the foster parents' level of satisfaction with the mental health services the children they were caring for received.

This research study used availability sampling to collect data. Data were collected from foster parents whose foster children were referred by "A Coming of Age Foster Family Agency" to mental health services. This was done by utilizing a quantitative research method. The results of this research project informs to what degree foster parents' were satisfied with the services their children received from this program, based on the following factors: accessibility of services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, outcomes of the services, and their support systems.
outside of the mental health provider. The results of this study indicate that foster parents had a high degree of satisfaction with the outcome of their children’s services. Significant findings were made linking foster parents with Latino background and satisfaction with the cultural sensitivity of the mental health service provider.
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DEDICATION

I would like to dedicate the completion of this project to myself. Ahunna you did it, even through your doubts you did it. I know it seemed like a never ending battle with juggling school work, thesis, internship, and having a life. But you were too blessed to be stressed and highly favored in the Lord. You continued to have fun as you got your work done. You did your best and came out on top. You did not let one "C" bother you. The motto was, "all I need is a B to pass"
# TABLE OF CONTENTS

ABSTRACT ........................................................................ iii

ACKNOWLEDGMENTS ...................................................... v

LIST OF TABLES ................................................................. ix

CHAPTER ONE: INTRODUCTION

Problem Statement .............................................................. 1

Purpose of the Study .......................................................... 9

Significance of the Project for Social Work .............. 10

CHAPTER TWO: LITERATURE REVIEW

Introduction ................................................................. 15

Theory Guiding Conceptualization ................................. 16

Definition of Consumer Satisfaction ............................... 18

Definition of Consumer .................................................. 20

Definition of Satisfaction ............................................... 20

Importance of Consumer Satisfaction ......................... 21

Parental Satisfaction ..................................................... 26

Factors Affecting Satisfaction ....................................... 30

Summary ................................................................. 35

CHAPTER THREE: METHODS

Introduction ................................................................. 36

Study Design ............................................................... 36

Sampling ................................................................. 37

Data Collection and Instruments .................................. 38

Procedures ............................................................... 40
Protection of Human Subjects ........................................ 40
Data Analysis ..................................................................... 41
Summary ............................................................................. 42

CHAPTER FOUR: RESULTS

Introduction ........................................................................ 43
Demographic and Descriptive Summary of the Sample .......... 43
Summary ............................................................................... 51

CHAPTER FIVE: DISCUSSION

Introduction ........................................................................ 52
Discussion ............................................................................ 52
Limitations ............................................................................ 57
Recommendations for Social Work Practice, Policy and Research ................................................................. 58
Conclusions .......................................................................... 62

APPENDIX A: YOUTH SERVICES SURVEY FOR FAMILIES ...... 63
APPENDIX B: QUESTIONNAIRE ............................................. 67
APPENDIX C: INFORMED CONSENT ..................................... 72
APPENDIX D: DEBRIEFING STATEMENT ............................... 75
REFERENCES .......................................................................... 78
LIST OF TABLES

Table 1. Sample Characteristics .......................... 44
Table 2. Case Characteristics ............................ 46
CHAPTER ONE

INTRODUCTION

Problem Statement

Consumer satisfaction is always crucial and important to every service-oriented industry, and the mental health industry is no exception. The importance of consumer satisfaction to the service provider is evidenced by the numerous times we are asked by providers of various services for feedback on our satisfaction such as, in the restaurant, at the barber shop, school, or after a seminar and/or presentation. Consumer satisfaction may be more difficult to ascertain from consumers of mental health services due to the stigma often placed on those having mental health issues.

Due to the stigma often associated with mental health issues, most people in general do not willingly or voluntarily seek mental health services. They are often referred or ordered by someone, or some system/institution. There are many reasons why people in general are resistive to seeking mental health services willingly and voluntarily. In some instances, the mentally ill are seen as violent and dangerous. And
because of this view, the distance between social acceptance of mental illness and the mentally ill increases. This in turn leads people to resist seeking mental health services. An additional reason why people may be resistant to seeking mental health services is social influence. A person’s social network has an influence on decisions surrounding seeking mental health services. People are more likely to be resistive to seeking mental health services if seeking services is not a common within their direct environment (Vogel, Wade, Wester, Larsen, & Hackler, 2007). The general population tends to treat people with mental illness as not normal, and treats them differently. Guilt also adds to people’s reluctance to seek mental health services. When asked why guilt played a part in people’s reluctance to seek mental services, a retired Licensed Clinical Social Worker expressed that it is more so with parents of a mentally ill child, who may feel guilty and engage in self-blame for the mental condition of their child (C.S. Ohaeri, personal communication, October 5, 2007).

The same reasons that make people reluctant to seek mental health services, can also obscure their perceptions of satisfaction with the services they
receive (Vogel et al., 2007). This makes it more important for clinicians to have access to research-based measures of satisfaction in order to evaluate their clients' perceptions of the services. This will help clinicians develop new techniques and modify existing ones in pursuit of providing better services for their clients, as well as assist clinicians in recognizing and understanding what keeps clients from seeking mental health services (Vogel et al., 2007).

Dissatisfaction with services could also be an explanation for the resistance seen among people. Dissatisfaction among parents regarding mental health services provided to their children is an issue that most clinicians confront regularly (Stallard, 2001). This could be attributed to the fact that most parents may not fully understand the dynamics of mental health issues and the fact that childhood mental disorders are chronic (Rey, O’Brien, & Walter, 2002). The situation is further exacerbated by parents' expectations of the service providers. They expect the provider to cure their child quickly, and save them the stigma, shame, embarrassment, guilt, and the driving to and from the mental health facility (Rey et al., 2002).
Consequently, when their expectations are not met, willingness to voluntarily seek mental health services for their children is affected. In speaking with a retired Licensed Clinical Social Worker it was found that a majority of the parents who bring their children for mental health services are referred or mandated by the courts, child protective service, the school, or some other non-governmental agency (C.S. Ohaeri, personal communication, October 5, 2007).

Therefore, the level of satisfaction of parents ordered to seek mental health services for their children has the potential to be low, as opposed to that of parents who voluntarily sought the same services for their children (Martin, Petr, & Kapp, 2003). In essence, parental dissatisfaction with the services is usually not entirely based on the direct treatment itself.

In addition, the number of parents who are dissatisfied is increasing due to the increased prevalence of mental health disorders among children. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), one in five children have one form of mental health disorder or another, and approximately 7% to 25% of young children (aged 4-8) are
diagnosed with emotional and conduct disorder problems. According to the Center for Mental Health National Outcome Measures (NOMS), in California, 16.2% of children ages 0-12 are receiving mental health services (2006).

It is given that these children with mental health issues are unable to advocate for themselves. Their parents and primary caretakers wind up advocating for them, including in the area of satisfaction related to mental health services provided to them (Young, Nicholson, & Davis, 1995). This is supported by the fact that they are dependent on their parents or caregivers to seek out services for them (Young et al., 1995). Therefore, measuring the satisfaction level of parents one way service providers could get to the use of the results to achieve positive clinical outcomes. The achievement of positive clinical outcomes can prove difficult as long as there is an absence of satisfaction (Lyons, Howard, O'Mahoney, & Lish, 1997).

Often the success and satisfaction of mental health services provided to a child could be dependent upon the parents' level involvement. A parent is more likely to be deeply involved in the child's treatment when his/her level of satisfaction is high (Martin et al., 2003). A
parent’s unwillingness to bring a child in for treatment services can be a sign of lack of involvement, and have a negative effect on the child’s view of treatment. A child’s perception of their parent’s dissatisfaction, as well as their own attitudes towards treatment could hinder the therapeutic process, the therapeutic relationship, as well as mar the overall outcome (Martin et al., 2003). Mental health services provided to children should be focused around the family of the children, because it is usually the parents’ feelings of dissatisfaction that create an obstacle for service providers (Martin et al., 2003).

Through research done by Rey et al. (2002), a suggestion was made that a parent’s dissatisfaction is more based on the parent’s perception of quality of care than the effectiveness of the care. Parents are basing the quality of care on the observable actions supplied by their children as a representative of the outcome (Rey et al., 2002).

Because treatment outcomes for children are dependent on the needs of the child being met as well as becoming a basis for funding, it is only fitting that service provider’s focus on the improvement of their
services (Rey et al., 2002). Issues surrounding the mental health services provided to children continue to receive attention on all levels of government (Rey et al., 2002).

