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Source: Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review* 2(4), 199-254.

This article provides an exhaustive summary of “what we know” about the effectiveness of mental health treatment for children and their families in the United States, and lays out some recommendations for future work. In preparation for the recently issued Surgeon General’s Report on Mental Health, these authors conducted a review of all of the published empirical literature on efficacy and effectiveness dating from the 1960s to the present. The majority of information gathered by Burns et al. was not able to be included in the Surgeon General’s report, so the authors prepared this comprehensive article presenting their findings and recommendations.

The brief summary included in this *Data Trends* is necessarily selective. It is recommended that interested individuals read this important article in its entirety.

The authors offer a wealth of research and reference information (the reference list alone totals over 360 entries), and divide the article into five areas: 1) prevention; 2) traditional forms of treatment; 3) intensive community-based interventions; 4) crisis and support services, and 5) treatment for two prevalent disorders that were a major focus of the Surgeon General’s report (major depressive disorder, and attention-deficit hyperactivity disorder). The article includes general conclusions and recommendations for future directions.

The authors begin with reviewing some of the methodological shortcomings of existing research. This includes their findings that the length of follow-up in studies is brief, outcome measures have typically been limited to measures of clinical status, and many studies reflect interventions which do not typify clinical practice. An important context for the reviewer is the authors’ point that, “empirically validated treatments have been tested on children and families who do not generally represent clinic-referred children” (p. 200).

Overall, the authors report that “the strongest evidence base supportive of positive outcomes for children and families exists for five forms of services and treatments: home-based services, therapeutic foster care, some forms of case management, and both pharmaceutical and psychosocial treatments for specific syndromes” (p. 238). It is important to note that the conclusion on home-based services is based largely on the research of multi-systemic therapy. Also, it is noteworthy that the studies on case management that are reviewed typically include the use of wraparound processes. When talking about wraparound specifically, the authors state that although the studies of its effectiveness tend to utilize uncontrolled designs, the studies “provide encouraging evidence of the effectiveness of the case management approach utilized in the wraparound process” (p. 219).

With regard to more traditional outpatient treatment, the authors suggest that the evidence base is clearest with regard to psychosocial treatments that focus on teaching problem-solving strategies, on parent management training, and on strengthening parent-child interpersonal skills. They also point to progress through the use of cognitive behavioral strategies for anxiety disorders. [Continued next page]

The authors offer a very strong statement in support of the importance of family engagement in treatment. They report that, “the effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care. While traditional forms of care approached mental health treatment in a hierarchical top down approach (with the clinician maintaining some distance from the recipients of treatment), this approach is not reflected in newer forms of service delivery. It is becoming increasingly clear that family engagement is a key component not only of participation in care, but also in the effective implementation of it” (p. 238). This is a very strong and important statement about the importance of family engagement to come out of a review of the empirical literature on treatment efficacy and effectiveness.

Further, Burns et al. call for the development of a research agenda for the future that involves the contribution of multiple stakeholders, including children and families, clinicians, clinical educators, policymakers, and clinical and services researchers. They indicate that, “harnessing the contributions of these multiple stakeholders and the perspectives that they represent requires a democratization in the public sphere” (p. 241). This is a call for action that hopefully will be heeded.

Finally, the authors call for further efficacy and effectiveness research, additional service system research, and more research on actual practice. They identify the area of practice research as one of the most underdeveloped areas.