

# FAMILY COUNSELLING PROGRAM EVALUATION RESULTS

OCTOBER 1, 2010 TO SEPTEMBER 30, 2013

## EXECUTIVE SUMMARY



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# FAMILY COUNSELLING PROGRAM EVALUATION EXECUTIVE SUMMARY

Using outcome measures targeted to children ages 6 to 12 years and their families, we evaluated one of our largest core services, our Family Counselling Program, in order to demonstrate more valid outcomes and better determine the future directions of the program.

## THE FAMILY COUNSELLING PROGRAM

Aisling Discoveries Child and Family Centre's Family Counselling Program provides counselling and supportive treatment services to children between the ages of 6 and 12 and their families, living primarily in Scarborough and East York, Ontario. Their presenting problems include social, emotional and behavioural symptoms, including those stemming from trauma, abuse, and violence. These presenting problems are frequently compounded by children's attachment and learning difficulties as well as parenting limitations of family caregivers.

The major objectives of the Family Counselling Program are to strengthen families, decrease parental stress, and improve family functioning. The key components of the program include assessment, goal setting, treatment planning, treatment sessions, as well as service coordination and discharge planning as required. The program is delivered by over 20 full- or part-time therapists and it has no set duration; families may stay in service from a few weeks to over a year, depending on their requirements.

## EVALUATION QUESTIONS

In order to demonstrate valid outcomes and better determine the future directions of the program, we wanted to answer the following questions:

- 1) Do clients benefit from the Family Counselling Program?
  - a) Has there been an increase in family functioning?
  - b) Has there been a decrease in parental stress?
  - c) Has there been an increase in parent confidence?
  - d) Has there been an increased understanding of child needs and parental connection to the child?
  - e) Has parent/child communication improved?
  - f) Has there been a reduction in child symptoms?
  
- 2) How well does the Child and Adolescent Functional Assessment Scale correlate with the other child outcome measure (the Strengths and Difficulties Questionnaire)?

## EVALUATION PROCEDURE

Pre-Treatment: At the first session, parents were informed of the evaluation by their therapist, and asked to fill out the *Parenting Relationship Questionnaire* (PRQ), *Strengths and Difficulties Questionnaire* (SDQ), and a consent form. If several guardians (e.g. mother and father) attended together, they were each asked to fill out the PRQ and SDQ measures separately. In

addition, therapists filled out the Child and Adolescent Functional Assessment Scale (CAFAS) after the second session (or when they had a good understanding of the family’s issues), as they usually do for all cases.

Post-Treatment: At end of treatment, parents were asked by their therapist to fill out the measures again. Also, therapists filled out the CAFAS after the client ended services. Additionally, as per the regular practise of the Agency, all families across the Agency who received services from the Family Counselling Program were sent an anonymous survey to fill out and return by mail. The survey Family Counselling clients received was developed especially for this evaluation.

## RESULTS

All families with a “target child” age six (6) and over who were admitted to the Family Counselling program from October 1<sup>st</sup>, 2010 to September 30<sup>th</sup>, 2013 (36 months) were eligible for the evaluation. During the study period, a total of 374 individuals completed pre-treatment measures, and of those, 172 completed valid post-treatment measures. For results from the survey, because surveys were anonymous, we included results for all clients (n=103) who completed a survey, regardless of whether they had completed any evaluation measures.

### FAMILY FUNCTIONING

Overall, clients benefitted from the Family Counselling program and families were functioning better after receiving services. On the *Parenting Relationship Questionnaire*, parents reported lower levels of relational frustration, and higher levels of attachment, communication, involvement and parenting confidence at post-treatment than at pre-treatment. All improvements were statistically significant (see Table 1).

