



EVALUATING THE EFFECT OF THERAPY FOR CHILDREN, TEENS
AND YOUNG ADULTS LIVING WITH A SERIOUSLY ILL PARENT

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DCRC MISSION

DCRC mission is to help children, teens and young adults between 0-27 years achieve a good childhood, youth and adult life in spite of experiencing severe physical illness or death of a parent or sibling

DCRC strive to achieve this by secure nation-wide and specialized treatment and support to children, teens and young adults, whose parent or sibling are serious ill or dead

BACKGROUND KNOWLEDGE

82.000 children and young people 0-27 experience a parent critically ill every year in Denmark (Danish Statistic, 2014)

Research indicate that this group of children and young people:

- Have an increased risk of anxiety, depression, low self esteem and somatic complaints (Visser A et al., 2005; Kienbacher D et al., 2005)
- Are are more vulnerable than their parents think (Watson M et al., 2005; Welsch AS et al.,1996)
- Teenagers and young people are at risk of developmental and identity disruptions (Erling A et al, 2003)

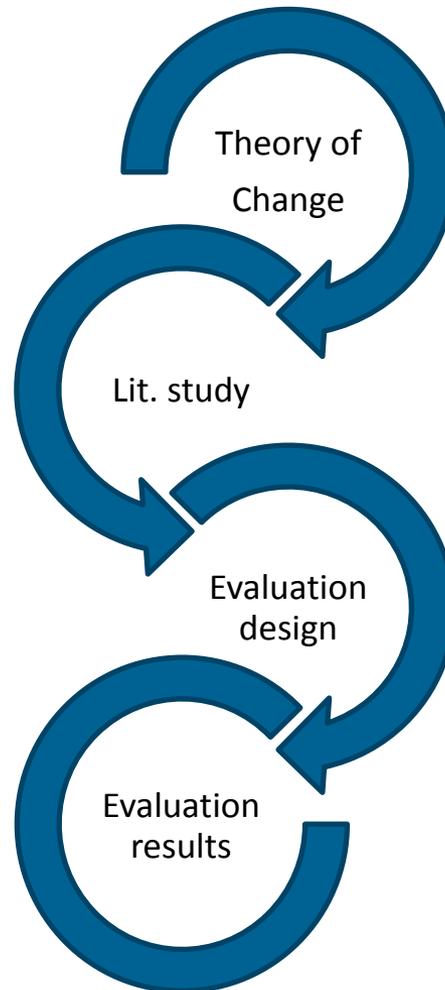
OBJECTIVES

1. To presents the evaluation results of our intervention for clients living with a seriously ill parent.
2. Including how the evaluation was designed using theory of change as our starting point
3. An opportunity to share our knowledge and thoughts on how to manage the dilemma between delivering meaningful quantitative effect data while taking into account the context that these children, teens and young adults find themselves in.

THERAPEUTIC TREATMENT IN DCRC FOR CLIENTS UP TO 27 YEARS OLD WITH A SERIOUSLY ILL PARENT

- Group therapy for clients 13-27
 - Age specific groups
 - Illness type specific groups
 - Slow open
 - Sometimes a combination of group and individual therapy
- Individual therapy for clients up to 12 years old

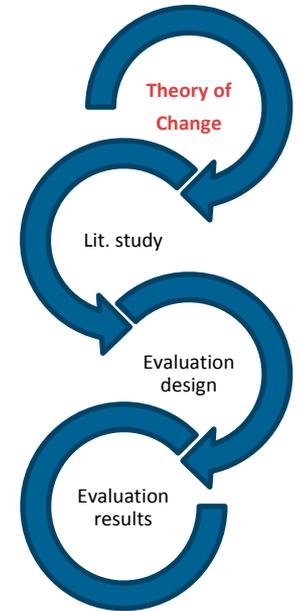
HOW DCRC DEVELOPED AN EVALUATION FRAMEWORK



THEORY OF CHANGE

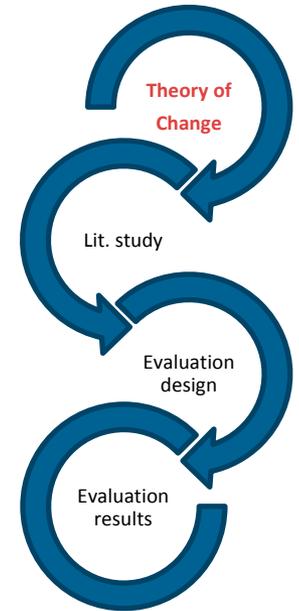
A Theory of Change consists of a number of key components which together describe:

