

# APPENDIX L

## Perceptions of Caregivers and Youth

Interviews were conducted with caregivers and youth about six months after the youth was discharged from the pilot program. Caregivers and youth were paid to participate in these interviews. The number of interviews conducted reflects a combination of families' refusal to participate, the inability to locate families, and difficulties with interviewer staffing. Findings reported herein are based on the number of responses in the Table below.

Table 1. Number of Interviews

	Sterling Pilot	Denver MST	Total
Caregiver Interviews	23	28	51
Youth Interviews	22	17	39

Interview results are presented in the following areas:

### Caregiver:

- Reason for enrollment in the pilot program
- Age of onset, types of problems and experience with other agencies and programs
- Desired changes in youth behavior as a result of the pilot program
- Helpfulness of the pilot program
- Parent and family involvement in the pilot program
- Suggestions to improve the pilot program
- Most helpful/unhelpful service received from service systems
- Advice for parents, providers, and decision makers
- Additional helpful and needed services

### Youth:

- Most serious difficulty upon enrollment in the pilot program
- Age of onset, types of problems experienced, and help received when younger
- Youth description of the pilot program
- Changes as a result of the pilot program
- Helpful/unhelpful aspects of the pilot program and suggestions to improve it
- Most helpful/unhelpful service received from service systems
- Additional helpful and needed services

## ***DENVER MST***

### **Caregiver View**

#### ***Reason for Enrollment in the Pilot Program***

In years 1 and 2, the majority of families stated that they were court ordered to receive services. In year 3, caregivers reported that youth were court ordered to participate in the program. Yet, the majority of youth in year 3 reported that their participation was voluntary.

Before entering the pilot program, most youth had:

- Problems in school
- Anger issues
- Legal problems due to criminal activity
- Drug issues

#### ***Age of Onset, Types of Problems and Experience with Other Agencies/Programs***

Caregivers reported a wide age range for onset of problems over the three years – from ages 6 to 17 in years 1 and 2, and from 1 to 13 in year 3. Almost all children, however, were between the ages of 11 to 13 when their problems began.

Typical problems reported at onset were:

- Disruptive behavior in school
- Destructive behavior such as setting fires and self-abuse
- Lying
- Stealing
- Drug use
- Learning issues
- Attention Deficit Hyperactivity Disorder (ADHD)

The majority of year 1 and 2 caregivers said that their children had received assistance prior to adolescence. They rated these earlier services, however, as being of “no help”.

In year 3, caregivers rated most service involvement prior to admission to the pilot program as being of “some help”. Caregivers mentioned the following as providing helpful services: Aurora Mental Health, Vision Quest/HomeQuest, Cornerstone, and individual therapy at University Hospital. Denver Human Services, however, was cited as being “not at all helpful”.

#### ***Desired Changes in Youth Behavior as a Result of the Pilot Program***

Most caregivers said that they wanted their children to be less angry, more responsible, and make better and healthier choices for themselves. They also mentioned that they wanted their children to like themselves again, and improve their relationship with the rest of the family.

#### ***Helpfulness of the Pilot Program***

Overall, year 1, 2 and 3 caregivers were satisfied with the help their child received from the pilot program. The majority of caregivers cited the program as “very helpful.” Typically, caregivers

reported being pleased with the MST therapist and the fact that the program had helped them improve communication, and deal with depression and other family issues.

Year 3 caregivers also stated that the program had helped them better understand their child and had given them the tools to deal with their child's behavior. They felt that their youth were better able to cope with stress and had learned improved methods of relating to their family.

The difference cited by caregivers most often, was that youth related more positively to the family as a result of the program. Also, youth were less angry, more respectful, and had improved in school.

One caregiver reported that nothing had changed. Another said that since the child had been out of the program for a while, the family was not doing well and the child was now out of control.

### ***Parent and Family Involvement in the Pilot Program***

All but one caregiver reported that they were satisfied with the level of parent involvement in the pilot program. Caregivers cited having excellent communication with the therapist and involvement in weekly counseling sessions, sometimes including other family members.

### ***Suggestions to Improve the Pilot Program***

Of those caregivers who gave suggestions on how to improve the pilot program, the majority said that it should have a greater number of sessions and should last longer. Another suggestion was to include more activities, not just attendance at sessions and meetings, as part of the program. Caregivers also suggested that the program needed more funding.

