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# Children's Upstream Services Qualitative Evaluation Report

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## Children's Upstream Services (CUPS) Qualitative Outcome Report

### Abstract

This qualitative study identifies factors critical to positive outcomes from the points of view of parents and other caregivers whose families received early childhood mental health services from the VT CUPS initiative. Fourteen parents participated in in-depth, open-ended interviews: six who demonstrated positive outcomes by six months of service and eight who did not. Analysis of the responses from the two groups indicates that the most critical factors may be number and type of risk factors (family or child) and length of time in service. All the interviewees experienced positive outcomes eventually, though two reported need for continuing help after 2.5 years.

### Background

Children's UPstream Services (CUPS) is the most recent piece of an 18-year process of developing an integrated system of care in the state of Vermont. In October of 1997, the Vermont Department of Developmental and Mental Health Services (DDMHS), was awarded a \$6.7 million, six-year, national Services Initiative Grant from the federal Center for Mental Health Services. The intent of the grant was to expand community-based mental health services to enhance the well-being of children and adolescents who were experiencing or at-risk of experiencing, severe emotional disturbance and their families.

In January of 1998, DDMHS issued an invitation to each of the 12 human service regions in Vermont to develop links between the system of care for school-aged children and the system of care for early childhood. Community Partnerships within each of the regions, whose membership included families, community

members and representatives of both systems of care, held strategic planning sessions during which they developed plans for using grant funds to provide behavioral health treatment, consultation and training thereby improving the system of care.

The long-term goals of the CUPS project were to 1) support and preserve families of young children ages 0-6 experiencing or at-risk for experiencing severe emotional disturbance, 2) demonstrate better outcomes for these families, and 3) provide higher quality services in the process. The objective of the CUPS evaluation was to determine if this enhanced system of care was having a positive effect for the young children and families served.

The focus of this present study was to identify factors from the parent's or caregiver's perspective that were associated with positive or negative six-month outcomes of selected children and families participating in the evaluation.

### Purpose of the current report

The current report presents qualitative information obtained from parent interviews conducted as part of an in-depth CUPS evaluation. Detailed responses regarding interactions with CUPS are provided, including a number of verbatim accounts describing how the CUPS program has affected their lives. A summary of the methodology used and some interpretation of data are provided.

## Method

### Participants

In November of 2002, parents or caregivers were selected for this study based on the following criteria: 1) those who had completed both Intake and Six Month CUPS evaluation interviews and, 2) those whose Total Score on the *Parenting Stress Index* (PSI) (Abidin, 1983) fell in the clinical range at Intake. This sample was then divided into 2 groups, those with positive

outcomes and those with 'no-change' outcomes reported at Six Months. Group assignment was based on averaged scores from three separate measures at Six Months: the *Parenting Stress Index*, the *Child Behavior Checklist* for 1 ½ through 5 (CBCL) (Achenbach & Edelbrock, 1992), and the *Caregiver Strain Questionnaire* (CGSQ) (Brennan, Heflinger & Bickman, 1998). Using this sorting technique, there were 19 families in the positive outcome group (having the best scores) and 20 in the no-change outcome group (having the worst).

### Procedure

To gain an understanding of what makes a difference in the lives of these families with young children, the evaluation team determined that participants would be asked to respond to the open-ended question, "Please tell us the story of your family's life since you began receiving services for your family and young child". This decision is supported by Patton (1990) who stated that, "The purpose of qualitative interviewing in evaluation is to understand how...participants view the (situation), to learn *their* terminology and judgments, and to capture the complexities of *their* individual perceptions and experiences...The fundamental principle is to provide a framework within which respondents can express *their own* understandings in their own terms." He adds, "...a truly open-ended question permits persons being interviewed to take whatever direction and use whatever words they want in order to represent what they have to say." Thus, this open-ended question could potentially provide a rich data source to understand the families' experiences of the care that they received, different from other forced-choice measures presented in the evaluation.

