2009

Parent Training, Support and Psychoeducational Groups as Evidence Based Practice in Children's Mental Health

Dorothy Wagner
Minnesota State University - Mankato

Minnesota State University Mankato

Purpose

The evidence base for programs in children's mental health has expanded significantly in the last decade (Burns, 2003), yet the implementation of these programs has lagged behind (Walrath, Sheehan, Holden, Hernandez & Blau, 2005). The purpose of this project is to research current evidence based practices and programs that could improve and/or update services that are provided to children and adolescents diagnosed with severe emotional disturbance (SED) in Steele County. Research and analysis of the feasibility of implementing a group intervention to provide support, psychoeducation and/or skills training to families was conducted.

Methodology

1. A literature review was completed consisting of community and family level evidence based practices and programs
2. Steele County and South Central Human Relations Center administrators were consulted with to select a program idea and to determine key features to consider for implementation
3. A parent training, education and/or support group was selected
4. A second literature review was completed
5. Parent training models were selected for possible implementation based on:
   - the quality of empirical support
   - program materials
   - relevancy to child welfare and mental health
6. Other agencies were contacted as possible collaborators and were consulted with for implementation and feasibility ideas
7. Data was compiled and presented to administrators

Rural Context, Diversity and Ethical Issues

Families in rural and smaller communities may experience a greater need for psychoeducation and support groups due to increased stigma in small communities and lack of resources.

Children and adolescents of lower socioeconomic status and children of color are more likely to have serious emotional difficulties (Miech, Azur, Dusablon, Jowers, Goldstein, Stuart et al., 2008).

Other challenges and considerations include:

- Difficulty in obtaining qualified staff
- Travel and expense to attend trainings
- Group formation, matching of diagnoses, developmental levels or functional status
- Participant fear of being embarrassed or judged
- Lack of access to transportation for participants
- Lack of financial resources
- Time constraints affecting participant attendance
- Maintaining confidentiality
- Combining mandated with voluntary group participants

Parent Training, Support and Psychoeducational Groups as Evidence Based Practice in Children's Mental Health

Dorothy Wagner
Department of Social Work

Literature Review

20% of children in the United States have a diagnosable mental disorder (Burns, Hoagwood & Mrazek, 1999), and one in ten children suffer from mental disorders with enough severity to cause some degree of impairment.

Children in the child welfare system are at risk for poor socio-emotional, behavioral and psychiatric outcomes (U.S. Public Health Service, 2000).

Home and community based interventions with empirical support include:

- Respite Care
- Therapeutic Foster Care
- Multi-Systemic Therapy
- Mentoring
- Intensive Case Management
- Family Education and Support
- Functional Family Therapy
- Parent Child Interaction Therapy
- Parent Training

(Barth et al., 2005; Burns, 2003; Sexton & Alexander, 2002; Walrath et al., 2006).

It is estimated that between 2 and 5% of children have a mood disorder; estimates for the prevalence of adolescent mood disorders range between 8.6 and 28% (Goldberg-Arnold, Fristad & Gavazzi, 1999).

Parents of children with mental illness must cope with frequent crises and disruptions to family life (Goldberg-Arnold, Fristad& Gavazzi, 1999).

Parents of children with a mental illness are also at risk for social isolation as they may feel stigmatized by and blamed for their child's behavioral problems (Goldberg-Arnold, Fristad & Gavazzi, 1999).

Access to information can decrease feelings of guilt and self-blame and can help parents set realistic goals with their children (Dreier & Lewis, 1991).

Psychoeducation can help parents better care and advocate for their children by providing parents with information regarding diagnosis, symptoms and treatment options as well as suggestions for how to cope with behaviors (Goldberg-Arnold, Fristad & Gavazzi, 1999).

Group work has many known benefits; it "fosters hope for change, provides opportunities for members to help each other, supports new knowledge and skill acquisition and allows for multiple perspectives to be shared" (Ruffolo, Kuhn & Evans, 2006, p. 40).

Approximately 400,000 child welfare recipients will participate in voluntary or mandated parent training programs per year. Additionally, there is a substantial overlap between children involved with child welfare services and children with mental health needs (Barth et al., 2005).

Comparison of Group Models: Significant Features for Implementation

	Incredible Years	Triple P (Positive Parenting Program)	Strengthening Families	Multi Family Group Psychoeducation
Target Population	Parents of children age 0-12 with CD, ADHD, ODD	Parents of children age 0-16 at risk for abuse and children with behavioral problems	Parents and children ages 3-5, 6-11 and 12-16 in high risk families	Families of children diagnosed with mood disorders
Materials	Manuals, videos, cd's and books	Manuals, scripts, transparencies, workbooks, videos	CD ROM with manuals handbooks, handouts, evaluation tools	Manual to be published 2010
Trainings	Workshops highly recommended but not required	Training required, courses for all levels offered	2 day training for up to 35 people on site	Not at this time
Fidelity Instruments	Leader checklists, session agendas	Protocol adherence checklists	Family attendance form, Group leader session rating forms	Not at this time
Trainer requirements	Training in child development, behavior management and groups	Professionals from health, education, and social services fields	Requires a minimum of 5 staff: 4 group leaders and one coordinator	Therapists with experience/training with children, mood disorders and group facilitation
Estimated Cost	$500/per leader for training + $1500/per series for materials + ongoing costs per participant	$900 to $1,500 for training and materials per leader	$3,650 + travel for a two-day SFP group leader training with curricula included	$250/ practitioner for implementation + $350/year/ consumer (staff time)
Duration	12-24 weeks depending on program and needs	Four 2-hour group sessions and four 15-30 minute individual telephone sessions	Fourteen weekly, 2-hour group sessions	Eight, 90 minute sessions
Implementation Support	Readiness checklist, mentors	Web-based support network	Evaluation and tech support available	Not at this time

Discussion

Next Steps:

- Conduct a needs survey or focus groups to determine type of program to be implemented
- Determine available resources (budget, staffing, etc.)
- Establish relationships and agreements with collaborators
- Determine other inputs and resources necessary
- Develop fidelity and evaluation plan

Benefits to Agency:

- Update on current best practices, including programs currently being provided
- Detailed information on programmatic ideas for parent training, psychoeducation and/or support group including recommendations for implementation and evaluation plan
- Consultation with possible collaborators

Benefits to Student:

- Research experience
- Contact with researchers and outside agencies
- Practical experience with macro practice