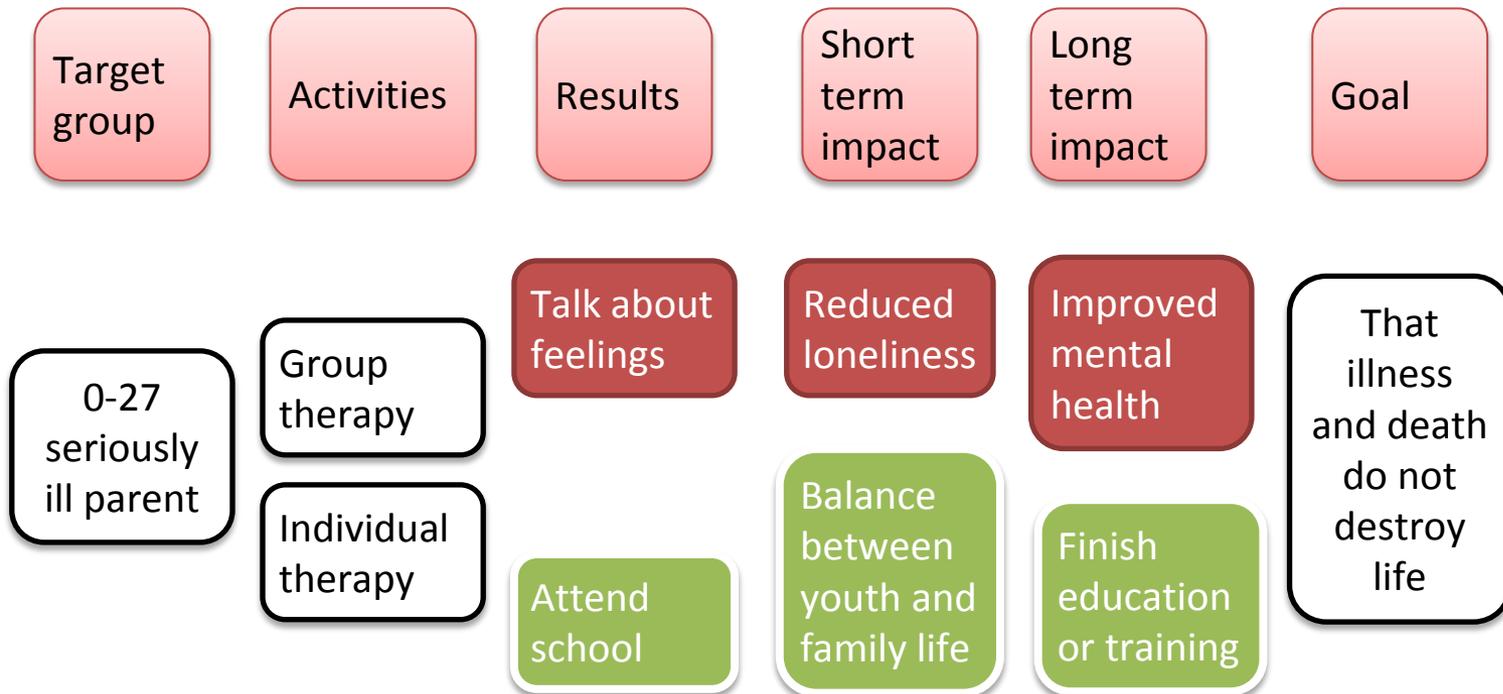
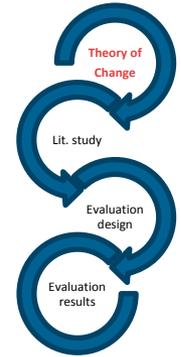
- **what** an intervention wants to achieve (results)
- for **whom** (target population)
- **how** (resources, activities)
- and **why** (overall goal).