Protocol and consent forms were sent to the 39 families. Attempts were then made to contact them by telephone. When contact was made, the consent form was explained, participant's

questions were answered, and a future time for the in-depth interview was arranged. Subsequently, participant's interviews were tape-recorded and transcribed. Information from the tapes was grouped according to ideas and then into larger themes and categories.

Interviews were conducted with 14 parents or caregivers; six from the positive outcome group and eight from the no-change group. Ten potential respondents from both groups, twenty in total, could not be reached or did not respond to the invitation to participate in the study. Three participants from the positive outcome group and two from the no-change group agreed to participate but were not present at the contact number at the initial appointed times nor during the three agreed upon subsequent dates. The positive outcome group consisted of the parents of 5 boys and 1 girl, the no-change group, 6 boys and 2 girls. The median age at entry into CUPS services was 3 years old for the children of both groups. The average time between Intake into the evaluation interview and the In-depth follow-up interview was 2 ½ years for both groups.

## Results

### General Observations

The most important overall finding was that, although the averaged scores of the 2 groups were very different at six months, at the time of the in-depth interview, all but 2 of the caregivers in the no-change group reported 'great' improvement in their children and in their family situation as a whole. Only 2 children continued to have significant problems according to their caregivers. Essentially six families in the no-change group moved into the positive outcome group within an average of 2 ½ years after the initial evaluation interview. It just took longer for them.

Initially results reflecting similarities between the two groups will be used to provide the reader with a picture of the lives of these families. Findings will then be examined first in terms of factors contributing to the differences in the 2 groups at six months and then in terms of factors that differentiate from the others the two families still reporting need for professional help.

### Group Similarities before CUPS

The stories told by the caregivers provide a rich account of what life was like before they received CUPS services. For all, the major focus was their child's challenging behaviors and their widespread effects on family relationships. The no-change (NC) group reported 4.8 challenging behaviors per child, the positive outcome (PO) group, 3.8. This difference is largely attributable to one caregiver in the no-change group who reported 14 behaviors.

When examining types of behaviors, both groups equally reported externalizing behaviors (88% PO, 83% NC), including aggressive behaviors such as: throws or beats on furniture, temper tantrums, fighting, kicking, biting. As several parents describe:

"At home he was hitting. I had a black eye one Christmas. I was behind him holding him down because he was being wild and he came up with his head and bopped me right in the face. It almost knocked me out."

"He had an uncontrollable temper...he used to run into the house, kick the door, or beat on it with stuff...and then he would hit his brother."

"Her brother could pretend. She would get very angry and bite and kick him and pull his hair, because she could not understand what pretend was. He would say, 'I'm a butterfly,' and run around the room fluttering his arms. She'd get very angry and say 'No you're not! That's not real. You can't be.'" And she would punch him.'

"He was violent...screaming at you and always talking in vulgar language."

Two caregivers in each group reported internalizing behaviors exhibited by their children, like nervous, anxious, tense, clinging, crying and 'Monday morning bellyaches'.

"She was constantly hovering over me, clinging to me...She would need me to tell her what to do all the time...She would whine constantly that she needs this or that. If she didn't get it, she would bawl."

"This is a child who, on his first day at the center, looked at the swing, a very simple three foot wide board suspended maybe a foot off the ground, and started crying hysterically. He was petrified."

"When he started kindergarten, we were going through the bellyaches every Monday morning. It took me a while to catch on."

Abuse issues were revealed across groups. In each group, one caregiver reported being abused by her husband and their children witnessed this abuse.

"My husband was a big problem. We've recently separated and this is a permanent thing. My son was the one most affected. At one point in our relationship, my husband was very violent, but that was before our children. (Since then), he has been violent but not towards people. He's thrown things, kicked things. And the words he uses! He doesn't realize the impact of the words he uses on the people around him. He says the most terrible things sometimes. But my son didn't see anything wrong in this. So when he left, I was blamed."

