

Evidence spotlight

Brief interventions for vulnerable families

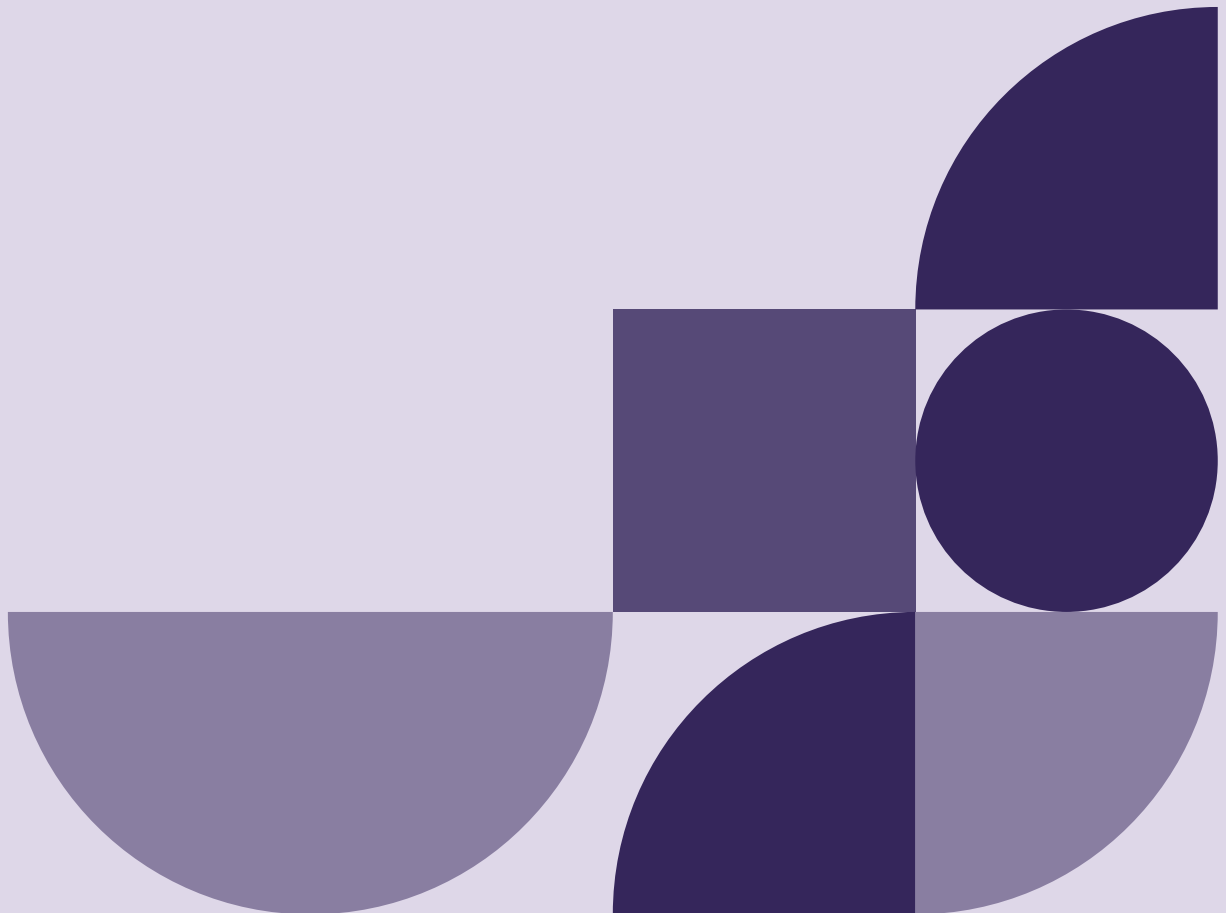


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Introduction

Welcome to “Evidence spotlight on brief interventions for vulnerable families”. This resource is an abridged version of a longer report and is designed to help practitioners, agencies, and policy-makers.

Who is this resource for?

This evidence spotlight is for practitioners, agencies, and policy makers who are interested in ways of supporting vulnerable families. In it, we present what we know from a recent scoping review of the international and Australian literature describing a range of brief interventions for families.

To decide whether an intervention is right for your clients or practical for your service to implement, you will need to follow up with the specific intervention that interests you.

How do we know what we know?

This evidence brief is based on work we carried out for the Victorian Department of Families, Fairness and Housing. We used a scoping review method, which is a way of systematically searching the published literature to map out areas of inquiry that are not well-researched or well-understood. They help us understand what is currently known about a topic, where our gaps in knowledge are, and what we need to do to find out more.

By using a formal method, we make it possible for others to see:

- exactly where we looked for information
- what we included
- what we excluded and why
- how much we can rely on the information we found.



Please contact the Parenting Research Centre for access to the full Rapid Review.

About brief interventions

What is a brief intervention?

People define brief interventions in lots of different ways, from simple advice to short-term counselling. Brief interventions can be stand-alone or offered as part of broader support, but usually address specific problems or goals.

We looked at interventions that had up to four sessions (or up to ten hours if the number of sessions wasn't stated) that target a behaviour or issue of concern and equip clients with skills and strategies for change.

Who did the interventions apply to?

We looked for interventions serving vulnerable families. Nearly all the literature we found related to non-Indigenous families.

We found a lot of information on brief interventions for:

- families with mental health concerns (mostly child concerns but some parent concerns too)
- families where there is a child with disability

We found some information on brief interventions for:

- families with child and parent alcohol and other drug concerns
- families described in general as “vulnerable” or “at-risk”
- low-income families
- unhoused or inadequately housed families
- families experiencing conflict or intimate partner or family violence
- refugee families
- pregnant adolescents
- children and young people with eating disorders
- children with sleep disorders.