THEORY OF CHANGE

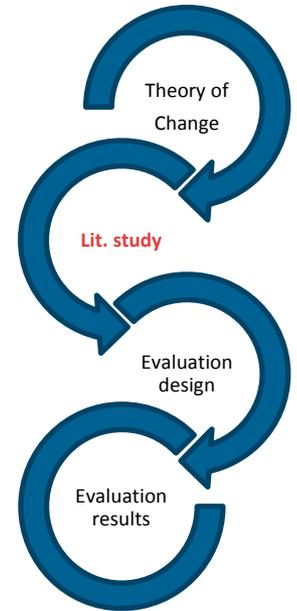
1. Discuss and align the treatment model and treatment goal
2. Share and collect methods and approaches
3. *Most pressingly - Find indicators that the psychologist found meaningful and appropriate for evaluating the treatment*





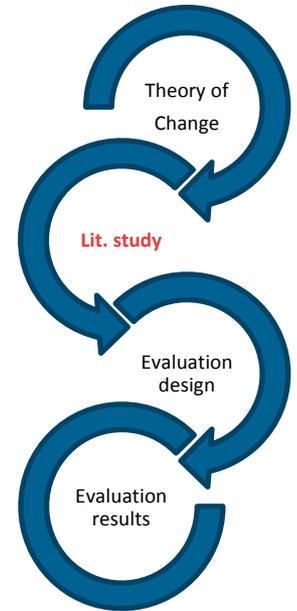
LITERATURE STUDY

- Validate the effect chains
- When effect chains could not be validated in the literature they were discussed and double checked with the DCRC psychologists
- Search for evaluation designs and validated scales



LITERATURE STUDY FINDINGS

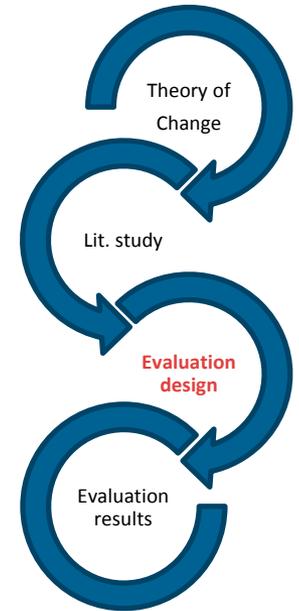
- There was a limited number of published intervention studies for professional treatment to children, teens or young people living with a seriously ill parent (2012)
- There was no *specific* validated scales for our target group

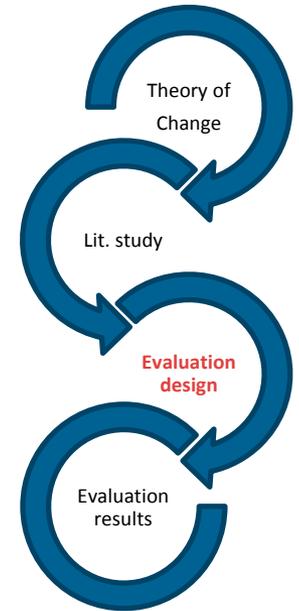


EVALUATION DESIGN

Three major issues:

1. The treatment length and focus varies a great deal from each clients
2. The clients situation is intertwined with their parents illness. We hypotesised that the way they cope and feel is more closely related to how their parents illness is progressing than how well they are responding to the treatment at DCRC
3. A majority of our clients finished treatment when their parent die





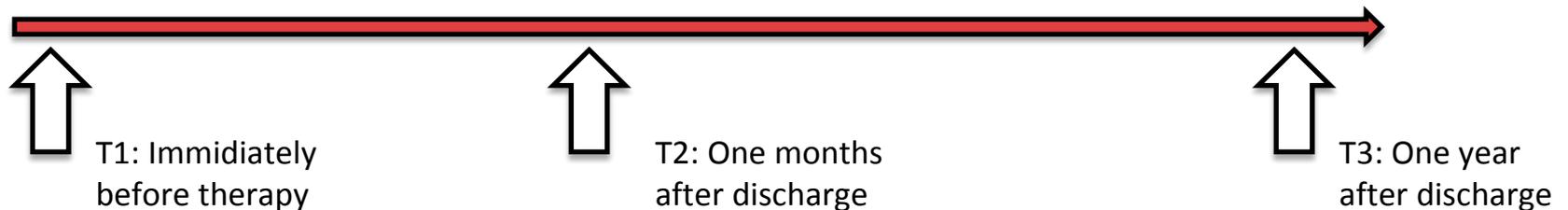
EVALUATION DESIGN

Designed our own questions

- School/work attendance, concentration, social network
- Success criteria on self-assessed effect and satisfaction with intervention

