Utilization of Individual versus Family Therapy Among Adolescents with Severe Emotional Disturbance

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Abstract

The present study investigated service utilization of individual and family therapy services among children with severe emotional and behavioral disturbances. Participants included 89 children and families, interviewed at two time points across a 6-month period. Analysis revealed that children received a greater number of individual therapy sessions than family therapy sessions. Paired samples t-tests indicated that children significantly decreased their levels of internalizing and externalizing behaviors across 6-months. Hierarchical multiple regressions indicated that family therapy was associated with decreases in internalizing behaviors when children reported outcomes. Individual therapy was not associated with changes in either internalizing or externalizing behaviors regardless of report. Additionally, caregivers did not report significant change in their own levels of depression or empowerment across the 6-months. Recommendations and implications for future work are offered.

Introduction/Background

Individual Therapy

Individual-based treatments encompass treatment modalities that focus on the targeted youth for therapeutic change.

Family Therapy

Family-based treatments include "any modality involving parents as essential participants in treatment" (Diamond & Johnston, 2005, p. 874).

Purpose of Present Study

The current study examines service utilization of individual and family therapy as well as how these services relate to changes in both child variables (i.e., internalizing and externalizing behaviors) and family variables (i.e., caregiver depression and family empowerment).

Hypotheses

1) Children would be more likely to receive individual therapy than family therapy.
2) Children would benefit more when they receive a combination of individual and family therapy compared to child therapy alone.
3) Caregivers who report receiving both individual and family therapy would achieve treatment gains in terms of a decrease in depressive symptoms and an increase in empowerment.

Method

Participants

- Youth and primary caregivers (N = 89) (75% boys; 25% girls)
- All youth were identified as highly "at risk" (DSM-IV diagnoses, functional impairment, out-of-home placements)

Procedure

- Clinical sample referred to their local community mental health agency
- 2-hour In-Home interviews were conducted with the caregiver, 1-hour In-Home interviews were conducted with youth
- Caregivers were paid $25 for baseline interviews, and $30 for follow-up interviews
- Interviewed at two separate time points, 6-months apart

Measures

Demographics - Primary Caregiver Report
- Child-focused therapy leads to improvements in parental symptomology and family functioning (Kazdin & Weiss, 2000)
- Family therapy might lead to improvements in child symptomology as well as parental symptomology

Individual and Family Therapy Estimates
- Multi-Sector Service Contrast (MSSC, 2000)
- "Did your child receive medication treatment?" (as a control variable, dichotomous variable); "How many family therapy sessions did he/she receive during the last six months?"
- "How many family therapy sessions did you receive during the last six months?"

Internalizing and Externalizing Behaviors - Caregiver Report
- Child Behavior Checklist (CBCL, Achenbach, 1991)
- Center for Epidemiological Studies-Depression (CES-D, Radloff, 1977)
- Child-reported depression at T1, T2, T3

Analysis

Paired Samples t-Tests Examining Change Across 6-Months.

Comparison       df        t       p-value  Effect Size

D3              45.8        0.01    0.97    
Caregiver-Reported Internalizing               5.50    0.002    0.88    
Caregiver-Reported Externalizing               5.50    0.002    0.88    
Caregiver-Reported Internalizing at T1          4.50    0.003    0.85    
Caregiver-Reported Externalizing at T1          4.50    0.003    0.85    
Family Empowerment                              1.10    0.337    0.55    

Results

Caregiver-Reported Internalizing at T1, (55) = 6.90, \(p = .007\), \(\beta = .71\); Caregiver-Reported Externalizing at T1, (55) = 6.90, \(p = .007\), \(\beta = .78\); Family Empowerment, (55) = 3.31, \(p = .017\), effect size beta 0.82.

Conclusion

The current study examined service utilization of individual and family therapy among children with severe emotional and behavioral disturbances. Participants included 89 children and families, interviewed at two time points across a 6-month period. Analysis revealed that children received a greater number of individual therapy sessions than family therapy sessions. Paired samples t-tests indicated that children significantly decreased their levels of internalizing and externalizing behaviors across 6-months. Hierarchical multiple regressions indicated that family therapy was associated with decreases in internalizing behaviors when children reported outcomes. Individual therapy was not associated with changes in either internalizing or externalizing behaviors regardless of report. Additionally, caregivers did not report significant change in their own levels of depression or empowerment across the 6-months. Recommendations and implications for future work are offered.

References


Child development and depression in the preschool years: A review. Applied Psychological Measurement, 1, 385-401.


Consistent with the recommendation by Weisz and colleagues (2005), the findings from this study support the employment and dissemination model by assessing the degree to which individual and family therapy occurs in a community sample as well as how the use of treatments in treatment settings can compare within a sample. Why? Perhaps it is more challenging to engage families in treatment compared to individual therapy. Clinicians may have less training in family therapy or a predilection toward using individual therapy, and systems may have been less supportive of family interventions.

Consumer Reports. (2007). Family therapy isn’t alone was linked with changes in either child externalizing and internalizing behaviors, while FT alone was associated with decreases in internalizing behaviors when children reported their own symptoms. Focusing solely on the “child’s problem” in individual therapy seemed to be ineffective at alleviating emotional problems, at least within this sample. Or, perhaps children were not receiving enough individual therapy sessions to be effective over a 6-month period; children received approximately 11 sessions over six months, averaging to less than two sessions per month.

Support was not found for the third hypothesis that caregivers who receive family therapy or a combination of both in terms of a decrease in depressive symptoms and an increase in empowerment. Instead, these levels remained relatively stable.

Caregivers reported no changes in their own symptoms and less change in their children’s symptoms (compared to children’s reports of their own symptoms). Possible reported differences due to perceptions, sensitivity to change, or timeframe?

Future studies on how to integrate individual and family therapy among samples of youth with SED would be beneficial to the delivery of mental health services, including assessment of whether demographic variables such as income, transportation, or other resources make the combination of multiple services less likely.