

Garland, A. F., Lewczyk-Boxmeyer, C. M., Gabayan, E. N., & Hawley, K. M. (2004). Multiple stakeholder agreement on desired outcomes for adolescents' mental health services. *Psychiatric Services*, 55(6), 671-676.

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What kinds of changes do adolescents want to see in themselves and their environment as a result of their treatment for mental health problems? Are these desires similar to those held by their primary caregiver and therapist? In the first study to compare desired outcomes across all three groups, Garland et al. explored these questions. Desired outcomes were compared for each group and by agreement across groups. Results indicate that agreement between groups on outcomes was relatively poor.

Participants included 170 adolescents between the ages of 11-18 ($M = 13.5$, $SD = 2$), their primary caretaker (usually a mother; $n = 170$), and their therapist ($n = 57$). Therapists most frequently reported practicing family systems therapy or eclectic psychotherapy.

Interviews with the adolescent, caregiver, and therapist were conducted after one or two outpatient therapy sessions. The interviews consisted of open-ended questions in which each respondent identified the three most important outcomes that he or she desired. These responses were then coded and organized under five domains: (a) *symptoms* (e.g., reduce anger, improve moods); (b) *functioning* (e.g., have more friends); (c) *consumer perspective* (e.g., have a good experience in therapy); (d) *environment* (e.g., a peaceful home life), and; (e) *system* (e.g., appropriate school placement).

Comparisons between the groups for agreement on each outcome were moderate to poor. Results indicated that *reduce anger and aggression* was endorsed significantly most often by all groups. Other significant results for comparisons between groups are listed in the text box.

Significant results of comparisons between groups for agreement on outcomes

- Adolescents and therapists reported *environment* more often than caregivers;
- Adolescents and therapists endorsed *improve family relationships* more often than caregivers;
- Caregivers endorsed *obey parents* and *improve self-esteem* more often than adolescents;
- Caregivers and therapists endorsed *symptoms* and *functioning* more often than adolescents;
- Therapists reported *talk about feelings* more often than adolescents and caregivers, and;
- Few respondents endorsed outcomes in the *consumer perspective* or *systems* domains.

At the individual level, comparisons between a specific adolescent and his or her caregiver and therapist were poor. Although no triads agreed on the same three outcomes, 38% of all triads agreed on one outcome. Agreement was more likely to occur between dyads than between all three respondents; 70% of parent-therapist dyads agreed on at least one outcome, followed by parent-adolescent dyads (64%), and adolescent-therapist dyads (62%). Further analysis revealed that triads were significantly most likely to agree with each other when the adolescent had an anxiety disorder, and significantly least likely to agree if the therapist used a cognitive-behavioral approach to treatment.

The authors note that these results must be interpreted with caution. It is possible that respondents might have agreed on the same outcomes generally, but that they prioritized them differently. Citing the qualitative method as a limitation to the study design, the authors appended a "forced-method" survey to the end of the interview. Respondents were again asked to choose their three most important desired outcomes. Results did not differ substantially from the open-ended method.

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The implications of this study are important on multiple levels. At the individual level, the adolescents studied were “very willing” (p. 675) to participate in the interview process and to identify the areas that they wanted to improve upon through therapy. According to the authors, this willingness discourages the perception that adolescents are unlikely to enter into treatment voluntarily; paying attention to the goals and expectations of youth and their families may improve their engagement in services.

At the level of research and policy, the authors suggest that we take a closer look at the “ecological validity of outcome measures, including the variability in meanings and the prioritization of outcomes for various stakeholders [to] improve the clinical utility of outcome measurement in the field, which could ultimately improve the effectiveness of mental health services” (p. 676).