In 2000, a Surgeon General's conference on children's mental health was held in order to develop a national action agenda to ensure that health systems meet children's mental health needs. Some of the goals that were developed as a result of this conference include: "1) Promoting public awareness of children's mental health issues and reduce stigma associated with mental illness, 2) Increasing access to and coordination of quality mental healthcare services, 3) Eliminate racial/ethnic and socioeconomic disparities in access to mental healthcare, and 4) Improving the assessment of and recognition of mental health needs in children" (U.S. Public Health Service, 2000, p. 4-7). Whether these goals are obtained could influence or impact the satisfaction levels of parents whose children are the recipients of these services. State level legislators continue to stress and focus on accountability regarding outcomes of state funded agencies (Martin et al., 2003).
In response to this, consumer satisfaction had been taken seriously. Old notions that the parents/caregivers were to blame for the issues of the children had to be discarded, because of the possible internalization of these judgments by parents which would cause skepticism of social service providers in their entirety (Measelle, Weinstein, & Martinez, 1998). Involving parents in all aspects of their children's treatment and service from planning, implementation and evaluation creates a healthier environment for the children to effectively utilize the services offered to them (Measelle et al., 1998).

Continuing to study consumer satisfaction with children's mental health services by surveying parents would be helpful to the programs implementing these services and the clinicians providing the services because it would initiate a collaborative atmosphere between parents and service providers. According to Young et al. (1995), "the philosophy behind this movement is that collaboration empowers parents and allows them to serve as more effective agents for assuring the quality of services their children receive" (p. 223).
Purpose of the Study

The purpose of this study was to identify to what degree specific factors influence the level of satisfaction experienced by foster parents whose foster children are receiving mental health services from agencies that they have been referred to by A Coming of Age Foster Family Agency. These factors are accessibility of the services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, the outcomes of the services, and their support systems outside of the mental health provider. This study has distributed the Youth Services Survey for Families (YSSF). This instrument was developed in order "to standardize the measurement of consumer satisfaction with children’s mental health services across states as a part of the 16 State Indicator Project by the Center for Mental Health Services (CMHS)" (Riley, Stromberg, & Clark, 2005, p. 88).

For the purposes of this study mental health services was defined as any child receiving individual therapy or participating in mental health group therapy. In addition, a parent will was defined as any adult 18 or
over who has legal responsibility for the child receiving mental health services. For example, a foster parent, biological parent, adoptive parent, and or legal guardian will fall under the umbrella of parent.

In order to properly address the issue of parental satisfaction a quantitative research method has been used to conduct this study, by distributing surveys to parents whose children are receiving mental health services. Availability sampling will be used to collect data from parents whose children are currently in the Incredible Kids Program or have been at one point or another in this program. The information will be used to determine the parents’ satisfaction with the services their children are receiving from this program.

Significance of the Project for Social Work

Social work practice is not comprised of a single idea. Social work is a collaborative profession using knowledge from all sources. Social work practice utilizes a blend of many theories, interventions, and other professions in order to better serve the consumers of their services (Popple & Leighninger, 2005). Therefore, this project may be significant and beneficial to social
work because collaborating with the parents and gaining feedback about the services their children receive can assist agencies in identifying the strengths and weaknesses within their organization and target specific areas for change (Martin et al., 2003).

Incorporating parents into their child’s treatment on any level may assist in the therapeutic process because the parents would likely encounter feelings of validation and respect that their opinions were taken seriously. The distribution of satisfaction surveys will notably improve accountability among the providers which will ultimately influence the planning and implementing phase of the generalist intervention process.

Social work professionals are not mind readers. Therefore, being able to tailor treatment services to the needs of the individual clients is a matter of working with the clients on every level to ensure that their needs are being met as these clients see fit. Gaining an understanding of each family’s unique circumstances based on their satisfaction of the services already provided can be a tool used to facilitate empowerment within the parents and then ultimately the family as a whole. The results of this study may support the view that
incorporating parents as partners in the treatment will increase the utilization of the family-strengths in the treatment process (Graves & Shelton, 2007).

Within the generalist intervention process all seven phases would be influenced by the results of this study. The first stage within this process is engagement which deals with establishing and maintaining rapport with clients and other participants of the treatment process (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen 2006). If surveying parents to examine their level of satisfaction with mental health services received became an on-going process it would enhance the engagement phase of the generalist model, because rapport building begins by starting where the client is and continually seeking the input of the parent to foster a positive relationship between the clinician and the clients.

The next stage of the generalist intervention process is "assessment" which "entails a thorough exploration and analysis of the client's situation, in collaboration with the client" (Popple & Leighninger, 2005, p. 131). The results of this study may identify some areas of dissatisfaction as indicated by the parents.
and add to the viable knowledge of clinicians as to what parents of their clients might consider important.

In regards to planning and implementation the next two stages of the generalist intervention process, the results of this study may encourage further coordination with parents on the issue of their children's services or emphasize the need for more coordination of service planning with parents (Koren et al., 1997). It may also assist in making sure that upon planning and implementation the services reflect the needs and incorporate the wishes of the clients (Stallard, 2001).

The next three stages of the generalist intervention process include evaluation, termination, and follow-up (Hepworth et al., 2006). Because the distribution of this survey was in itself an evaluation of the services rendered, the results of this study may help demonstrate how the services provided are perceived by the parents and assist in making decisions about future actions. In addition to other terminating techniques, the results of this study may aid service providers in making sure that the needs of the client have been met before the termination process begins.
This study may also assist in the monitoring of any program that provides mental health services to children. Gaining feedback from the parents could promote collaboration between the social workers providing the service and the parents whose children are receiving the service. Because perceptions of satisfaction will continuously change, engaging with the parents on a recurring basis in regards to satisfaction may prove essential because meeting a family's needs is more than often a part of the treatment goals.

This study was guided by this research question: To what degree do the factors: accessibility of the services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, the outcomes of the services, and their support systems outside of the mental health provider, influence the level of satisfaction experienced by parents whose children are receiving mental health services?
CHAPTER TWO

LITERATURE REVIEW

Introduction

Literature and research regarding consumer satisfaction with children's mental health services has progressed tremendously due to the contributions made by Lebow (1982; 1983) who conducted a broad review of 250 studies examining overall consumer satisfaction in mental health service. Although comprehensive, only seven of the 250 studies were applicable to services rendered to children (Young et al., 1995).

Since Lebow's work, the amount of literature relating to satisfaction with mental health services provided to children has increased. However such literature is not as abundant as literature available pertaining to adult satisfaction with mental health services. It can therefore be concluded that literature and research relating to consumer satisfaction with mental health services provided to children, continues to be dilatory and insufficient (Young et al., 1995). This gap in the knowledge base draws attention to the need for additional studies in the area, particularly as consumer
satisfaction has become an area of growing concern in human service agencies in general (Young et al., 1995).

According to Lebow (1982) there were several reasons as to why studying consumer satisfaction became focal point within the social science field. These reasons include but are not limited to the constant use of program evaluations, the financing of treatment services by the government, and the increased diversity of the clientele.

However, in recent years a renewed interest in consumer satisfaction has been attributed to the use of managed care. Within managed care factors such as the consumer movement, increased competition and the use of management-like strategies have joined together, heightening the need to make consumer satisfaction a vital part of managing outcomes (Lyons et al., 1997).

Theory Guiding Conceptualization

Theories that have the potential to guide the theoretical framework of this study include expectancy disconfirmation (Oliver & DeSarbo, 1988), and the contrast model (Nova, 1999).
Expectancy disconfirmation is derived from social psychology and organizational behavior (Oliver & DeSarbo, 1988). This theory is comprised of two processes that include the forming of the expectations and then the disconfirmation of these expectations through comparisons made between the performances (Oliver & DeSarbo, 1988). It indicates that "the expectation level appears to provide a baseline around which disconfirmation judgments are made; the higher (lower) one's expectations, the higher (lower) the subsequent satisfaction judgment" (Oliver & DeSarbo, 1988, p. 496).