One in each group reported that her husband physically or emotionally abused their child, portraying them as being 'physically aggressive', 'overly demanding', 'bullying', and 'demeaning'.

### Group Differences before CUPS

One difference between the two groups lay in 'where' the challenging behaviors were expressed. Although the entire positive outcome group and four in the no-change group related that their child's behaviors were seen in both preschool or daycare and at home; four in the no-change group stated that the behaviors occurred only at home or 'just with mommy and daddy'.

"Teachers basically looked at me and told me I was nuts...that the only problem was at home and that he didn't have any problems at school."

People in the service system didn't believe them.

"Nobody else ever believed in me. They never listened to me, never made me feel like I knew what I was talking about. And she did (CUPS worker)...If I told her this was how it was, then she took my word about it, that that was how it was."

Two-thirds of the no-change group versus one-third of the other reported multiple issues with their child, a combination of challenging behaviors, some type of developmental delay and physical illness. Mothers in both groups reported language and communication problems.

"He was unusually quiet. When he went to school, they had a hard time understanding him as far as his speaking voice...He didn't use real words...And yet I never baby-talked him."

Only mothers in the no-change group mentioned their child had a hearing problem that was later identified.

"She was about eighteen months old and she would throw furniture. We tried punishing her by putting her in her room and counting to ten...But there was only a gate for a door and she would climb over it...We'd try closing her in the bathroom and she'd scream loud. She didn't like having closed doors. She didn't like not to look at people's faces...It wasn't until she was about three, when we started up with CUPS that we found out she had a hearing problem...Every time I

turned away from her and closed the door, she got frantic because she could not read my lips.”

Most of the group differences were embedded in the family context, where well-documented family risk factors were associated with poor outcomes.

Three mothers in the no-change group reported being physically or sexually abused as children. One of them had physically and emotionally abused her child. All three came from homes where spanking was the norm.

“I was abused as a kid and I didn’t want to repeat that...My parents said, ‘You got to smack her around hard. You got to put her in her place.’ My family was telling me that I was doing it the wrong way.”

Along with issues of abuse, three-quarters of the families in the no-change group reported that one of the child’s biological parents had been convicted of a crime; only one-third of the positive outcome group acknowledged this.

Another distinction between the groups is in the amount of reported mental illness in family members. Three caregivers in the no-change group described seven instances of mental illness in related family members: the mom herself (2), the father of the child in the study (2), a sister, an uncle and a niece. There were no reports of this in the positive outcome group.

Before receiving CUPS services, while families endured the stress related to family history and dynamics, they painted a picture of few resources. Six families in the no-change group (75%) reported a below-poverty-level family income, making less than \$15,000 annually, versus two (33%) in the positive outcome group. Five in the no-change group said they or their spouse didn’t have a good job (2 in PO). Five didn’t have dependable transportation (2 in PO), enough money to buy clothes for the family (2 in PO), adequate furniture or adequate heat for their homes or apartments (0 in PO). Although all families in both

groups reported receiving Medicaid, three eligible families in the no-change group were not receiving WIC, a nutritional food program; all five eligible PO families were.

Coupled with the strain of inadequate resources were challenges presented by the family's living situation. Only one quarter of the no-change primary caregivers (mostly mothers) were married; two-thirds in the positive outcome group were. And, while all children in families in the positive outcome group had at least one sibling, two in the no-change group were the only child. Four families in the no-change group reported having none or not much support from their families or friends.

"...one of the missing pieces in a lot of families, I know it was definitely a missing piece for me, is having a support system."

"My mother took a long time to come around to accept that my child had issues. She just said he was acting like a boy...She's just coming around now (3 years later) to accepting that he has challenges."

"More of my friends were out of the area than in the area. They were at a great distance and there wasn't much they could do."

Adding to this sense of lack of support, three-quarters of the families in the no-change group reported that they didn't know if they could find some kind of child care for their child if they had an emergency (one-third in PO).