**Table 1: Pre and Post Differences on the Parenting Relationship Questionnaire**

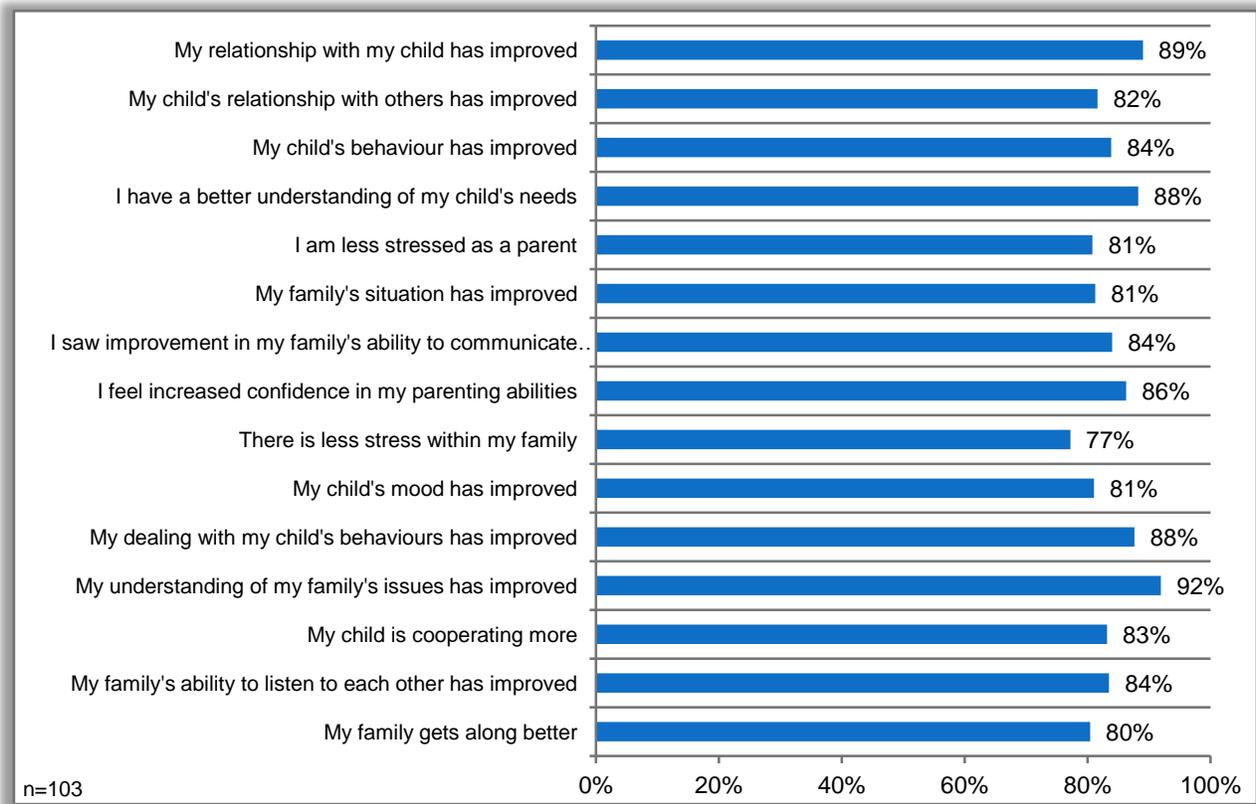
n=147 <sup>1</sup>	Average	Difference
Pre: Attachment	44.75	3.62***
Post: Attachment	48.38	
Pre: Communication	43.03	3.41***
Post: Communication	46.44	
Pre: Involvement	48.31	2.47***
Post: Involvement	50.78	
Pre: Parenting Confidence	42.66	3.93***
Post: Parenting Confidence	46.60	
Pre: Relational Frustration	59.54	-4.90***
Post: Relational Frustration	54.65	

\*\*\*Statistically significant at the .001 level, two tail.

Results from the *Client Survey* also indicated improved family functioning. On the survey, 81% of parents agreed with “*My family’s situation has improved,*” and 80% agreed with the item “*My family gets along better*” (as seen in Figure 1, on the next page).

<sup>1</sup> The number of Parenting Relationship Questionnaires (PRQ) completed was lower than the number of Strengths and Difficulties Questionnaires (SDQ) completed because only the SDQ was available in other languages that we provided services, so we collected only the SDQ from clients who received services in other languages.

**Figure 1: Client Survey Results: % of Clients who Selected 'Agree' or 'Strongly Agree'**



### PARENTAL STRESS

Overall, parental stress and frustration decreased for families involved in the Family Counselling program: On the PRQ, clients' average *T* score for Relational Frustration was reduced from 59.54 pre-program to 54.65 post program. This reduction was statistically significant.

Clients also indicated on the client survey that they were less stressed, with 81% of respondents agreeing with the item *"I am less stressed as a parent"* and 77% responding that they agreed with *"There is less stress within my family."*

### PARENTAL CONFIDENCE

Parents' feelings of confidence and control increased overall for families involved in the Family Counselling program. Average *T* scores on the PRQ for Parenting Confidence increased from 42.66 pre-program to 46.60 post-program. This increase was statistically significant.

