Published March 2023

Family Talk

Review: February 2023

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Family Talk (FT) is a targeted indicated programme for children between the ages of five and 18, where parents have mental health diagnoses and/or are in contact with mental health services (typically anxiety or depression). It is delivered in early years settings and/or outpatient health settings and aims to support healthy parent-child relationships in the context of mental illness. children between the ages of 5-18.

Evidence rating: **2+**

Cost rating: **3**

- Family Talk (FT) is a strengths-based, psycho-educational,whole-family approach designed to enhance family communication and understanding of parental mental illness,improve family interpersonal relationships, and p romotechild resilience and utilisation of social supports.
- It is intended for children with parents who have mental health diagnoses and/or are in contact with mental health services.
- FT adaptation involves group discussion, roleplay, homework assignments, and use of video vignettes.

EIF Programme Assessment

Family Talk has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

Cost rating

A rating of **3** indicates that a programme has a **medium cost** to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of **£500–£999**.

Cost rating: **3**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Reduced internalising symptoms

Based on study 1

Reduced anxiety symptoms

Based on study 2

Improved prosocial behaviour

Based on study 2

Reduced emotional symptoms

Based on study 2

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Primary school
- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual
- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Children's centre or early-years setting
- Out-patient health setting

The programme may also be delivered in these settings:

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated

Where has it been implemented?

Australia, Canada, Colombia, Costa Rica, Finland, Iceland, Ireland, Netherlands, Norway, Sweden, United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

About the programme

What happens during delivery?

How is it delivered?

Family Talk is delivered in approximately 7 sessions of 60-90 hours duration each by clinicians to individual families or in a group format.

What happens during the intervention?

As a flexible programme, the learning methods and activities may change depending on the needs of each family. Basic learning methods include:

- goal setting for parents to encourage reflection on the purpose of attending Family Talk;
- psychoeducation to enable the parent to better understand their illness and its potential impact on their child(ren);
- exploration of ways to build child and family resilience;
- the sharing and discussion of information on appropriate local supports for the child(ren);
- and the co-development of a Family Plan in the event of the parent becoming unwell and requiring crisis care.
- Child- friendly activities may be added to assist children during sessions.

What are the implementation requirements?

Who can deliver it?

The practitioner who delivers this programme is a clinician with at least 3 years' experience in working with adult or child mental health.

What are the training requirements?

The practitioners have completed the online programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

Not available

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other online material
- Fidelity monitoring

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- A strengths-based psychoeducation approach to parental mental illness, provided within a family context, can help to reduce the risk of negative outcomes (especially those related to mental health problems) among dependent children by: enhancing their knowledge and understanding of parental mental illness; improving family communication and problem-solving; and promoting more positive family interactions and better family functioning within the home.
- The programme enables children and parents to: talk about parental mental illness; develop a shared understanding of the impact of parental mental illness on parenting, children and the family as a whole; access supports for the child if required; and develop strategies to strengthen child and family resilience and wellbeing.
- In the short-term, the parent is educated about their illness and its impact on their dependent child(ren), while the child(ren) is/are provided with an opportunity to express their concerns (often unspoken) about their parent's mental illness and to explore how problems related to their experience might be addressed (including signposting to other supports), thereby improving family communication/interactions and child mental health.
- In the longer-term, the risk of negative mental health outcomes for children is reduced through enhanced family communication and functioning, and increased resilience.

Intended outcomes

Supporting children's mental health and wellbeing

Contact details

https://emergingminds.com.au/online-course/family-focus/

https://www.copmi.net.au/materials/family-talk-guide-for-professionals/

https://fampod.org/ a>

https://cmhcr.eu/primera-programme/

About the evidence

Family Talk’s most rigorous evidence comes from two RCTs which were conducted in the US and in Finland.
A programme receives the same rating as its most robust study, which in this case is the Finnish study, so the programme receives ?a 2+ rating overall. The programme does not yet receive a rating of Level 3 because the conclusions that can be drawn from Family Talk's most robust evidence are limited by methodological issues pertaining to the lack of clarity on attrition and how missing data were handled??, hence why a higher rating is not achieved.

Study 1

Citation: Beardslee et al., 2003; 2007

Design: RCT

Country: United States

Sample: 105 families, with a mean child age of 11.6 years, with parent(s) with a history of depression.

Timing: baseline, 1 year post-intervention, 2 years post-intervention; 3 years post-intervention; 4 years post-intervention

Child outcomes:

- Reduced internalising symptoms

Other outcomes:

- None measured

Study rating: 2

Beardslee, W. R., Gladstone, T. R., Wright, E. J., & Cooper, A. B. (2003). A family-based approach to the prevention of depressive symptoms in children at risk: evidence of parental and child change. *Pediatrics*, 112(2), e119-e131.

