

## The Effects of Parent Participation on Child Psychotherapy Outcome: A Meta-Analytic Review

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## Overview of Child Psychotherapy Research

- 8-12% of young children and 15% of adolescents within the general population experience clinically severe emotional and behavioral difficulties (Roberts, Attkisson, & Rosenblatt, 1998)
- Throughout childhood and adolescence, approximately 10% of youths (ages 3-17) will have received some form of psychological intervention for behavioral or emotional problems (U.S. Congress, 1991)

## Overview of Child Psychotherapy Research

- Kazdin (2000) estimated over 500 different therapies currently in use for children
- 80% of surveyed clinicians indicated that they routinely include children as well as parents as treatment participants (Kazdin, Siegel, and Bass, 1990)
- To date there is little empirical evidence comparing treatments that include parent participation to those that primarily involve youths

## Overview of Child Psychotherapy Research

- Kazdin (2003) evidence based treatments:
  - Depression: CBT\*, Coping with Depression course, Interpersonal Psychotherapy
  - Anxiety: Systematic Desensitization\*, Modeling\*, Reinforced Practice\*, CBT\*
  - ODD/CD: MST\*, Problem-Solving Skills Training\*, Parent Management Training\*
  - ADHD: Stimulant Medication, Parent Management Training\*, Classroom Contingency Management Programs

## Previous Child Psychotherapy Meta-Analyses

- Most studies have found child psychotherapy to be effective ( $ES = .7$ ) compared to no treatment controls
- Limitations:
  - Based on studies that often used tightly controlled clinical samples
  - Publication bias (more likely to have significant results)
  - Findings smooth over possibly unique differences between treatments and populations

### Previous Child Psychotherapy Meta-Analyses

Hazelrigg, Cooper, & Borduin (1987)

- 7 studies pub. 1966-1984 compared individual to family therapy for children/adolescents
- Family therapy was more effective than individual therapy on measures of family interaction and behavior ratings.
- Limitations:
  - Findings not very robust (fail safe N = 10)
  - Most studies were based on behavioral disorders

### Previous Child Psychotherapy Meta-Analyses

Shadish et al. (1993):

- 9 studies compared family to individual therapy for children/adolescents
- Family therapy was less effective than individual treatment (ES = -.28)

### Current Study

- Psychotherapy defined as: “any intervention intended to alleviate psychological distress, reduce maladaptive behavior, or enhance adaptive behavior through counseling, structured or unstructured interaction, a training program, or a predetermined treatment plan” (Weisz et al. 1995)

### Current Study

- Exclusions (following Weisz et al., 1995):
  - Drug therapy
  - Biotherapy
  - Relocation of children
  - Prevention programs
  - Mental retardation
  - Learning problems
  - Medical problems

### Current Study

- Inclusion criteria:
  - Compared individual treatment to a treatment group that included significant parent participation (either combined parent/child or parent only treatment)
  - Contained pre and post-treatment data
  - Random assignment or matching group equivalency
  - Minimum N = 5
  - Target of treatment < 18 years of age
  - Target child experienced clinically significant distress

### Current Study

- A priori identified moderator variables:
  - Difference in number of therapy sessions
  - Therapy orientation (behavioral/nonbehavioral)
  - Presenting problem (internalizing/externalizing)
  - Mean sample age
  - Methodological quality of study
  - Type of outcome measure (specific vs. global)

## Results

- 42 original psychotherapy studies, N = 4,189
- Mean age = 11.66, 64% male subjects
- 26% elementary, 38% adolescent
- 57% externalizing problems, 24% internalizing, 5% abuse, 7% other
- Cognitive behavioral most common orientation (63-100%)
- 65% Caucasian, 21% African American, 26% Other subjects

## Results

- Significant test of homogeneity of variance  
Q (7) = 15.175,  $p < .05$   
Q (40) = 138.75,  $p < .05$

There is greater variability among effect size estimates than sampling error alone. Must adjust weighted mean effect size and look for significant moderators.

## Results

- Child only vs. combined treatments:  $d = .25$  (range 1.86 to  $-.77$ ) N = 41
- Child only vs. parent only treatments:  $d = .13$  (range  $.78$  to  $-.76$ ) N = 8
- Child only vs. controls:  $d = .44$  (range 3.34 to  $-.45$ ) N = 19
- Combined treatment vs. controls:  $d = 1.03$  (range 4.6 to  $-.76$ )
- Fail safe N = 50

## Moderator Analysis for Child Only to Combined Treatments

- Entered into regression analysis as individual predictors, only child treatment orientation was marginally significant,  $R = .286$ ,  $F(1,39) = 3.49$ ,  $p = .069$
- Cognitive behavioral child only treatment was closer in effectiveness to combined treatments
- Stepwise regression: no significant moderator variables were identified.

## Discussion/Implications

- $D = .25$  is consistent with Grissom's (1996) meta-meta-analysis median probability of effectiveness when comparing two treatments.
- Findings support the incorporation of both parents and children in treatment.
- No difference between child only and parent only treatments.

## Discussion/Implications

- Findings are preliminary but seem to support the family systems model of treatment, inclusion of multiple family members is most beneficial
- The addition of parent participation in treatment is more beneficial, regardless of child's age, presenting problem, method of outcome assessment

### Limitations

- Lack of homogeneity of variances
- Samples mostly comprised of tightly controlled efficacy-style studies
- Uneven distribution of treatment orientation and presenting problem
- Psychometric properties of outcome measures

### Future Directions

- Examining other potential moderators of effect size: level of therapist training, level of initial severity of presenting problem, culture/race, outcome informant
- Examining under what context is parent participation most beneficial

### Thank you for your attention

- Comments?
- Questions?
- Concerns?
- Compliments?
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