The contrast model is drawn from the adaptation level theory of judging stimuli, where the judgments are determined by the experiences of consumers (Nova, 1999). Similar to the ideas of expectations stated above, this model predicts that when product performance does not correspond with the expectations of the consumer, a performance rating would likely be depicted as being less satisfied or unsatisfactory. But in contrast, performance that is rated higher than expected will be evaluated as satisfactory (Nova, 1999).
Definition of Consumer Satisfaction

According to past research, the concept of consumer satisfaction has been difficult to define due to some definitions being too limited and not encompassing the fact that there are many aspects that make up consumer satisfaction. Young et al. (1995) asserts that consumer satisfaction, which is defined as, "the extent to which services gratify the client's wants, wishes, or desires for treatment" (p. 220), is too narrow of a definition. This is because it does not take into consideration the complexity involved in dealing with the thoughts and feelings of potential consumers of services, i.e., a consumers' perception of how consumers are improving has to be taken into account when seeking an accurate report of consumer satisfaction (Young et al., 1995).

An alternate definition for consumer satisfaction involves the incorporation of the "gap" model of satisfaction (Martin, 2004, p. 30). This model states that consumers have a set of ideal services that they want to be provided with and that consumers compare and contrast these ideal services with the real or actual services. Additionally, according to this model, satisfaction happens when there is minimal difference
between the ideal services and actual services or when the actual services exceed the expectations of the consumer (Martin, 2004).

Similar to the concerns of Young et al. (1995) regarding the definition of consumer satisfaction lacking consideration for feelings and thoughts of consumers, Martin (2004) adds that research pertaining to satisfaction often assumes that satisfaction is a product of direct services meeting the needs and wishes of consumers. Consumers are human beings and human beings are complex creatures. By nature consumers would not develop an idea of satisfaction based on one concrete view. This is due to the influence environment has on consumers, so just as our environment is multifaceted the same notion should be considered for the consumers' view of satisfaction.

This coincides with the idea that determining consumer satisfaction is "difficult to define and quantify because it is composed of many variables: an individual's expectations, experiences, personality, attitudes, psychodynamics, perceptions and philosophy" (Nova, 1999, p. 11).
Definition of Consumer

The term "consumer" is thought to be self-explanatory. In defining consumer the root word "consume" meaning "to use up or utilize" is often considered (Webster’s New World Thesaurus, 1985, p.148). In identifying consumers in regards to mental services, they would be defined as persons receiving or utilizing mental health services. According to Martin (2004), a consumer takes on a different role in relation to the clinician providing the service. Within this role the consumer must take on the mindset that what they view as adequate or acceptable services takes priority over what the providing clinician may think. Consumers within this role are actively involved in the service process and takes responsibility for evaluating the services provided for them and their children. In addition, taking on this role means advocating for family needs and not settling and passively taking what is offered to them (Martin, 2004; Stallard, 2001).

Definition of Satisfaction

Satisfaction is also a term that is difficult to define in regards to services provided, because consumers
do not usually use this term to describe their feelings about treatment (Martin, 2004). According to Nova (1999) satisfaction is defined as a "measure of quality, as a component of appropriateness, and as equivalent to outcome" (p. 11). While Nova (1999) emphasizes quality and outcome, Riley et al. (2005) defines satisfaction as a consumer’s reaction to the context, process, and results of his/her entire experience. But, in review of past satisfaction research, the most encompassing definition of satisfaction comes from Nova (1999) who states that satisfaction is a process. It is a process that involves the evaluation of services by consumers by applying their personal standards to the services they receive.

Importance of Consumer Satisfaction

Consumer satisfaction has an expected impact on how consumers identify with the services received which could hinder or facilitate the process of providing services. The importance of gaining consumer satisfaction is derived from the fact that being able to obtain the viewpoints of consumers is essential to treatment planning and evaluation (Martin, 2004). Martin (2004)
puts emphasis on three reasons why consumer satisfaction is important. First, the concept of consumer satisfaction remains a goal of treatment. Service providers aim to have consumers satisfied with the services they receive because of the implications it has on the quality and the treatment outcome. The second reason suggests that consumer satisfaction is a measure of quality. The inference could be made that consumers would be more satisfied with the perception of high-quality services and dissatisfied consumers would be a result of lower-quality services. The third reason why consumer satisfaction is paramount to mental health services implies that consumer satisfaction could predict service use and outcomes. It is assumed that consumers who are satisfied with services provided will continue to seek out these services and comply with the recommendations of the service provider, which in turn creates a positive outcome (Martin, 2004).

These reasons are similar to those of Nova (1999) who establishes four reasons why consumer satisfaction is important. The first reason suggests that consumer satisfaction is valuable because it represents a legitimate and important perspective on the delivery of
reason is associated with providing feedback to the stakeholders of these programs, which could include policymakers, and/or administrators of these programs.

Barber et al. (2006) conducted a study emphasizing the need to identify any relationship between self-reported and caretaker reported behavior problems and their satisfaction with Child and Adolescent Mental Health Services (CAMHS). This study also explored any differences between the levels of parental satisfaction and child satisfaction. This research identified that young persons with self-reported behavior problems showed a lower level of satisfaction with services. It was said that young people who participate in the decision to enter treatment are likely to have higher levels of satisfaction. But young people who feel that they do not have choice tend to have a lower level of satisfaction. The article concludes with an emphasis on continuation of collaborative work when working with children in order to guide appropriate service development and elicit higher levels of satisfaction (Barber et al., 2006).

Moreover, this article discusses the importance of client self-empowerment. Allowing clients to participate in their treatment plan helps to guarantee success, or at
least improve results. Social workers and/or lay persons
are quick to make assumptions about what the client or
someone needs or make decisions without client input,
because it is assumed that clients are unable to usefully
contribute due to their current situation. This article
reminds social workers about the importance of working as
a team with one’s clients. Allowing clients to give their
input affords clients an opportunity to voice their
concerns and opinions.

In a study done by Martin et al., (2003) they
suggest gaining feedback from consumers is important when
trying to identify the strengths and weaknesses in an
organization as well as identifying areas in which
continued by stating that consumers gain a sense of
empowerment and experience respect in addition to
validation. Collaborating with consumers on all levels of
treatment and service provision would positively affect
the consumers long-term service use, which as previously
stated is attributed to consumer satisfaction.
Parental Satisfaction

Studying parental satisfaction with services provided to their children is seen as being important because of the inference that could be made about both the potential engagement and continuation of treatment for their children (Martin et al., 2003; Riley et al., 2005). In the study conducted by Riley et al. (2005) parental satisfaction with children's mental health services was assessed using the Youth Services Survey for Families (YSSF). The YSSF was developed in order to standardize the measurement of consumer satisfaction with children's mental health services across states, which was adapted from the Mental Health Statistics Improvement Programs and Family Satisfaction Questionnaire (Riley et al., 2005). This study distributed questionnaires in order to gauge whether this measure was an effective tool to assess satisfaction with service delivery when attributed to parents' response to how their children were doing in areas such as stability of home placement, whether mental health services were still being received, whether their child was receiving medication, child's involvement with juvenile justice system, school enrollment, and whether they themselves received support.
from the service providers (Riley et al., 2005). The findings of this study indicated that the YSSF is an acceptable measure for determining parental satisfaction with children’s mental health services (Riley et al., 2005).

The purpose of a study conducted by Rey, Plapp, and Simpson (1999) was to examine and increase the understanding of factors that contribute and influence parental satisfaction with mental health services provided to children. This article also evaluated the possible relationship between the clinicians’ rating of outcome and parental satisfaction. Some of the possible factors to parental satisfaction as suggested by the article was a perceived decrease or improvement in symptoms of the child by the parent, the relationship between the parent and the clinician, and/or whether the parent was actively involved in the child’s treatment process. The results of the study concluded that outcome and parental satisfaction are dictated by different factors dependent on the type of service that is provided and not directly related to the outcome of the children. The results also indicated that parents who did not
return the questionnaire were more than likely to be rated as having negative outcomes by the clinician.

In comparison to the study done by Riley et al., (2005), this study illustrated the importance of accurately defining all stakeholders in the intervention process. Often times, social workers primarily concern themselves with the client in treatment. However, it is important to also give consideration to family members, friends, spouses, and partners as their support contributes to the success of clients in treatment. This article therefore suggested social workers broaden their definition of the stakeholders to ensure effective treatment and ensure satisfaction (Riley et al., 2005).

In contrast, in a survey given to parents with children receiving mental health services, satisfied parents were eight times more likely to have a higher outcome rating by clinicians (Rey et al., 2002). Similar to Rey et al. (1999), the aim of Rey et al. (2002) was to look into any possible associations between parent satisfaction and child outcome, but this study tied in variables such as family, demographics, and treatment. Thus, as a result of the controlling of those variables the study was able to reflect that with that positive
outcome ratings were associated with the satisfaction of the parents (Rey et al., 2002).

