

Hoagwood, K. E. (2005). Family-based services in children's mental health: A research review and synthesis. *Journal of Child Psychology and Psychiatry*, 46(7), 670-713.

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This study reviewed literature on family involvement in the treatment of children with emotional or behavioral disorders. Specifically, articles were about families who received interventions; families who collaborated in their child's intervention, and; core components of family involvement. Very few scientifically rigorous studies of such family-based services were found.

The literature search was conducted with four databases to identify articles of interest published since 1980 (key words: family support, skills training, parent management, education, counseling, therapy, consultation, engagement, alliance, empowerment, choice, collaboration, etc.). From a set of 4,000 articles, the authors selected studies that were empirically rigorous; that is, they used experimental designs, used a controlled design, and clearly described the intervention models such that comparisons with control groups would be possible. Forty articles met these criteria, although many of them were about health related problems in children or adult mental health issues.

The final selection of articles on children's mental health were then categorized as falling into one of three groups: (a) families as recipients of interventions (i.e., family education or psychoeducation, support, adjunctive services, engagement services and empowerment interventions); (b) families as co-therapists (i.e., families as collaborators); and (c) core components of family involvement (i.e., therapeutic alliance, engagement, empowerment, expectations, and choice). The author did not review studies of family therapy (e.g., Multisystemic therapy) or parent management training because an extensive body of literature already exists for these interventions.

(a) Families as Recipients—Services for Families (N = 13)

Most articles were about studies of interventions that included elements of education, support, engagement in services, and empowerment, or were designed to teach parent skills. Of those articles, most reported on programs that combined psychoeducation, support and skill training. There were very few family education models identified; however three notable studies were discussed by the author.

There were very few empirically rigorous studies of *family support programs*, which teach new behaviors in a multifamily group setting and encourage support among families. However, there were a large amount of theoretical pieces and pre-post evaluations for such interventions. Some multifamily group programs had positive outcomes (e.g., increased engagement, fewer ADHD symptoms, enhanced parent well-being, and increased treatment retention), but "no rigorous studies have been conducted yet to determine how or whether multifamily groups are associated with improved outcomes" (p. 700). Further, the author found very few *adjunctive therapy interventions* (i.e., interventions that combine elements of one program with another). One such model augmented a problem-solving intervention with Problem Solving Skill Training and Parent Management training, and barriers to treatment decreased. Another study compared individual behavior therapy with multifamily group skills training; results included greater knowledge and behavior change among recipients. Two studies found that a phone-delivered *engagement intervention* increased families' use of services. Only one controlled study was found for *empowerment interventions*. Recipients were trained in assertiveness, communication, goal setting and problem solving and how to find community resources. Fourteen months after the intervention, parents were more knowledgeable and had more self-efficacy than the control group.

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(b) Families as Co-Therapists: Services with Families (N = 6)

With the exception of studies of autism, there were no studies identified that focused on families as co-therapists in treatment and children's mental health outcomes. Three studies on families as co-therapists for children with autism found that parents had favorable experiences with co-therapy, parents were more involved with their children, and children's behavior improved.

(c) Studies of Core Processes of Treatment (N = 21)

From this emerging field of study the author identified articles that fell into five categories: (a) most articles were about the quality of therapeutic relationships between parents and therapists and their outcomes; some compared therapeutic alliance with therapy; (b) others investigated the kinds of expectancies families have about services with regard to family engagement; (c) studies of empowerment, self-efficacy, and "the processes by which families gain mastery about use of services" were also found; (d) some studies focused on parent expectations for services, including their underlying values when seeking treatment; and (e) some studies were concerned with the effects of family choice; this is an undeveloped area but is "likely to be studied with increasing rigor in the future" (p. 702).

Factors such as the quality of the therapeutic alliance, the nature and extent to which family perspectives are explicitly embodied in treatment planning, parental perceptions of continuity and support, and issues of trust—these factors reflect deep values of significance to many families of children with health or mental health problems. Unfortunately, rarely are such variables measured in treatment outcome studies. A range of family-relevant measures should be routinely incorporated into clinical efficacy or effectiveness studies. (p. 708).

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According to Hoagwood, "the implications of this review are sobering...there are far too few well-conducted, scientifically rigorous studies of family-based services in children's mental health services to conclude that these interventions decisively improve youth clinical outcomes" (p. 708). However, there are promising studies of adult mental health outcomes

that include family involvement and "these models can and should be imported into the field of children's mental health services research" (p. 708). Further, the author suggests that "the range of outcomes that are typically assessed in treatment outcome studies is far too narrow to afford an adequate view of the impact of family-based interventions" (p. 708; see text box).