Validated scales assessing mental health:

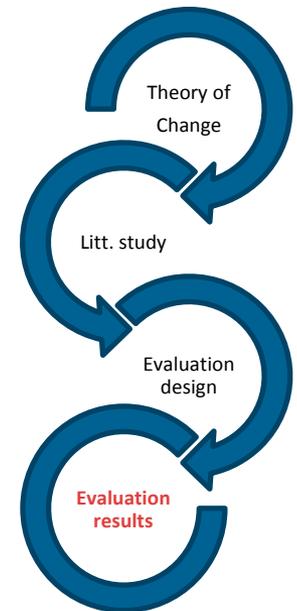
- PEDS, BYI, SCL-90



EVALUATION RESULTS 16-27

The respondents at T1:

- 159 16-27 year olds (mean age 22)
- 139 women and 20 men
 - 80% experience their parents illness as serious/very serious
 - 37% have more than four days absence from school/work in last month
 - 57% believe their performance school/work has declined
 - 28% believe they have had too much responsibility for their ill parent



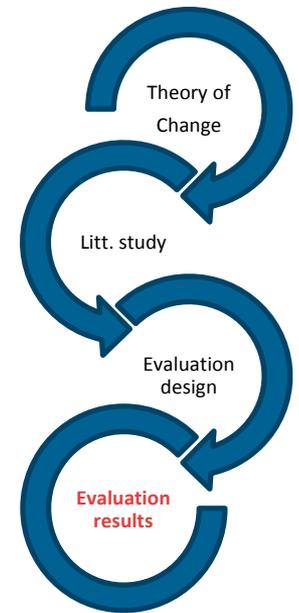
EVALUATION RESULTS 16-27

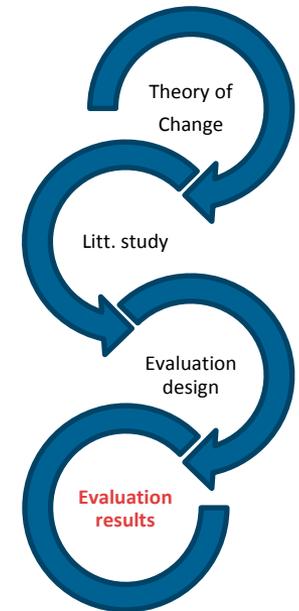
Succes criteria 1:

Satisfaction:

- At least 75% of all clients should respond '*to a very high degree*' or '*to a high degree*' that they over all have been satisfied with the treatment they reviewed in DCRC.

The criteria has been reached in that 87% of clients responds in such a way (N=31).





EVALUATION RESULTS 16-27

Succes criteria 2 & 3:

Precieved effect

- At least 75% af all clients should respond *'to a very high degree'* or *'to a high degree'* that they recieved help with handeling life with a seriously ill parent

The criteria has been reached in that 84% of clients responds in such a way (N=31)

- At least 75% af all clients should respond *'to a very high degree'* or *'to a high degree'* that the treatment helped them with finding a balance between time for their youth life and time with their family

The criteria has not been reached in that 58% of clients responds in such a way (N=31)

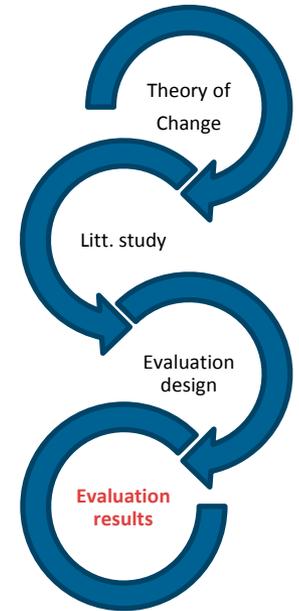
EVALUATION RESULTS 16-27

SCL-90 Significant development ($p < 0,05$) between T1 & T2

Global Severity Index mean:

- T1 = 1,11
- T2 = 0,87 (N=31)

Global Severity Index guiding norm is mean 0,45 for normal population



THANK YOU FOR YOUR ATTENTION