Aligning with the idea that parental satisfaction is positively associated with treatment outcome, a study conducted by Kopec-Schrader, Rey, Plapp, and Beumont (1994) concluded that parental satisfaction with treatment was related to the improvement of the child. They also found that the concept of improvement was related to the number of sessions the child participated in.

In connection with the notion that parental satisfaction is dependent on the type of service provided as mentioned by Rey et al. (1999), a study done by Measelie et al. (1998) on parental satisfaction with children’s case management parallels that statement with its findings. In this case the service provided is case management and parents indicated higher levels of satisfaction in relation to wanting to retain the current case manager (Measelie et al., 1998). This is important because in most cases clinicians have dual roles as providers of mental health services and case managers. In this study the survey distributed was developed by the parents with assistance from clinicians. The outcome of
this study helps to understand that services tend to be positively regarded by parents as long as the dimensions assessed are established by the parents themselves. This study’s use of outcome, client and service provision assists in providing information on how parents perceive services relative to how the services are actually working (Measelle et al., 1998).

Factors Affecting Satisfaction

Because the concept of satisfaction is multi-dimensional it is only obvious that many factors can affect a consumer’s level of satisfaction. According to Copeland, Koeske, and Greeno (2004) satisfaction levels among parents have been documented to have been affected by their perception of satisfaction with: access to and convenience of services, the relationship with the therapist, and child’s treatment progress. In relation to Copeland et al. (2004) a study done by Stallard (2001), suggested that reducing parental dissatisfaction with child mental health services depended upon allowing the service users, in this case the parents, a chance to express their views as to how services could be delivered satisfactorily. Allowing parents to bring forth input on
how to make services convenient in order to assist in gaining access could be considered the first step to creating a positive relationship with the service provider. Copeland et al. (2004) justifies that factors such as consumer’s perceived quality of care, care experience, outcomes, and interpersonal factors relating to the provision of the care affect consumer satisfaction. This is because ratings of consumer satisfaction are a reflection of the consumers’ perception of their encounter with the service provider and their personal standards regarding care.

In the study done by Riley et al., (2005) assessing parental satisfaction with children’s mental health services with the use of the Youth Services Survey for Families, a factor analysis identified appropriateness, outcome, access, participation in treatment, and cultural sensitivity as being indicators of parental satisfaction. At 82%, parents reported a higher support for cultural sensitivity as opposed to outcome which was reported at 42%. This suggests that the parents were satisfied with the mental health services as a result of the cultural sensitivity of the service providers.
Cultural sensitivity plays a big part in satisfaction because culture influences how consumers view mental health services. Expectations of mental health services among cultures differ on aspects such as how service providers should behave, how involved family members should be, the desirability and acceptability of creating a relationship with the service provider as well as expectations pertaining to the knowledge of the service provider (Martin et al., 2003). All of these things can have an affect on and influence satisfaction if not carefully handled or controlled (Martin, 2004).

Ho, Yeh, McCabe, and Hough, (2007) conducted a study to determine the role of parental acculturation to an alternative/indigenous and American culture in the relationship between mental health services use by youth. The article sites that 7.5 million of the youth in the U.S. have unmet mental needs and the majority of these youths are of a minority demographic. It also mentioned that some cultural attitudes, beliefs, values, and/or behaviors work as barriers to mental health service utilization by minorities as well as avoidance of these services. Some of these behaviors and/or attitudes could include adapting inadequate coping skills, or association
of a stigma to mental illness and treatment, as well as the mistrust of the service providers. In this article the hypothesis was that parental acculturation to American and alternative cultures would result in lower rates of mental health service use by minority youth. The findings of this study indicated that parental acculturation to an alternative culture contributed to the lower rates of mental health service use by minority youth. Overall this article shows the need for cultural sensitivity and how culture affects community.

In the field of social work, cultural sensitivity and competency is necessary to ensure that the maximum number of clients can receive services. Social work is centered on the concept of starting where the client is, which incorporates applying a cultural perspective to clinical practice. In talking with a recent MSW graduate he insisted that social workers that are able to apply cultural sensitivity are better able to identify with their clients and better understand the client’s perspective, therefore developing a level of rapport at a more rapid rate (F.I. Nwagbara, personal communication, November 8, 2007).
This article holds relevance to the field of social work as its content highlights the role culture plays in providing mental health services to the targeted youth population. The concept of maintaining cultural sensitivity can positively impact the satisfactions of consumers, as long as consumers are aware of the efforts being made to incorporate their beliefs while gaining new knowledge about their culture (Ho et al., 2007).

Service coordination is also a factor that could affect a parent's level of satisfaction. Service coordination is defined as being; the actions that service providers take to work together to provide a more comprehensive service for children regardless of what initiated the need for coordination, (Koren et al., 1997). Service coordination is difficult because in dealing with children, modifications are constantly being made to deal with the complex situations that accompany children. This is especially the case when service providers are trying to uniquely individualize treatment for a child, while concurrently trying to incorporate other services from other providers (Koren et al., 1997). Koren et al. (1997) explored the importance of service coordination to parents' satisfaction with services and
found that service coordination had a strong relationship to the overall satisfaction of parents. This study also found that the level of family involvement on ideas such as service planning and approval had an influence on parents’ level of satisfaction. The authors concluded that the importance of family participation in relationship to coordination may perhaps direct towards more effective services and identify several perspectives on effectiveness (Koren et al., 1997).

Summary

This chapter presented an overview of past research on what factors contribute to a parent’s satisfaction with the mental health services provided to their children. It also provided background information on the theory that guided this research study. The definition of consumer, consumer satisfaction, and satisfaction was also presented in this chapter. This chapter also offered some insight into why consumer satisfaction is important and its relationship with parental satisfaction.
CHAPTER THREE

METHODS

Introduction

This chapter intends to provide information regarding the design of this research project, as well as participant recruiting and sampling. This chapter also provides information about the data collection methods and instruments, the data analysis, and procedures that have been used to conduct this study. A section regarding the protection of human subjects has also been included in this chapter.

Study Design

The purpose of this study was to assess and identify what factors influence the level of satisfaction experienced by foster parents whose foster children are receiving mental health services. This study focused on foster parents whose foster children were receiving mental health services from agencies that they have been referred to by A Coming of Age Foster Family Agency. The aim of this study was to assess a population of consumers that has not been assessed by A Coming of Age Foster
Family Agency, by utilizing a quantitative research design and by distributing surveys.

To obtain participant input, mail-in surveys have been utilized. This survey instrument served to measure parental satisfaction with children's mental health services. This research design was chosen based on the premise that the use of surveys would provide the clearest expression of the thoughts and beliefs of the potential participants. It would also allow for anonymous feedback from the parents, which should certify honest responses without fear of being associated to their surveys. This would also negate suggestions that their services could be adversely affected by their responses.

Sampling

Availability sampling was utilized to obtain sufficient number participants. This research study utilized mail-in surveys for all cases. These case files include information about children who have received and are currently receiving mental health services from any agency referred by the foster family agency.

This population was chosen because A Coming of Age Foster Family Agency already has a satisfaction survey in
place, but has yet to assess the satisfaction of parents whose children are receiving services through this program.

Data Collection and Instruments

For the purposes of identifying and assessing parents' level of satisfaction with their child's mental health services, data has been collected via quantitative research design using the Youth Services Survey for Families (YSSF).

For the purpose of this study the data collected includes demographic information for example age, ethnicity, and gender of the child as well as whether either of the child's parents as Spanish, Hispanic, or Latino. In addition, the YSSF has provided pertinent information regarding parents' satisfaction with the mental health services their child is receiving or has received.

The survey consists of an assortment of subjective questions developed to identify factors that could influence parental satisfaction with child's mental health services. These questions also utilize a five-point Likert scale. Survey questions eight and nine
obtain parents’ perception on the accessibility of the mental health services. These questions have an alpha-coefficient of .713 (Brunk, 2001). Survey questions two, three and six obtain parents’ opinion regarding their level of participation in their child’s treatment. These questions have an alpha-coefficient of .776 (Brunk, 2001). Survey questions twelve, thirteen, fourteen, and fifteen obtain parents’ perception of the mental health provider’s cultural sensitivity. These questions have an alpha-coefficient of .863 (Brunk, 2001). Survey questions one, four, five, seven, ten, and eleven obtain parents’ perceptions on the appropriateness of the services their child is receiving or has received. These questions have an alpha-coefficient of .927 (Brunk, 2001). Survey questions sixteen, seventeen, eighteen, nineteen, twenty, twenty-one, and twenty-two obtain information about the parents’ perceptions on their child’s outcome. These questions have an alpha-coefficient of .893 (Brunk, 2001). Next, survey questions twenty-three, twenty-four, twenty-five, and twenty-six obtain information on the parents’ support systems outside of the mental health provider.
Procedures

The surveys have been mailed directly to all foster parents whose children are receiving mental health services from an agency referred by A Coming of Age Foster Family Agency. The names and addresses have been provided by the above mentioned foster family agency. This survey did not contain any identifying information and it instructed respondents to provide an "X" instead of a signature on the informed consent (see Appendix C).