It has been well established that child care can be a mitigating influence in the lives of children. Before entry into CUPS, all children in the no-change group were in some form of child care, versus only four in the positive outcome group. However, families in the positive outcome group reported using care for an average of 33 hours per week per child, while the no-change group reported only 22 hours. Seventy-five percent of the families in the no-change group (one-third in PO) found it hard to find and maintain child care, stating that there were few

openings, people couldn't deal with their child's behavior, and there was no infant care.

"My son got let go of two daycares...He was very active, very hyper...unruly...They just didn't want to deal with him. He was too much work."

"Early on a lot of our challenges centered around daycare because we just couldn't find the level of daycare or even type of daycare that he needed. If you have a child who has socialization issues you obviously don't want a home-based daycare where there is only one other child. If you're trying to establish a communication system for this child then he needs a peer group model...a mother or parent watching a six month old and Bill (my child) isn't conducive to him developing language. So we clearly needed to put him into some kind of preschool environment...or at least an appropriate peer group that he could be comfortable in and make progress in and these are few and far between (where we live)...Transportation was an issue. The district wouldn't provide transportation to the daycare if it was outside of the district. So we were held hostage. We had to find daycare (in our district). It was either that or I quit my job. And the reality was, I really couldn't quit my job."

Finding help for their child and family was difficult for half of the families in the no-change group (one-third in PO).

"Ever since my child was a year and a half, I've been fighting the battle to get help because professional people would tell me that it's typical behavior for his age, but it wasn't and I knew it wasn't...I knew I needed help and to get that help was hard. I wished they could have made it easier."

### Group Similarities after CUPS

The stories and comments from both groups of families are remarkably similar about how their lives changed after they began receiving CUPS services. Both equally reported how the CUPS worker provided more help to the mom than anything else.

"She was a big help to me more than anything. I felt like I could go and explain the stuff that was happening with my son...At that point I didn't know if he was defiant or whether it was because of some delay or something else and maybe I was expecting too much...As we found out more, she was helpful for me being able to deal with him and the problems of a kid with ADHD and (with) the uncertainties of is he going to be able to make it through school..."

Workers offered a holistic approach to the challenges in the family, providing support to the family and advice that worked.

"Knowing that there is someone there, or someone coming. I see her normally on Wednesday morning. Say Sunday I'm having a really hard time. Just knowing she'll be coming on Wednesday is definitely enough to help me calm down, get through. I tell my kids every night, 'Tomorrow will be a brand new day. We can start again'...Knowing that she is there and is coming is a support for me. And my kids love to see her. She's always got a sticker or something for them. So they're always glad to see her and show off the latest gadget that they've got or something they've just discovered to do."

"My CUPS worker was supportive. She had seen us separate a few times now. She was definitely supportive of my decision (to have my husband leave). She goes, 'You have to stand strong if this is what you are going to do.' She goes, 'The holidays give you that nice warm glow and everything-will-be-better kind of thing, but if you know different, you need to stand strong. You can do this for yourself and for your kids. If you honestly want him back, I'll support you in that as well.' She was supporting my decision and helping me stay on track as far as what I want for my life and for my kids. She's been a great help and a wonderful support."

"I would be stressed out all the time and not want to be home. I'd be out doing things with the kids and never get anything done in the house. There'd be so much trash and laundry and dishes laying around...They helped me get the house work done and also have time with the kids."

Families equally across groups saw their child's behavior change in positive ways. They spoke of a decrease in aggression. "He no longer bites". "He doesn't hit anymore".