Beardslee, W. R., Wright, E. J., Gladstone, T. R., & Forbes, P. (2007). Long-term effects from a randomized trial of two public health preventive interventions for parental depression. *Journal of Family Psychology*, 21(4), 703.

Study design and sample

The first study isan RCT with some methodological limitations.

This study involved random assignment of families in blocks to a Family Talk clinician facilitated intervention group or a lecture based intervention group.

This study was conducted in the US, with a sample of 105 families (170 parents and 138 children). 92.6% of the sample identified as White and 72.6% of the parents had a college degree or higher qualification.

The children's mean age was 11.6a. 57.3% of the children were male.

Measures

- Child current and lifetime diagnoses were measured using the Schedule for Affective Disorders and Schizophrenia for School Age Children, Epidemiologic Version Revised (Kiddie-SADS-E-R) (diagnostic interview)
- Child Problem Behaviour was measured using the Youth Self Report (YSR) (child report)

Findings

This study identified statistically significant positive impact on selected child outcomes.

This includes:

- Reduced internalising symptoms

Study 2

Citation:	Solantaus et al., 2010; Punamaki et al., 2013
Design:	RCT
Country:	Finland
Sample:	119 families, with children between 8 and 16 years old, with at least one parent in treatment for affective disorder
Timing:	10-,18-month follow-up

Child outcomes:

- Reduced anxiety symptoms
- Improved prosocial behaviour
- Reduced emotional symptoms

Other outcomes:

- None measured

Study rating: 2+

Study 2a - Solantaus, T., Paavonen, E. J., Toikka, S., & Punamäki, R. L. (2010). Preventive interventions in families with parental depression: children's psychosocial symptoms and prosocial behaviour. *European Child & Adolescent Psychiatry*, 19(12), 883-892.

Study 2b - Punamäki, R. L., Paavonen, J., Toikka, S., & Solantaus, T. (2013). Effectiveness of preventive family intervention in improving cognitive attributions among children of depressed parents: a randomized study. *Journal of Family Psychology*, 27(4), 683.

Study design and sample

This study involved random assignment of children to a FT treatment group and a Let's Talk About the Children (LTC) control group. This study was conducted in Finland, with a sample of children aged between 8 and 16.

Measures

- Child cognitive attributions were measured using the Children's Attributional Style Questionnaire-Revised (child-report)?
- Child depressive symptoms were measured using the Child Depression Inventory (self-report) and Beck Depression Inventory (child-report)?
- Child emotional symptoms were measured using the Strengths and Difficulties Questionnaire (child-report & parent-report)?
- Child anxiety was measured using the Screen for Child Anxiety Related Emotional Disorders (parent-report)

Findings

Study 2a did not identify a statistically significant positive impact on any of the outcomes explored.
Study 2b describes additional outcomes from study 2a described above.
This study identified statistically significant positive impact on a number of child outcomes. These include:

- Decreased depressive symptoms (3-month follow-up)
- Decreased anxiety symptoms (3-month follow-up)
- Increased prosocial behaviour (3-month follow-up)

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Giannakopoulos, G., Solantaus, T., Tzavara, C., & Kolaitis, G. (2021). Mental health promotion and prevention interventions in families with parental depression: A randomized controlled trial. *Journal of Affective Disorders*, 278, 114-121.

Giannakopoulos, G., Tzavara, C., & Kolaitis, G. (2015). Preventing psychosocial problems and promoting health-related quality of life in children and adolescents struggling with parental depression. *Open Journal of Depression*, 4(02), 24.

RCT conducted in Greece with methodological limitations that preclude this study from contributing to the programme's evidence rating.

Christiansen, H., Anding, J., Schrott, B., & Röhrle, B. (2015). Children of mentally ill parents—a pilot study of a group intervention program. *Frontiers in Psychology*, 6, 1494.

Quasi-experimental study conducted in Germany with methodological limitations that preclude this study from contributing to the programme's evidence rating.

Furlong, M., McGilloway, S., Mulligan, C., McGuinness, C., & Whelan, N. (2021a). Family Talk versus usual services in improving child and family psychosocial functioning in families with parental mental illness (PRIMERA—Promoting Research and Innovation in Mental hEalthseRvices for fAmilies and children): study protocol for a randomised controlled trial. Trials, 22(1), 1-18.

McGilloway et al., (2022a). PRIMERA Findings.

McGilloway et al., (2022b). PRIMERA Research Briefing Report.

Furlong, M., Mulligan, C., McGarr, S., O'Connor, S., & McGilloway, S. (2021b). A Family-Focused Intervention for Parental Mental Illness: A Practitioner Perspective. Frontiers in Psychiatry, 12, 783161.