Surveys that were mailed out included a self addressed stamped envelope and also included instructions on what to do with the survey. Additionally, in order to alleviate the possibility of duplicate surveys, client numbers without the use of names have been put on each survey. Once each survey is returned, the corresponding client number will be checked off from list.

Protection of Human Subjects

In order to maintain confidentiality and anonymity of each respondent, the client numbers have only been accessible by the researcher. Once the corresponding client numbers were checked off and the data was extracted and analyzed the surveys were destroyed. Within
the mailed out surveys, a debriefing statement has been attached in case respondents needed counseling services (see Appendix D).

Data Analysis

In an effort to analyze the data, descriptive statistics were used. Descriptive statistics include univariate statistics which served to examine the distribution and frequency of variables such as: age, gender, and ethnicity of the child and the whether either parent is Spanish, Hispanic, or Latino. Additionally, percentages have been used in this data analysis. The researcher also intends to use inferential statistics such as independent t-tests and ANOVAS to measure parental satisfaction with their child’s mental health services. A t-test was used to examine whether parents of Latino background were satisfied with the cultural sensitivity of the mental health provider. A one-way analysis of variance (ANOVA) was calculated to examine the following questions: whether cultural sensitivity affected the parents’ satisfaction with their participation in the children’s treatment and whether the length of services the children received influenced the
parents' satisfaction with the outcome of their children's mental health services

Summary

This chapter provided information about the process in which the research project was conducted. It acknowledged the use of foster parents as well as how they were going to be accessed. This chapter also discussed the data collection method which was a quantitative method, using the Youth Satisfaction Survey for Families. This chapter also discussed the use of a one-way analysis of variance (ANOVA) and t-test to analyze the data that was collected. Additionally, this chapter noted the procedures that would be used to protect the identity and confidentiality of the research participants.
CHAPTER FOUR
RESULTS

Introduction

This chapter provides information regarding the demographic and descriptive summary of the sample. This chapter also provides and discusses foster parent satisfaction with the mental health services their foster children received based on six factors. These factors are accessibility of the services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, the outcomes of the services, and their support systems outside of the mental health provider. The questions for this study were taken from the Youth Services Survey for Families (YSSF). The questions that were used to determine what factors influence parental satisfaction were rated on a 5-point Likert Scale.

Demographic and Descriptive Summary of the Sample

This study examined the factors that influence parental satisfaction with the mental services provided to their children.
Table 1 presents descriptive data on the sample of children and foster parents. Parents reported a higher number of males than females with 55 percent and 45 percent respectively. Caucasian children were slightly higher than Latino children with 40 percent and 37.5 percent. African-American children were the lowest with 22.5 percent.

Table 1. Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristics (N = 40)</th>
<th>N (%) or M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22 (55)</td>
</tr>
<tr>
<td>Female</td>
<td>18 (45)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>9 (22.5)</td>
</tr>
<tr>
<td>Latino</td>
<td>15 (37.5)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>16 (40)</td>
</tr>
<tr>
<td>Parent Latino Background*</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>12 (30)</td>
</tr>
<tr>
<td>No</td>
<td>28 (70)</td>
</tr>
<tr>
<td>Language of Survey*</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>34 (85)</td>
</tr>
<tr>
<td>Spanish</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Child’s Age</td>
<td>10.9 (2.8)</td>
</tr>
</tbody>
</table>

*Refers to the caregiver
Of the parents surveyed, 30 percent reported being of Latino background and 70 percent reported not to be of Latino background. Of these parents, 85 percent filled out an English version of the survey, while 15 percent filled out a Spanish version of the survey. The average age for the children was 10.9 years with a standard deviation of 2.8.

Table 2 presents descriptive data on the case characteristics. More children were receiving services for six months to a year with 32.5 percent. This was followed by three to five months and one to two month with 25 percent and 20 percent respectively. Lastly, children receiving services for less than a month were 12.5 percent and children receiving services for more than a year with 10 percent. Of these children 80 percent are still receiving services whereas 20 percent are not.

The majority of the children lived in a foster home within the last six months of the survey with 65 percent, followed by living with another family member with 17.5 percent, and with one or both parents with 12.5 percent.
Table 2. Case Characteristics

<table>
<thead>
<tr>
<th>Characteristics (N = 40)</th>
<th>N (%) or M(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Length of Services</strong></td>
<td></td>
</tr>
<tr>
<td>Less than 1 month</td>
<td>5(12.5)</td>
</tr>
<tr>
<td>1-2 months</td>
<td>8(20)</td>
</tr>
<tr>
<td>3-5 months</td>
<td>10(25)</td>
</tr>
<tr>
<td>6 months - 1 year</td>
<td>13(32.5)</td>
</tr>
<tr>
<td>More than 1 year</td>
<td>4(10)</td>
</tr>
<tr>
<td><strong>Still Receiving Services</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32(80)</td>
</tr>
<tr>
<td>No</td>
<td>8(20)</td>
</tr>
<tr>
<td><strong>Living last six months</strong></td>
<td></td>
</tr>
<tr>
<td>With one or both parents</td>
<td>5(12.5)</td>
</tr>
<tr>
<td>Another family Member</td>
<td>7(17.5)</td>
</tr>
<tr>
<td>Foster Home</td>
<td>26(65)</td>
</tr>
<tr>
<td>Group Home</td>
<td>2(5)</td>
</tr>
<tr>
<td><strong>Currently Living with Parent</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>32(80)</td>
</tr>
<tr>
<td>No</td>
<td>8(20)</td>
</tr>
<tr>
<td><strong>Medical Visit Past Year</strong></td>
<td></td>
</tr>
<tr>
<td>Yes, in clinic or office</td>
<td>26(65)</td>
</tr>
<tr>
<td>Yes, hospital emergency</td>
<td>6(15)</td>
</tr>
<tr>
<td>No</td>
<td>4(10)</td>
</tr>
<tr>
<td>Do Not Remember</td>
<td>4(10)</td>
</tr>
<tr>
<td><strong>Child Taking Medication</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18(45)</td>
</tr>
<tr>
<td>No</td>
<td>22(55)</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td>7.1(1.9)</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>10.5(2.9)</td>
</tr>
<tr>
<td><strong>Cultural Sensitivity</strong></td>
<td>14.5(4.1)</td>
</tr>
<tr>
<td><strong>Appropriateness</strong></td>
<td>21.2(5.7)</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>25(7)</td>
</tr>
<tr>
<td><strong>Outside Support</strong></td>
<td>14.7(4.3)</td>
</tr>
</tbody>
</table>
Within the past year of the survey more children had a medical visit in a clinic or office with 65 percent than children having a medical visit at a hospital emergency room with 15 percent. The rest of the children were equally distributed either by not having have a visit or the reporting parent did not remember the information with 10 percent. As reported by the parent, 45 percent of the children were receiving medication while 55 percent were not receiving medication.

To answer our first research question as to what degree do the factors of: 1) outcome, 2) parent participation, 3) cultural sensitivity of mental health provider, 4) access of mental health services, 5) appropriateness of services, and 6) support systems outside of mental health providers influence parental satisfaction with their children’s mental health services descriptive analyses were used.

Findings indicate that parents had a high degree of satisfaction with the outcome of their children’s mental health services because the average number of parents whose ratings were close to the maximum rating was high. Next, parents satisfaction with their outside support was rated fairly high compared to their rating on the
cultural sensitivity of their children's mental health service provider. Following this, parents evenly rated their satisfaction with the appropriateness of the services as well as the access. Lastly, satisfaction with their participation in their children's mental health services was rated lower in relation to the other factors.

When examining the parents' satisfaction with the accessibility of the mental health services (access) the mean was 7.1 with a standard deviation of 1.9. This indicates that the parents were satisfied with the accessibility of the services their children received. Parents were also satisfied with their level of participation (participate) in their children's services with a mean of 10.5 and a standard deviation of 2.9.