"When he was younger, we had some isolated incidents of violence. He had killed a kitten trying to play with it, bouncing it against the wall. He threw terrible temper tantrums. When he started kindergarten, we were going through bellyaches every Monday. And it took me about a month to finally catch on that he didn't want to go to school. He was here one day and I finally called the teacher in the morning and said, "You know I really have a feeling that these are not real stomachaches." And she goes, "You know what, I tend to agree with you about this." My CUPS' worker was here that morning and I announced to Ryan that after she left, I was taking him to school and he had a horrible temper tantrum and it seemed we were right back to square one. She (CUPS worker) just kept reminding me, "Stand your ground. You are doing fine. You know you can get through it. Once he's quiet, you can start the time out until he gets control of himself." That has worked wonderfully for him: to let him know he is in control of how long his time out is. I would have never thought of that...By giving him that choice, that power, that seemed to have helped him a lot. So now, very infrequently, he is sent to time out; but when he is, he chooses. He can be there for 30 seconds or he can be there a good five, ten minutes. It depends on how long it takes him to get back in control of himself."

"The teacher could not deal with him...There were issues about him running away. There was a stream nearby where the school is so they didn't like the idea that he would bolt...In preschool, he was hitting and just very frustrated. He was always kind of all over the place, bouncing against the walls...At home he was hitting. I had a black eye one Christmas. I was behind him holding him down because he was being wild and he came up with his head and bopped me right in the face. It almost knocked me out.

The CUPS worker came in and right away he showed me this special hold and I used that afterward...He gave me a whole behavior plan about extending the positive and ignoring the negative. Like pulling over the car when things were going bad and waiting. I started

doing that and slowly but surely he came around...He talked with us about certain strategies to use when my son would get out of control...I just kept having him come to the house. Things were getting better and better."

Parents in both groups reported their child "getting along better with other kids", "making friends". Their child's speech became "more understandable"; they could "express themselves better", were "more verbal". Their child was "not afraid to go to school"; or he could now "ride the bus".

Parents not only learned how to deal with their children but to communicate with each other.

"My husband is a little private. To him, the CUPS' worker coming to the house was an invasion of privacy. There was a lot of paperwork and he was kind of like, 'Just give me the answers. It doesn't matter about the paperwork.' He was a little slow in the process of realizing that there was a problem. You know, 'Not my kid'...It bothered him having anybody know our personal life...The CUPS worker began telling him all kinds of strategies: what to do, how to react. When my son, Scott does this, do this. He learned that yelling is not going to do anything. So we do time outs. We both read 1-2-3 Magic and we took the pieces we could use."

"Dad is more open to listening. We talk it out instead of arguing. I can voice my opinion to him without getting defensive...I've learned not to not get upset and throw accusations at him. Ryan used to hear that all the time."

One family in each group has reunited; their homes are "not so chaotic".

"My husband and I are back together. It took us a couple of years to move back in together. He needed to make some changes in his life and I needed to find myself again...He quit his job. He took a huge cut in pay. His job took him away Monday through Friday and sometimes weekends and we wouldn't see him and we'd barely get a phone call because he was usually working. Sometimes he would work 16 hours a

day...I would think he was doing it to avoid us, but that was wrong. Since then, he has a different job. He is home nights...home to do things with the kids...We are starting all over and I think we're doing it right this time."

"We learned how to talk to each other, to be responsive to each other's ideas."

Two moms in the positive outcome group have gone back to work. One mom in each group has gone back to school. Two in the positive outcome group and one in the no-change group have become more involved with advocacy and mentoring other families.

"The Family Center called me and asked me to come in. There was a panel of different people in the community. They invited some parents and they asked us some questions. It was for organizations that dealt with young children that wanted to get information about how CUPS was working...It was very interesting to me. Just listening to mothers that had children with sometimes even worse things. It was like, 'Wow, I'm not the only one.'...It made me want to be more involved."

"Now I'm a mentor. So when new parents move into the district or have been identified as [having] a child with special needs, I'm there to help."

CUPS workers connected families in both groups with formal and informal resources in the community, providing relief from stress and companionship for the moms and activities for the children.