Mulligan, C., Furlong, M., McGarr, S., O'Connor, S., & McGilloway, S. (2021c). The Family Talk Programme in Ireland: A Qualitative Analysis of the Experiences of Families With Parental Mental Illness. Frontiers in Psychiatry, 12.

RCT conducted in Ireland with a lack of detail on reporting that precludes it from contributing to the programme's rating

1

Eklund, R., Alvariza, A., Kreicbergs, U., Jalmsell, L., & Lövgren, M. (2020). The Family Talk intervention for families when a parent is cared for in palliative care – potential effects from minor children's perspectives. BMC Palliative Care, 19, 1-10.

Pilot study assessing feasibility of using the Family Talk intervention for children with a parent in palliative care

Pihkala, H., Cederström, A., & Sandlund, M. (2010). Beardslee's preventive family intervention for children of mentally ill parents: a Swedish national survey. International Journal of Mental Health Promotion, 12(1), 29-38.

Study reporting on survey investigating implementation of Family Talk in Sweden

Beardslee, W. R., Ayoub, C., Avery, M. W., Watts, C. L., & O'Carroll, K. L. (2010). Family Connections: an approach for strengthening early care systems in facing depression and adversity. *American Journal of Orthopsychiatry*, 80(4), 482

Study reporting the feasibility of implementing a systems-wide preventive program

Solantaus, T., Toikka, S., Alasuutari, M., Beardslee, W. R., & Paavonen, E. J. (2009). Safety, feasibility and family experiences of preventive interventions for children and families with parental depression. International Journal of Mental Health Promotion, 11(4), 15-24. Solantaus, T., & Toikka, S. (2006). The effective family programme: Preventative services for the children of mentally ill parents in Finland.

International Journal of Mental Health Promotion, 8(3), 37-44.

Additional reporting on study 2

D'Angelo. E.J. Llerena-Quinn, R. Shapiro, R., Colon, F., Rodriguez, P., Gallagher, K., & Beardslee, W. R. (2009). Adaptation of the preventive intervention program for depression for use with predominantly low?income Latino families. Family Process, 48(2), 269-291.

Study reporting on the adaptation of Family Talk for Latino families in the United States

Podorefsky, D. L., McDonald-Dowdell, M., & Beardslee, W. R. (2001). Adaptation of preventive interventions for a low-income, culturally diverse community. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(8), 879-886.

Study reporting on the adaptation of an early version of Family Talk in the United States

Beardslee, W. R., Versage, E. M., Wright, E. J., Salt, P., Rothberg, P. C., Drezner, K., & Gladstone, T. R. G. (1997c). Examination of preventive interventions for families with depression: Evidence of change. Development and Psychopathology, 9(1), 109-130

Beardslee, W. R., Swatling, S., Hoke, L., Rothberg, P. C., Velde, P. V. D., Focht, L., & Podorefsky, D. (1998). From cognitive information to shared meaning: Healing principles in prevention intervention. Psychiatry, 61(2), 112-129.

Beardslee WR, Wright E, Rothberg PC, Salt P, Versage E (1996) Response of families to two preventive intervention strategies: long-term differences in behavior and attitude change. J Am Acad Child Adolesc Psychiatry 35:774–782

Beardslee, W. R., Wright, E., Salt, P., Gladstone, T. R. G., Versage, E., & Rothberg, P. C. (1997a). Examination of children's responses to two preventive intervention strategies over time. Journal of the American Academy of Child and Adolescent Psychiatry, 36, 196–204

Beardslee, W., Salt, P., Versage, E., Gladstone, T., Wright, E. & Rothberg, P. (1997b) Sustained change in parents receiving preventive interventions for families with depression. American Journal of Psychiatry 154 510–515.

Beardslee, W., Salt, P., Porterfield, K., Rothberg, P.C., Van de Velde, P., Swatling, S., Hoke, L., Moilanen, D. & Wheelock, I. (1993) Comparison of preventive interventions for families with a parental affective disorder. Journal of the American Academy of Adolescent Psychiatry 32 254–63.

Beardslee, W. R., Hoke, L., Wheelock, I., Rothberg, P. C., Van de Velde, P., & Swatling, S. (1992). Initial findings on preventive intervention for families with parental affective disorders. The American Journal of Psychiatry, 149 (10), 1335.

Foundational work informing the development of Family Talk

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

www.EIF.org.uk | @TheEIFoundation

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

Disclaimer

The EIF Guidebook is designed for the purposes of making available general information in relation to the matters discussed in the documents. Use of this document signifies acceptance of our legal disclaimers which set out the extent of our liability and which are incorporated herein by reference. To access our legal disclaimers regarding our website, documents and their contents, please visit eif.org.uk/terms-conditions/. You can request a copy of the legal disclaimers by emailing info@eif.org.uk or writing to us at Early Intervention Foundation, 10 Salamanca Place, London SE1 7HB.