Findings indicate that parents were somewhat satisfied with the cultural sensitivity (culture) of their service provider with a mean of 14.5 and a standard deviation of 4.1. When examining the parents' satisfaction with the appropriateness of the services their children received findings indicated that they were to some extent satisfied with a mean of 21.2 and a standard deviation of 5.7.
Findings also indicate that parents were satisfied with the children's outcome after services (outcome) with a mean of 25.0 and a standard deviation of 7.0. Parents were also satisfied with their support system other than their mental health providers with a mean 14.7 and a standard deviation of 4.3.

To answer our second research question as to whether the length of services the children received influenced the parents' satisfaction with the outcome of their children's mental health services a one-way analysis of variance (ANOVA) was calculated. Results indicate that length of services does not influence the parents' satisfaction with the outcome of their children's mental health services, F(4, 35) = 1.50, p > .05.

For our third research question we were interested in examining whether parents of Latino background were satisfied with the cultural sensitivity of the mental health provider. A t-test was used to answer this research question. On average, parents with Latino background (M = 11.08, SD = 5.25) were less satisfied with the cultural sensitivity of the mental health provider than parents with no Latino background
(M = 15.96, SD = 2.27). This difference was statistically significant (t = -4.15, .000).

For our fourth and final research question we were interested in examining whether cultural sensitivity affected the parents' satisfaction with their participation in the children's treatment. A one-way analysis of variance (ANOVA) was calculated to answer the question. Results indicate that cultural sensitivity does affect parents' satisfaction with their participation in their children's treatment, F(2, 37) = 17.11, p < .00. The Tukey HSD (Honestly Significant Difference) test was conducted in order to determine which level of cultural sensitivity among parents was significantly different. The results of this test indicated that statistical significant differences existed between low cultural sensitivity satisfaction and mid cultural sensitivity satisfaction (M_difference = -3.77, p = .003), and low cultural sensitivity satisfaction and high cultural sensitivity satisfaction (M_difference = -5.35, p = .000). There were no statistical significant differences between mid cultural sensitivity satisfaction and high cultural sensitivity satisfaction (M_difference = 1.58, p = .135). Indicating that parents of children who reported low
cultural sensitivity by the mental health provider was most likely to affect their satisfaction with their participation in services.

Summary

This chapter provided information about the outcome of this research project which measured the degree to which foster parents were satisfied with the mental health services their foster children received based on six factors. Once again these factors were accessibility of the services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, the outcomes of the services, and their support systems outside of the mental health provider. In the end the findings indicated that parents were more satisfied with the outcome of the mental health services their foster children received.
CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the reasons behind why foster parents had a higher degree of satisfaction with the outcome of their children’s services compared to the other factors. This chapter also discusses some of the limitations that were revealed during the process of completing this research project. Also provided will be recommendations for the social work profession in the areas of social work practice, policy, and research.

Discussion

Overall the foster parents were generally more satisfied with the outcome of their children’s mental health services than with the other factors; accessibility of the services, parent participation in treatment, the cultural sensitivity of the clinician, the appropriateness of the services, and their support systems outside of the mental health provider. This finding corroborates with Rey et al (2002) study which found that there was an association between parent satisfaction and outcome of the children primarily based
on family, demographics, and treatment. People in general, not only parents equate success with positive outcomes. In terms of mental health services provided, a parent must feel that their child has made a positive improvement in treatment as a direct result of the services provided to their children. Parents want someone who will "fix" their child and if that goal is actually attained, then satisfaction would definitely occur. This outcome also aligns with the findings of Kopec-Schrader et al. (1994) who established that parental satisfaction was positively related to the treatment outcome of the child. But, in Kopec-Schrader et al. (1994) it was also determined that the parents related the concept of improvement with the number of sessions the child participated in. However, the findings of this research project established that the foster parents did not base their satisfaction with the outcome of their children's services on the length of time their child was receiving services. This could be because the number of sessions and length of time in treatment is actually different. A child could be receiving services for a long time, but it doesn't necessarily mean that they are being seen. For example a child can be seen for six months and have
sessions every week compared to a child who had an open case for a year and only had sessions once a month.

The results of this research project also concluded that parents were moderately satisfied with their participation in the mental health services their children received. But in comparison to the other factors within this research project it was rated with the lowest level of satisfaction.

This finding somewhat corroborates the findings of Stallard (2001) who suggested that in order to decrease a parent’s level of dissatisfaction an increase in the parent’s opportunity to bring forth input about the treatment their child is receiving should occur. This is the care because in this research project the parents were not entirely unhappy, leaving room to assume that they were somewhat happy with their level of participation. In most cases parents may be dissatisfied with the treatment their child is receiving because they are not aware or do not understand what is going on with their children regarding treatment. In thinking about human nature in general, people do not like to be out of the loop when it comes to information, so the same could
be said for parents when it comes to their children and the mental health services they are receiving.

In addition to the previously mentioned results, parents also rated cultural sensitivity fairly high. This corresponds with Copeland et al. (2004) who makes reference to the fact that other factors such as consumer's perceived quality of care, care experience, outcomes, and interpersonal factors relating to the provision of the care affect consumer satisfaction. Within the domain of interpersonal factors includes the cultural sensitivity of the provider. Parents are more likely to be accepting to providers and the services being provided if they feel that the providers are attempting to be culturally accepting to them. As helpers, it is believed that social workers may be taking for granted the ease of having a majority of our cases with clients that speak the same language as we do. Cultural competency comes into play when it comes down to trying to figure out how to better serve the client through their cultural channels.

A study done by Riley et al. (2005) found that most parents reported a higher degree of satisfaction with the mental health services as a result of the cultural
sensitivity than the outcome of the services. This finding contradicts that of this research project, where parents had a higher degree of satisfaction with the outcome of the mental health services their children were receiving.

Moreover, the findings of this research study also indicated that parents were more satisfied with their support system outside of their mental health provider when weighted against their satisfaction with cultural sensitivity. It makes sense that parents would rate their support system as higher. In most cases parents have more contact with their family, friends, and/or community than their mental health provider. Parents would have more of a cultural bond or connection with their outside support system therefore highly regard them as well as see them as better people to lean on than their provider. People in general are more likely to gravitate towards people they feel they have the most in common with, people who would understand them and possibly not pass judgment. This notion is consistent with the systems theory people are a product of where they come from, therefore as a clinician being aware of a family’s support system would assist in providing the most comprehensive services.
Limitations

One of the principle limitations in this research study is the sample size. Due to the fact that only 40 parents returned the survey is a limitation because the findings cannot be generalized to a greater population of foster parents. Another aspect that is considered a limitation in this research study is the fact that the foster parents may have more than one foster child to report on. Therefore, the parent may have been rating on their overall satisfaction with the mental health services for all the children they are guardians of. In a sense the parents may have been biased in a particular direction due to an unnoted circumstance experienced by one or more children, which caused them to rate a higher or lower satisfaction on the tested factors.

Another limitation includes the lack of diversity among the foster parents. This limitation is due to the fact that the survey did not seek the ethnicities of the foster parents. The survey only asked whether or not the foster parents were of Latino background or not. This limitation also makes it difficult to generalize the findings of this research project past this sample.
Recommendations for Social Work Practice, Policy and Research

The findings of this research suggest that the social work profession needs to put more of an emphasis on including the parents of children who receive mental health services in all process involved in treatment. Allowing a client to participate in their treatment plan helps to guarantee success, or at least improve results. As social workers, it is very easy to make assumptions about what the client needs or make decisions without client input. This research project should strike a chord to social workers about the importance of working as a team with one's clients. Allowing clients to give their input affords clients an opportunity to voice their concerns and opinions.

Social work with children and their families in mental health could be improved by utilizing the objectives of the support group intervention, by incorporating psycho-education techniques and methods when providing support to parents. Although in most agencies the child is the identified client, being able to concurrently monitor and incorporate what is going on in their immediate environment, such as the home, of the
child should be apart of the therapeutic process. The techniques involved could include providing information and discussions on problem-solving (Lukens and McFarlane, 2004).

According to, Lukens and McFarkane (2004), "the intervention would use psycho-educational techniques to help remove barriers to comprehending and digesting complex and emotionally loaded information and to develop strategies to use the information in a proactive fashion" (p. 244). Clinicians should already possess the tools needed to provide parents information about their child’s treatment. However, being able to provide parents with tools that could be used at the home would increase the child’s chance of success in treatment. Hence, an increase in the parents’ satisfaction with the mental health services provided to their child would occur.