"I found out things through CUPS. Tim would tell me they are having some special thing like movies for kids with special health needs. We got invitations to social things, so that really got me out of the house...I didn't work. I had the twins and then they got me into daycare for stressed out families. In the summertime they had a program at the community center, so I let both of them go and I had some time to breathe. That was really good. CUPS really gave me a lot. That kept my sanity."

"She let me know about other happenings in the community like the Nurturing Program. She brought me flyers about things...I went to a group run by Prevent Child Abuse Vermont. I t was sitting around with a bunch of women who had 'no clue', who were just trying to get their bearings...I t was great."

"She let me know about things like the SERVE Program...that's where you can buy food packages at discount prices and you do a couple of hours of community service."

"CUPS helped get me into the 1 to 5 Program where I got help getting a clothes dryer...I'd be constantly doing laundry and have no place to put it after it was washed. Things were never dry in time for the kids...I f anyone has anything for free around town, they usually call 1 to 5 first and give it to people who really need it."

"I t's emotionally draining having four kids and one of them having a lot of problems. CUPS gave me ways to deal with them. They gave me ways to seek help for myself, so it's not too crazy. They told me about other programs to go to and other people to speak with."

Two moms in the no-change group (one in PO) spoke about being connected to parents with similar challenges through CUPS.

"She (CUPS worker) connected me to other parents of children with emotional problems. They tell me what I can do...I was on the phone with one girl for two hours. My experiences were similar to hers. I t was nice to talk to someone who was going through the same things or who had already gone through them. I t made it a little easier."

Three families in the no-change (0 in PO) group spoke about how their CUPS worker fought for services for their family.

"I t took CUPS to fight for the services that my daughter deserves."

"She's (CUPS worker) my voice. I f I'm having trouble getting a point across at school or having the teacher just try something and I don't feel I'm being listened to, she'll go in and ask again for me...When she talks to the teacher it seems to get done..."

### Two Families with Overwhelming Challenges

Twelve of the fourteen families reported great improvement in their lives after coming into CUPS services. What differentiates the two families that are still struggling?

When asked during the six months interview about risk factors, they were the only two caregivers to report risk factors associated with their child (vs. only the family). One reported their child being physically abused as well as being involuntarily expelled from the home in the past. She also reported the child exhibiting 14 behaviors, ranging from extremely severe - such as threatening to kill sibling, mother and others; being sexually aggressive towards others - to having nightmares where he would "thrash around, call out and kick."

The other reported one risk factor: their child had attempted suicide. He was extremely violent, showed no remorse. He would dump and throw the trash around the house and constantly "smeared his poop" everywhere.

Both children were 4.5 years old when their families started receiving CUPS services. Both mothers had been abused as children and both reportedly suffered from some form of mental illness. Neither had much of a support system. Neither was employed or married. Neither child was in child care and both had multiple issues.

"I just didn't have anyone who could or would deal with him because of his behavioral issues...They'd kick him out and we'd head back home and we were just stuck there...In one daycare, he was sexually molested by other boys."

Both reported that CUPS helped: helped in supporting the mom, providing her and child care workers techniques to work with their children, helped with referrals and getting other resources.

"CUPS helped get me into parenting courses; helped me go to the parent child center to be in a support group. They helped me when my car broke down; helped with transportation. They would come to the house to make sure I had a decent environment to live in. They made sure my son's medical needs were met, that he had social activities to take part in. They got us involved in educational programs. They were there for support and in a crisis. They helped communicate with other services. If we had five services going, they would communicate with all five and write down what all five had to say and explain to me what they were thinking in my terminology for me to understand and help me figure out the solutions...After CUPS, he started to verbalize. CUPS would come into the house and help me work on everything."

"Just having somebody to talk to...She would help with referrals. Gave me ideas where to turn for help...She would come and play with my son, maybe go outside, go for a walk...find out what his feelings were...He looked forward to her coming...She helped him in daycare with socialization...She was very open and I liked her. We would meet and sometimes had lunch which would give me an outing too."

There are still problems.

