



Paternal involvement in Multisystemic Therapy: Effects on adolescent outcomes and maternal depression

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A B S T R A C T

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The association between paternal involvement in therapy, adolescent outcomes and maternal depression was examined within the context of Multisystemic Therapy (MST), an empirically supported, family- and community-based treatment for antisocial adolescents. Ninety-nine families were recruited from five mental health agencies providing MST. We compared families with paternal involvement in therapy (PIT) to families with no paternal involvement in therapy (NPIT) in pre-post change in adolescents' externalizing and internalizing behaviours and also in maternal depression. There was a significant reduction in both groups in externalizing and internalizing behaviours. However, the magnitude of improvement was significantly greater for the PIT families. Both groups saw a significant reduction in maternal depression but no significant group differences were found. Results suggest that if possible, paternal figures should be encouraged to actively participate in therapy, as adolescents outcomes are enhanced when mothers and paternal figures participate in MST together.

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Multisystemic therapy (MST) has been identified as one of the most effective treatment programs for antisocial and violent youth (Kazdin & Kendall, 1998; Weersing & Weisz, 2002). There is variability in treatment outcomes however, as not all families and youth benefit from this treatment approach (Littell, 2006). This variability is not well understood because there has been limited research investigating the mechanisms of change that are responsible for successful outcomes, not only in the case of MST (Henggeler et al., 2009; Huey, Henggeler, Brondino, & Pickrel, 2000), but for most evidence-based practices (Kazdin, 2002). Uncovering the aspects of MST that may contribute to successful outcomes is particularly important for MST because the therapists combine a variety of evidence-based intervention strategies and tailor these strategies to meet the individual needs of each family. This flexibility is a unique strength of MST, but it also means that therapy may look very different from one family to the next. On the most basic level, even the participants or clients of MST vary from family to family. The main goal of the proposed study is to examine parental participation in MST, specifically the role of fathers in the therapy process, and if paternal involvement is related to differential changes in adolescent externalizing and internalizing behaviour. A secondary aim is to investigate whether fathers' participation in therapy may be linked to differential changes in maternal depressive symptoms.

Paternal involvement in therapy

Research on parent involvement in child psychopathology has focused primarily on mothers, with fathers included to a far lesser extent. Phares and Compas (1992) found fathers were significantly underrepresented in child psychopathology

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research with only 26% of studies involving both parents and providing separate analyses for the father and mother, and a mere 1% of research included fathers only. A recent update by Phares, Fields, Kamboukos, and Lopez (2005) confirms fathers continue to be neglected, although there appears to be a promising trend towards including fathers in research as children age (Cassano, Adrian, Veits, & Zeman, 2006). There is little doubt that fathers significantly influence many domains in the lives of their children (Connell & Goodman, 2002; Flouri & Buchanan, 2003; Mullan Harris, Furstenberg, & Marmer, 1998; Phares & Compas, 1992); thus, it seems likely that fathers could also have a strong impact on the therapeutic process (Phares, Fields, & Binitie, 2006). Interestingly, although there is growing evidence that fathers are important in the healthy development of their children, consensus does not exist regarding the merit of including fathers in parenting interventions (Lundahl, Tollefson, Risser, & Lovejoy, 2008; Tiano & McNeil, 2005).

A recent meta-analysis of father involvement in parent training (Lundahl et al., 2008) found immediate positive changes in children's and parents' behaviours when fathers participated but these changes did not extend to parents' perceptions of child rearing and by follow-up, no significant differences in outcomes were apparent between studies that included or did not include fathers (Lundahl et al.). In contrast, other studies report that when fathers are involved in therapy there is little evidence they have an impact on therapeutic outcomes, but by long-term follow-up there appears to be improvements (Bagner & Eyberg, 2003; Phares, 1996). Tiano and McNeil (2005) reviewed outcomes from three behavioural parent-training programs and found the literature provided insufficient data about fathers and treatment effectiveness to reach any meaningful conclusions about the impact of fathers. The discordant literature may be due in part to the numerous ways "father" is operationally defined across studies. With changing conceptualizations of family, the definition of a father has expanded in the past few decades to include more than just biological fathers. While most studies do not explicitly define what constitutes a father, others like Bagner and Eyberg (2003) defined fathers based on their direct involvement in therapy. For example, a father that lived with the child and attended at least one therapy session was considered involved and an uninvolved father lived in the home but did not participate in any sessions. Although there are contrasting viewpoints on exactly what constitutes a father and the merits of including fathers in therapy, there is overwhelming support for the efficacy of parent-training programs in changing parenting behaviour and in ameliorating child behaviour problems (Kaminski, Valle, Filene, & Boyle, 2008; Kazdin, 1997; Reyno & McGrath, 2006).

MST therapists strive to engage all adults with primary care giving responsibilities for the youth into the therapeutic process, although lack of participation by an eligible caregiver does not prohibit the remaining caregivers from partaking in therapy. In practice, the majority of parents participating in therapy are mothers. In some cases, however, fathers or significant paternal figures (e.g., step-fathers) are actively and equally involved in therapy alongside the mother. We aimed to investigate whether this paternal involvement in therapy would contribute to successful outcomes for antisocial adolescents.

Maternal depression

Maternal depression has been repeatedly shown to have deleterious effects on child and adolescent adjustment (Goodman & Gotlib, 1999). In turn, decreases in maternal depression seem to be one mechanism by which adolescent outcomes improve (Gunlicks & Weissman, 2008; Weissman et al., 2006). Mothers who become less depressed over the course of treatment may become better able to implement parenting strategies that are being introduced during MST; they may be sleeping better, and feeling more energetic and, thus, their efforts at monitoring and disciplining may be more effective as their depression is alleviated.

There is emerging evidence that fathers play a crucial role in child psychopathology when the mother is depressed. Chang, Halpern, and Kaufman (2007) found fathers' positive involvement buffered children from the harmful effects of maternal depression. Similarly, Tannenbaum and Forehand (1994) reported a strong father-adolescent relationship can be a protective factor for children with depressed mothers. In the current study, we were interested in examining the role of fathers in the therapeutic process itself, particularly when mothers enter treatment depressed.

Aims and hypotheses

In this study, we sought to determine if paternal involvement in MST was associated with child outcomes and maternal depression. Our research addresses two gaps in the existing literature by exploring paternal involvement in therapy, and if this involvement is related to differential changes in both adolescent outcomes and maternal depression within the context of MST. We hypothesized that families with fathers who participated in therapy, compared to those without paternal participation, would show more pronounced decreases in adolescents' externalizing and internalizing behavior, as well as larger decreases in maternal depressive symptoms.

Methods

MST model

Adopting major tenets from social ecological (Bronfenbrenner, 1979) and family systems theory (Haley, 1976; Minuchin, 1974), MST views the adolescent as nested within multiple environmental systems that operate bi-directionally, including family, peers, school, and the community (MST Services, 2007). Treatment goals and interventions are determined

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