This research project somewhat highlights the role a client’s support system has in the intervention phase. Although only one client may be actually receiving treatment, it is the clients’ support systems that ensure the continuity of care outside of the therapist office. It is these supports that have access to the client and can influence treatment. This assists social workers in
redefining their concept of the client to incorporate the entire family.

And in redefining their concept the social work should also take into consideration the culture the family comes from. This research project illustrates that parents value service providers who acknowledge the culture in which affect their perceptions of mental health and the issues involved in it. In the field of social work, cultural sensitivity and competency is necessary to ensure that the maximum number of clients can receive services. Social work is centered around the concept of starting where the client is, which incorporates applying a cultural perspective to clinical practice. Social workers that are able to apply cultural sensitivity are better able to identify with their clients and better understand the client's perspective, therefore developing a level a rapport at a more rapid rate. Highlighting the role culture plays in providing mental health services to clients, is a concept social workers should consciously be aware of during practice.

In regards to research recommendation could be made regarding the sample size. Increasing the sample size could possibly supply the researcher with more
information. Also for further research gathering information regarding the ethnicity of the parents could also prove to assist in establishing whether or not specific ethnic groups rated certain factors higher or lower on a satisfaction scale than others. Furthermore, in order to prompt parents to think of one child when filling out survey a question could be added to specify one child. This would be beneficial so that when parents are rating their perceptions pertain to their satisfaction based services provided to not more than one child.

The final suggestion for research stems from the qualitative questions that were presented in the survey that were given to the foster parents. These questions were: What would you improve about the services, what has been the most helpful thing about the services you and your child received, and would you recommend this program to another parent? The majority of the foster parents did not answer these questions; therefore these questions were not analyzed and essentially thrown out of the research project as if never been asked. If these questions had been presented in a yes or no form in place of the fill in the blank spaces, the parents may have
been less reluctant to answer as it would not have taken as much time to respond.

Conclusions

This chapter provided information surrounding parental satisfaction with the mental health services provided to children. A synopsis of other research findings was also presented. The explanations of these findings assisted in discussing why parents had a higher degree of satisfaction with outcome of mental health services as compared to other factors. Overall, parents have to be involved in every aspect of service delivery in order to standardize and elicit satisfactory feedback from consumers.
APPENDIX A

YOUTH SERVICES SURVEY FOR FAMILIES
YOUTH SERVICES SURVEY FOR FAMILIES (YSS-F)

Please help our agency make services better by answering some questions about the services your child received OVER THE LAST 6 MONTHS. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you **Strongly Disagree, Disagree, Are Undecided, Agree, or Strongly Agree** with each of the statements below. Put a cross (X) in the box that best describes your answer. Thank you!!

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>

1. Overall, I am satisfied with the services my child received.
2. I helped to choose my child's services.
3. I helped to choose my child's treatment goals.
4. The people helping my child stuck with us no matter what.
5. I felt my child had someone to talk to when he/she was troubled.
7. The services my child and/or family received were right for us.
8. The location of services was convenient for us.
9. Services were available at times that were convenient for us.
10. My family got the help we wanted for my child.
11. My family got as much help as we needed for my child.
12. Staff treated me with respect.
13. Staff respected my family's religious/spiritual beliefs.
14. Staff spoke with me in a way that I understood.
15. Staff were sensitive to my cultural/ethnic background.

As a result of the services my child and/or family received:
16. My child is better at handling daily life.
17. My child gets along better with family members.
18. My child gets along better with friends and other people.
19. My child is doing better in school and/or work.
20. My child is better able to cope when things go wrong.
21. I am satisfied with our family life right now.
22. My child is better able to do things he or she wants to do.
For Questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services my child and/or family received:

23. I know people who will listen and understand me.
24. I have people that I am comfortable talking with about my child's problem(s).
25. In a crisis, I would have the support I need from family.
26. I have people with whom I can do enjoyable things.

<table>
<thead>
<tr>
<th>Strongly Disagree (1)</th>
<th>Disagree (2)</th>
<th>Undecided (3)</th>
<th>Agree (4)</th>
<th>Strongly Agree (5)</th>
</tr>
</thead>
</table>

27. What has been the most helpful thing about the services you and your child received from Incredible Kids?

28. What would improve the Incredible Kids services?

29. Would you recommend this program to another parent?
   □ Yes
   □ No

We are interested in both positive and negative feedback.

Please answer the following questions to let us know how your child is doing.

1. How long did your child receive services from Incredible Kids?
   □ a. Less than 1 month
   □ b. 1-2 month
   □ c. 3-5 months
   □ d. 6 months to 1 year
   □ e. More than 1 year

2. Is your child still getting services from this Center? □ Yes □ No

3. Is your child currently living with you? □ Yes □ No

4. Is your child on medication for emotional/behavioral problems? □ Yes □ No
   4a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? □ Yes □ No
Please answer the following questions to let us know a little about your child.

Child's Race: (Check two if needed)
   ___ American Indian/Alaskan Native   ___ White (Caucasian)   ___ Black (African American)
   ___ Asian/Pacific Islander   ___ Latino/Spanish/Hispanic
   ___ Other: Describe

Are either of the child's parents Spanish/Hispanic/Latino?   ___ Yes   ___ No
Child's Birth Date:    
Child's Gender:   ___ Male   ___ Female

Thank you for taking the time to answer these questions!
APPENDIX B

QUESTIONNAIRE
***ENCUESTA DE SERVICIOS JUVENILES PARA FAMILIAS* (YSS-F)***

Para ayudar a nuestra agencia a proveer mejores servicios le pedimos que por favor conteste algunas preguntas acerca de los servicios que su niño recibió LOS ULTIMOS 6 MESES. Sus respuestas son confidenciales y no influirán los servicios que usted o su niño recibieron o reciben. Indique por favor si usted está definitivamente en desacuerdo, en desacuerdo, indeciso(a), de acuerdo, o definitivamente de acuerdo a cada pregunta. Ponga una cruz (X) en la caja que describe mejor su respuesta. Muchas gracias.

<table>
<thead>
<tr>
<th>Pregunta</th>
<th>Definitivamente en desacuerdo (1)</th>
<th>En desacuerdo (2)</th>
<th>Indeciso(a) (3)</th>
<th>Deacuerdo (4)</th>
<th>Definitivamente de acuerdo (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. En general, yo estoy satisfecho(a) con los servicios que mi hijo(a) a recibido.</td>
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<tr>
<td>2. Yo ayudé a escoger los servicios para mi hijo(a).</td>
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<tr>
<td>3. Yo ayudé a escoger las metas para el tratamiento de mi hijo(a).</td>
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<tr>
<td>4. Las personas que ayudaron a mi hijo(a) estuvieron junto a nosotros durante el proceso.</td>
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<td>5. Sentí que mi hijo(a) tenía a alguien con quien platicar cuando el / ella tenía una preocupación.</td>
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<tr>
<td>6. Yo participe en el tratamiento de mi hijo(a).</td>
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<tr>
<td>7. Los servicios que mi hijo(a) y familia recibieron eran los adecuados para nosotros.</td>
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<td>8. La localidad de los servicios era conveniente para nosotros.</td>
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<tr>
<td>9. Los servicios estaban disponible a horarios que eran convenientes para nosotros.</td>
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<tr>
<td>10. Mi familia recibió la ayuda que nosotros queríamos para nuestro hijo(a).</td>
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<td></td>
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</tr>
<tr>
<td>11. Mi familia recibió la mayoría de la ayuda que necesitábamos para nuestro hijo(a).</td>
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<td></td>
</tr>
<tr>
<td>12. El personal me trató con respeto.</td>
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<tr>
<td>13. El personal respeto la religión y las creencias espirituales de mi familia.</td>
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<td></td>
</tr>
<tr>
<td>14. El personal me habló de una forma en la que yo pude entender</td>
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<tr>
<td>15. El personal tomó en cuenta y fue sensible a mi cultura y antecedentes étnicos.</td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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68
Como resultado de los servicios que mi familia recibió:

16. Mi hijo(a) maneja mejor su vida.
17. Mi hijo(a) se lleva mejor con miembros de la familia.
18. Mi hijo(a) se lleva mejor con sus amigos(as) y otras personas.
19. A mi hijo(a) le está hiendo mejor en la escuela o en el trabajo.
20. Mi hijo(a) maneja mejor las situaciones cuando algo le sale mal.
21. En este momento estoy satisfecho(a) con nuestra vida familiar.
22. Mi hijo(a) es más capaz de hacer cosas que el/ella quiere hacer.