"He's still violent, but it's not as bad or not as long. He still hits and tries to bite and throws things, but now he's starting to randomly throw it. He's not throwing it directly at you. He doesn't do it for so long. Like he would solidly be outraged for five hours straight where now it might last twenty minutes. The poop-smearing stopped in his bedroom and on other walls. Now it's in the bathtub and bathroom which is a lot easier to deal with."

"When he first went to school CUPS went to the school and made sure everything was being done, that teachers were properly educated to deal with my child...then service dwindled down and things went downhill again...I wished it could have gone on for longer."

What differentiates these families? A crushing burden of the "negatives". Their stories provide a glimpse of multiple, severe, long-term, entrenched problems across many aspects of their lives. Given this, their road to child and family well-being is

expectedly longer. They need more help for a more extended period of time. In their words, they “needed help earlier” and “wished it (CUPS) could have continued longer (beyond age 6).” Yet, in spite of these accumulated challenges, things are improving.

### Summary and Conclusions

According to qualitative analysis of the detailed stories provided by the fourteen caregivers, families in both groups described CUPS services as useful in their lives. They attributed a variety of positive outcomes to the help provided by CUPS, including positive change in their child’s behavior, increased knowledge of parenting skills, feelings of being supported, and global improvements in family dynamics. Through CUPS, the families developed connections to resources and supports in the community. These connections in turn, assisted them in meeting some of their basic needs, widening their circle of support, and offering social and recreational opportunities for the whole family.

Greater numbers of risk factors appear to interfere with positive outcomes for children. These factors include but are not limited to the multiple risks of family poverty; of being a parent who is single, unemployed, who has a mental illness and was abused as a child; of being a child who has suffered abuse and neglect and has grown up witnessing domestic violence; of lacking quality child care. Families experiencing these may require longer-term treatment in order to produce similar benefits or outcomes attained earlier by those less challenged.

A related hypothesis supported by the initial data is that families identified as having less positive outcomes may simply lag behind other families in their time to respond to services. An extended follow up evaluation of these families may be required to determine the overall impact of the CUPS program in

collaboration with other prevention and early intervention services. Longer-term follow up may also provide information about what key components of CUPS may benefit families at different levels of need.

### Advice for the Decision Makers

All fourteen families in the study resoundingly urged that the CUPS program be continued. The following is an example of general comments about the value of the overall program:

“Keep it (CUPS) going, keep it available for people who need it. I think it’s a wonderful program. It does a lot of good.”

Some offered more in-depth reasons to continue CUPS:

- To provide parenting skills and prevent child abuse

“Parents need help a lot sooner than later because not everybody is going to have the strength to walk away when it gets bad. And you don’t want child abuse happening. And it does happen because you get so frustrated with your child. If you’re not strong enough something is going to happen that you are going to regret...people need to intervene sooner.”

“We really need to help parents themselves and teach them how to take care of their children. Children don’t come with instructions and we get just as frustrated as the kids and we don’t know what to do with our anger...We need to be able to help parents...Not everybody can take a parenting class; not everybody has transportation or time or daycare...so we need to have somebody like CUPS come to the house where the children and parents feel safe, where we can talk about this and help change attitudes...A lot of us grew up in the era where spanking was what you did. We know that’s not good. Violence begets violence. We need to go show people a better way to do things without judging them or making them feel guilty.”

- To prevent future greater costs to society

“Every child that doesn’t get help now is going to be a load on society in the future...Maybe they’ll be committing crimes whereas if they got help sooner, that wouldn’t happen. There would be that magic corner that would get turned if there was a little bit of extra help sooner.”

- To prevent loss of a valuable resource

“We have to remember that these children who are needy and high maintenance, are also very bright and creative children...I was thinking about certain very bright people we accept as geniuses now. Their parents were told they were idiots, like little Thomas Edison and Albert Einstein. We may lose a valuable resource if we decide that for lack of a little bit of funding, these kids can’t have every bit of help we can give them.”