In addition, on the client survey, 86% of respondents agreed with the item *"I feel increased confidence in my parenting abilities."* Also, 88% of parents agreed with *"My dealing with my child's behaviours has improved."*

### PARENTAL CONNECTION TO CHILD / UNDERSTANDING OF CHILD'S NEEDS

Parental connection to their child and understanding of their child's needs increased for families who participated in the Family Counselling program overall. On the PRQ, average *T* scores for

Attachment increased from 44.75 pre-program to 48.38 post-program. The increase was statistically significant. Average *T* scores for Involvement increased from 48.31 at pre-program to 50.78 at post-program. The increase was statistically significant.

Additionally, on the client survey, 88% of respondents agreed with “*I have a better understanding of my child’s needs*”, 92% agreed with “*My understanding of my family’s issues has improved*” and 89% of parents agreed with “*My relationship with my child has improved.*”

### PARENT/CHILD COMMUNICATION

Overall, parent/child communication improved for families who were involved in the Family Counselling program. Parents’ average *T* scores on the PRQ for Communication rose from 43.03 pre-program to 46.44 post-program. The difference was statistically significant.

The majority of families felt their communication had improved, as 84% of parents agreed with the item “*I saw improvement in my family’s ability to communicate with each other*” and 84% agreed with “*My family’s ability to listen to each other has improved.*”

### CHILD SYMPTOMS

Children who were enrolled in the Family Counselling program were showing fewer problematic behaviours, and were acting in a more helpful, positive manner. As seen in Table 2, children’s average scores on all *Strengths and Difficulties Questionnaire* (SDQ) ‘problem’ scales (Conduct, Emotional, Hyperactivity and Peer) decreased, and their Prosocial scale scores increased.

**Table 2: Pre and Post Differences on the Strengths and Difficulties Questionnaire**

n=172	Mean	Difference
Pre: Total Difficulties	17.99	-4.05***
Post: Total Difficulties	13.95	
Pre: Conduct Problems	3.81	-1.22***
Post: Conduct Problems	2.59	
Pre: Emotional Symptoms	4.56	-1.17***
Post: Emotional Symptoms	3.40	
Pre: Hyperactivity	6.20	-0.86***
Post: Hyperactivity	5.34	
Pre: Peer Problems	3.40	-0.74***
Post: Peer Problems	2.66	
Pre: Prosocial	7.15	0.55***
Post: Prosocial	7.69	

\*\*\*Statistically significant at the .001 level, two tail.

On the SDQ, average scores for Total Difficulties decreased from 17.99 pre-program to 13.95 post-program. Conduct Problems average scores decreased from 3.81 pre-program to 2.59 post-program. Average scores on the Emotional Problems subscale decreased from 4.56 pre-program to 3.40 post-program. There was a decrease in the average score for Hyperactivity / Inattention from 6.20 pre-program to 5.34 post program. The average score for Peer Problems reduced from 3.40 pre-program to 2.66 post-program. Finally, the average score for Prosocial Behaviours increased from 7.15 pre-program to 7.69 post-program. All differences were statistically significant.

Child symptoms were shown to have improved on the CAFAS as well. The average total CAFAS score decreased from 45.56 at pre-treatment to 14.84 at post-treatment. The difference was statistically significant.

These findings were echoed on the client survey, where 84% of the parents agreed with the item *“My child’s behaviour has improved”* and 81% agreed with *“My child’s mood has improved.”* The majority of respondents (82%) also agreed with *“My child’s relationship with others has improved”* and 83% agreed with *“My child is cooperating more.”*

## **SUMMARY**

Through the use of multiple standardized measures and information gained from a variety of sources, we were able to demonstrate the effectiveness of our Family Counselling Program. Across three years, we collected both parent- and clinician-rated outcome data on 172 parents and children who received services from the Family Counselling Program. Results were overwhelmingly positive and statistically significant, with families reporting an increase in their parenting confidence, attachment to their child, and family involvement. Parents also reported a reduction in parental stress and frustration as well as an improvement in family communication.

Children also benefitted from the Family Counselling Program. At the end of treatment, children were showing increased functioning and displayed statistically significant improvement in their conduct, emotional issues, hyperactivity and peer problems.