Para las preguntas 23 a 26, por favor responda tomando en cuenta las relaciones que usted tiene con otras personas que no sean su proveedor(es) de salud mental.

Como resultado de los servicios que mi hijo(a) y familia recibió:

23. Conozco a gente que me escucha y entiende cuando necesito hablar con alguien.
24. Tengo personas con las cuales me siento cómodo(a) para platicarles sobre los problemas de mi hijo(a).
25. En caso de una crisis, yo tendría el apoyo que necesito de mi familia o amigos.
26. Tengo personas con las cuales puedo hacer cosas agradables y que disfruto.
27. ¿Qué ha sido lo que más le ha ayudado de los servicios que usted y su hijo(a) han recibido durante los pasados 6 meses?

28. ¿Qué podríamos hacer para mejorar los servicios que ofrecemos aquí?

29. Si tiene algún comentario escribalo en este espacio, o si es necesario detrás de esta página. Estamos interesados en escuchar sus comentarios, ya sean positivos o negativos.

Por favor responda las siguientes preguntas para que nos deje saber como su hijo(a) se encuentra.

1. ¿Por cuánto tiempo recibió su niño(a) los servicios de este Centro?
   - □ a. Menos de 1 mes
   - □ b. 1-2 mes
   - □ c. 3-5 mes
   - □ d. 6 meses a 1 año
   - □ e. Más de 1 año

2. ¿Todavía esta su niño(a) recibiendo servicios de este Centro? □ Sí □ No

3. ¿Vive actualmente su niño(a) con usted? □ Sí □ No

4. ¿Ha vivido su niño(a) en cualquiera de los lugares siguientes en los últimos 6 meses? (VERIFIQUE TODO QUE APLICA)
   - □ Con uno o ambos padres
   - □ Con algún familiar
   - □ En un hogar temporal (foster home)
   - □ En una cárcel local o centro de detención
   - □ Albergue de crisis (crisis shelter)
   - □ En una casa hogar (group home)
   - □ En un centro de tratamiento residencial
   - □ En un hospital
   - □ Centro correccional estatal
   - □ Albergue temporal para personas sin hogar (homeless shelter)
   - □ Se fue de la casa/no tiene donde vivir/vive en la calle
   - □ En otro lugar (describalo): __________________________
   - □ En un hogar temporal teurapéctico (Therapeutic foster home)

5. ¿En el año pasado, vio su niño(a) a un médico (o la enfermera) para un chequeo de la salud o porque él/ella estuvo enfermo(a)? (Verifique uno)
   - □ Sí, en una clínica o oficina de médico □ Sí, pero sólo en la sala de emergencia de un hospital
   - □ No □ No recuerde

6. ¿Está su niño(a) tomando medicina para problemas emocional o de conducta? □ Sí □ No
6a. ¿Si su niño(a) esta tomando medicina, el médico o la enfermera le han informado acerca de los efectos secundario que tiene que observar?  

☐ Sí  ☐ No

Por favor conteste las siguientes preguntas acerca de su niño(a).

El origen étnico (raza) del niño: (Verifique dos si es necesario)

☐ Americano (Caucásico)  ☐ Afro-Americano  ☐ Latino/Hispano
☐ De origen asiático  ☐ Otro (Espíque) __________________________

Son cualquiera de los padres del niño(a) español/hispano/latino?  ☐ Sí  ☐ No

La Fecha de Nacimiento del niño(a): ____________

El Género del niño:  ☐ Mujer  ☐ Hombre

¡Gracias por tomar el tiempo para contestar estas preguntas!
Informed Consent (English Version)

This study in which you are being asked to participate is designed to identify the level of parental satisfaction with their child’s mental health services. Frances Ahunna Ohaeri, a Masters in Social Work graduate student at California State University, San Bernardino is conducting this study under the supervision of Ms. Rachel Estrada. This study has been approved by the Department of Social Work sub-committee of the Institutional Review Board at California State University, San Bernardino.

Your participation is voluntary and refusal to participate will involve no penalty nor will it negatively affect any current services. There is no known risk involved in participating in this study. There are no direct rewards for completing this survey; however, the outcome of this study will be available on the campus of California State University, San Bernardino after June of 2008. Participation in this study will be confidential and your identity will not be revealed. Your participation will consist of completing a survey, which will take approximately 10 minutes to complete.

If you have any questions or concerns about the study, please feel free to contact Margarita Villagrana at (909) 537-5501, who is the advisor for this project.

By placing an “X” in the space below you acknowledge that you have been informed of and understand the nature and purpose of this study and freely consent to participate.

Place an “X” here _______ Date __________________
Consentimiento Informado (Spanish Version)

Este estudio en el que usted es pedido participar es diseñado para identificar el nivel de la satisfacción paternal con sus servicios de sanidad mentales de niño. Francia Ahunna Ohaeri, un Maestros en el estudiante de posgrado de la asistencia social en Universidad Pública de California, San Bernardino realiza este estudio bajo la supervisión de Sra. Rachel Estrada. Este estudio ha sido aprobado por el Departamento de la subcomisión de la asistencia social de la Tabla Institucional de la Revisión en Universidad Pública de California, San Bernardino.

Su participación es voluntaria y la negativa para no participar implicará pena ni lo hace afecta negativamente ningún servicio actual. No hay riesgo conocido implicado en tomar parte en este estudio. No hay dirige las recompensas para completar esta inspección; sin embargo, el resultado de este estudio estará disponible en el campus de Universidad Pública de California, San Bernardino después de junio de 2008. La participación en este estudio será confidencial y su identidad no será revelada. Su participación consistirá en completar una inspección, que tomará aproximadamente 10 minutos de completar.

Si usted tiene cualquier pregunta o concierne acerca del estudio, se siente por favor libre contactar Margarita Villagrana en (909)537-5501, que es el consejero para este proyecto.

Colocando una “X” en el espacio debajo de usted reconoce que usted ha sido informado de y entiende la naturaleza y el propósito de este estudio y libremente consentimiento para participar.

Coloque una “X” aquí _____ Fecha ____________________
APPENDIX D

DEBRIEFING STATEMENT
Debriefing Statement (English Version)

Thank you for participating in this research study.

The study in which you have just participated will assist in identifying the level of satisfaction parents have with their child’s mental health services. The responses will provide important feedback to the providers of this program regarding satisfaction as well as factors that contribute to levels of satisfaction.

Please feel free to express any feelings or concerns you may have about participating in this study to the researcher or your current clinician or service provider. Your feedback will be held in the strictest confidence.

If any of the issues brought up in the study made you feel uncomfortable, feel free to contact Riverside County Department of Mental Health. If you feel a desire to seek counseling services, resources will be provided to you.

If you are interested in the results of this study, they can be found on the campus of California State University, San Bernardino in the Pfau Library after June of 2008.

If you have any questions or concerns about the study, please feel free to contact the advisor of this research project, Rachel Estrada, LCSW, DCSW at (909) 537-5501.
El interrogatorio la Declaración (Spanish Version)

Gracias para tomar parte en este estudio de investigación.

El estudio en el que usted acaba de participar participará en identificar el nivel de padres de satisfacción tiene con sus servicios de sanidad mentales de niño. Las respuestas proporcionarán la reacción importante a los proveedores de este programa con respecto a la satisfacción así como factores que contribuyen a niveles de la satisfacción.

Siéntase por favor libre expresar cualquier sentimiento o le concierne puede tener acerca de tomar parte en este estudio al investigador o su clínico o al proveedor de Internet actual. Su reacción será contenida la confianza más estricta.

Si cualquiera de los asuntos traídos arriba en el estudio le hizo se siente incómodo, se siente libre contactar el Departamento Ribereño de Condado de la Salud Mental. Si usted se siente que un deseo para buscar los servicios que aconsejan, los recursos serán proporcionados a usted.

Si usted es interesado en los resultados de este estudio, ellos pueden ser encontrados en el campus de Universidad Pública de California, San Bernardino en la Biblioteca de Pfau después de junio de 2008.

Si usted tiene cualquier pregunta o concierne acerca del estudio, se siente por favor libre contactar al consejero de este proyecto de investigación, Rachel Estrada, LCSW, DCSW en (909) 537-5501
REFERENCES