- To support our communities

“We’ve got legislators who slash budgets for kids without blinking an eye not because of what the end result is but because of what they hear from some of their constituencies. These are the same taxpayers who don’t even want to pay for municipal services because they’ve never had a fire at their house; so why should they pay for a fire department? Or, I’ve raised my five children and they are all out of school, so why should I have to pay for the school budget anymore? You do it because it’s about being part of the community and that’s what community is.”

Four families suggested that legislators get more background information about families with challenges by talking to the families themselves.

“Get with the consumers that are getting the services. Find out their ideas. Deal with the people. Get the real stuff. Get into the field and see the examples.”

“Go out there and be with these kids. Go spend a day in the settings of a child who has trouble, who has issues. Spend time at their

home...at bedtime, at suppertime. See what happens. Maybe then you'll understand what we need."

### Advice for Service Providers

Six mothers recommended that service providers get the word out about the CUPS program.

"Get the word out there because I don't think a lot of people know about their services. Find a way to get the word out better than you do...I wouldn't have known anything about CUPS if the people I was around hadn't told me. I wouldn't have had a clue as to where to begin."

"Get the information about CUPS out. Take it back to the most likely sources that all parents have in common: pediatricians and daycare."

"Put information in newsletters in the schools or flyers on the bulletin boards in the front lobby...Put up flyers at the hospital and laundromats and thrift shops".

Four reminded providers to listen to parents and to observe their children in different settings.

"Listen to parents. Parents know. Just because their child does one thing at school doesn't mean that's the way he is at home. Parents know their child the best."

"Every family's different; so is the situation they're in. What you see when you walk in the door might not be the whole situation. Listen to what the parents say."

"My kid acts differently when he's around the worker than when he's home alone with me."

"Kids outside of the home can be really rough. Workers need to see kids in different environments, different settings. Take them to the grocery store where they climb out of the cart, run off on you, holler and scream and say they have to go to the bathroom every ten minutes. Take them to a playground, to an office, like the doctor's office...some place where they have to wait for an appointment and

you have to take the kids because you have no one else to watch them.”

Three caregivers wanted more one-on-one time with the CUPS worker. Two didn't have any advice, only praise.

“I don't have any advice for the CUPS workers because of the great experience we've had. They are very committed people. They love what they do and are very passionate about it. If it were up to them, they would serve every child; and there'd be a chicken in every pot. I have only had good experiences with them.”

### Advice for Families

Six mothers encouraged other families experiencing similar challenges,

“Don't be afraid to ask for help no matter what anyone else says. If you are struggling at home, there is help out there. Ask for it. Find out where you can get it.”

“Get someone out there like a CUPS worker that you can talk to about things, someone to listen to what's been going on...that can give you advice. That's a big help. It releases some of that stress...It's so stressful having a challenged child...It's demanding all the time, especially if you have other children.”

Once you find help like CUPS, four mothers said to “stick with it”; “life gets better.”

“Hang in there. It takes a little while, but it does help...It can take up to six months or a year. It's slow, but it works.”

Three reminded others that it's not about finding fault.

“Don't lose hope...as hard and as sad as it is that your family is not as perfect as you thought. It's not about pointing fingers and it's not about how did this happen. It's not about whose fault it is...Let's figure out how to make it better.”

“I think the biggest thing I realized was that it wasn't my fault, like I wasn't a bad mother. It wasn't that I was raising him wrong, it was just that he couldn't control himself. That was like a turning point for me. Instead of being depressed and just non-functional, I started realizing our family's going through a tough time.”

### Future Directions

The detailed accounts provided by families offer a unique view of the diverse and widespread impact the CUPS program had on their lives. This information can be useful in decision-making regarding future directions for intervention. It underlines the importance of qualitative research in evaluation, in understanding how to improve outcomes for families. Consideration of longer-term follow up of these families should be given in order to gain greater understanding of the impact of early childhood mental health services on later child and family outcomes.

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