### ***Most Helpful/Unhelpful Service Received from Service Systems***

Almost all caregivers cited the pilot program as the most helpful service they had received. The reason given was that the program helped youth learn to talk about their issues and cope with their anger. It also helped families to understand each other and improved family relationships.

Again, Cornerstone was mentioned as a helpful service because it was instrumental in coordinating services. The majority of caregivers reported that the Department of Human Services was the least helpful service because of lack of communication, misinformation, and staff being too busy to listen or to be helpful. One caregiver even said that their child had not been protected from other youth in a crisis center. Other negative experiences were directed at schools and the Mental Health Center of Denver, where caregivers reported staff did not have enough time, care or resources to devote to their family.

### ***Advice for Parents, Providers, and Decision Makers***

The majority of advice to parents addressed the need to be proactive in obtaining help and intervention for youth. Caregivers also maintained the importance of keeping the family together and making sure staff and caseworkers stay in close contact with the family.

Caregivers offered a wide array of advice to providers and decision makers who serve youth and families. The majority of comments were directed at the need for more available mental health care, including mental health care in the schools, more experienced mental health and social service staff and the need to keep families together.

### ***Additional Helpful and Needed Services***

Caregivers cited several services that would be potentially useful for both themselves and their children. Clearly, the primary need reported by caregivers in years 1, 2 and 3 was that treatment should be longer.

In year 3, caregivers reported that youth and caregivers still needed continued counseling/intervention for a variety of issues. These included:

- General counseling for family/relationship issues
- Management of medications
- Depression
- Drug Abuse
- Anger Management.

Caregivers also stated that youth needed:

- Transitional Services
- Opportunities to be involved in healthy activities
- Education and Vocational Skills Training

## **Youth View**

### ***Most Serious Difficulty When Starting the Program***

The majority of youth reported their most serious difficulty when starting the program was anger. This anger took the form of trouble in school, arguing and fighting with parents, attitude, and destruction of property.

Others reported having legal problems. One youth reported having suicidal thoughts upon entering the program. When asked what other people thought their most serious issue was youth reported the same problems.

### ***Age of Onset, Types of Problems Experienced and Help Received When Younger***

Youth reported an age range of 8 to 13 for onset of problems. Two youth reported not having had problems when younger. All but one youth were 13, or in middle school when interviewed.

Problems reported were legal problems and trouble in school due to attitude and behavior. Most youth in years 1, 2 and 3 reported they had either received no help when they were younger, or, as in year 3, did not need any help because they had not yet experienced any problems.

### ***Youth Description of the Pilot Program***

Youth described the pilot program as one that tries to help people with their problems. One youth said, “It’s good for you, it will help you out – communication - someone to talk to.” Another said, “My family talked about stuff with a therapist about how to work things out.”

“I talk to a therapist about how to solve problems and how to make me and my mom happy.”

### ***Changes as a Result of the Pilot Program***

Specific changes reported by youth as a result of the program were consistent across all three years. These changes included:

- Fewer problems with anger

- Greater communication and happiness with family
- Fewer problems overall.

In year 3, the majority of differences described were positive behavioral changes such as:

- Decreased fighting with parents
- “Things in the house worked out better”
- Youth completed chores
- Controlled anger using methods learned in the pilot program

One youth said they were more open. Another reported that the home environment had changed for the better.

### ***Helpful/Unhelpful Aspects of the Pilot Program and Suggestions to Improve It***

The majority of youth in years 1, 2 and 3 found the pilot program to be very helpful or of some help. Year 3 youth commented about their therapists most often. They said that the therapists were “good” and explained things well.

Others reported that having written rules and a contract were also helpful. Those that responded suggested that more time with the therapist and having additional activities would improve the program.

### ***Most Helpful/Unhelpful Service Received from Service Systems***

Almost all youth reported that the pilot program was the most helpful service they had received. They said it:

- Helped their family function well
- Helped with family problems
- Helped control anger and build cooperation at home.

### ***Additional Helpful and Needed Services***

Year 1 and 2 youth cited Job Corp, help with finances, dealing with personal loss and anger management as services that could be useful.

In year 3, additional services were requested by two youth. One asked for help with problems at school and another requested medical and dental insurance. Almost all respondents mentioned needing to pursue some form of education in order to be successful as an adult.

“Education is power and freedom. I want to be a vet and work.”