Benefits of brief interventions

Brief interventions – even single-session interventions – can be useful when working with families facing a range of challenges. They can help families engage with services and with longer interventions, and there is some evidence that they may improve some child, parent, and parenting outcomes.

What benefits of brief interventions did we see?



Positive outcomes

Many brief interventions can have positive benefits for child, parent, and parenting outcomes.



Appealing to families

Families engage well with brief interventions and find them appealing.



Clinically meaningful

These improvements can be small, but they are clinically meaningful; that is, they are the kinds of changes that clients notice and feel the benefits of.



Complementary to other interventions

Can also be used to support engagement with services and longer interventions, especially those using motivational interviewing, family systems approaches, and enhanced coping strategies.

What brief interventions have the best evidence behind them?

We looked at the evidence for several general categories of brief intervention. The strength of the evidence for each kind of brief intervention, and our confidence in the benefits, depends on the quality of the evaluations that assessed them.

Here are the benefits that are best supported in the evidence that we found.

Brief interventions for child health and development concerns within universal child health services

- ✓ Seem to be good for improving infant sleep and parent mental health
- ✗ Not useful for child social and emotional wellbeing or improving the home learning environment

Brief engagement interventions

- ✓ Improved engagement with child mental health programs when they focused on families' practical and psychological barriers to participation

Single-session interventions in community-based mental health and counselling services

- ✓ Clients were satisfied with single-sessions interventions for mental health concerns and reported finding them helpful. Evidence for exact benefits is limited

Single-session interventions for adolescent mental health

- ✓ Promising results for reducing symptoms of depression
- ⊖ Mixed results for symptoms of anxiety

Solution-focussed brief therapy

- ✓ Reduced symptoms for internalising disorders (young people and adults)
- ✓ Reduced child behavioural problems

Brief self-harm interventions

- ⊖ Single sessions did not reduce adolescent self-harm or suicidal behaviours, but did improve how the young person and their family engaged with services
- ✓ Interventions with more than one and fewer than 12 sessions reduced suicidal ideation, behaviour, and attempts in adolescents
- ⊖ Intensive interventions of more than 12 sessions may be more appropriate for suicidal ideation and self-harm

Single-session interventions for youth psychiatric problems

- ✓ Large effects on anxiety and conduct problems
- ⊖ Small effects on substance abuse
- ⊖ More effective for children than for adolescents

Types of brief interventions

Interventions were either highly structured or tailored to suit client needs and goals. We saw a range of approaches, including but not limited to psychoeducation, motivational interviewing, parent coaching, and cognitive behavioural therapy.

Where are interventions found?

We found interventions in the fields of health and mental health, community and family services, education, disability, child protection, and corrections.

Most of them were delivered in a clinical setting such as a hospital, clinic, or treatment centre but some were delivered in community service agencies or at universities. A few were delivered in the home, in other community settings, in schools, or online.

The interventions we found were most often delivered to groups of parents, but some were used with individual parents, whole families, and parent-child pairs or groups of pairs.

MOST – for children

Most of the interventions we found were intended to improve the mental health of children and young people, either in general or in relation to specific conditions such as anxiety, depression, eating disorders, and suicidal thoughts and behaviours.

Other interventions addressed child behaviours and outcomes including general behaviour, use of alcohol and other drugs, and sleep issues.

SOME – for parents

A smaller number of interventions targeted parent mental health, parenting skills, and parenting outcomes like knowledge, confidence, self-esteem, flexibility, and attitudes.

OTHER – for families

Other interventions targeted outcomes such as family worry, family conflict, family functioning, parent-child relationships. A few were used to help engage families, children, and young people in later, longer interventions.

Evaluation of brief interventions

Brief interventions that were evaluated most often

We found many studies evaluating a wide range of interventions. Most were only evaluated once in the papers that we found; we found 10 that were evaluated in two or more papers. Note that we are not endorsing any of these or claiming that they are effective; we advise you to check this before deciding if any are likely to be useful for your clients.

Intervention	Methods and clients	Intended outcomes
Brief Acceptance and Commitment-based interventions	Mindfulness, acceptance, and behaviour change processes	<ul style="list-style-type: none">● Substance abuse treatment uptake● depression● stress● social isolation● physical health● positive parenting strategies
Brief Relational Intervention and Screening	Manualised program for children 0-17 years who have experienced family violence and their non-offending caregiver	Assess readiness for further interventions and determine appropriateness of further interventions
Emotion-focussed family therapy workshop	Manualised psychoeducation and skills practice for caregivers supporting child's recovery from eating disorder (since extended to other issues)	<ul style="list-style-type: none">● Improve caregiver self-efficacy and ability to act as change agent for child● support caregiver to process and regulate their own difficult emotions and support child's emotional regulation and recovery
Family Check-up	Family-focused parent motivation intervention using motivational interviewing	Promote positive child development

Intervention	Methods and clients	Intended outcomes
Family Minds	Group psychoeducation for foster parents using trauma-informed practice	<ul style="list-style-type: none"> ● Teach mentalisation skills ● increase parental reflection ● lower parental stress
Fear-less Triple P	Cognitive behavioural strategies for parents of children with anxiety	Increase parental knowledge and teach strategies for managing anxiety
Let's Talk About Children	Manualised intervention for parents with mental health difficulties, addressing impact on children	<ul style="list-style-type: none"> ● Support healthy parent-child relationships ● develop ways for parents to support children ● develop ways for parents to discuss mental health difficulties with their children
Primary Care Stepping Stones Triple P	Manualised intervention with tip sheets for parents of children with a disability	<ul style="list-style-type: none"> ● Improve child difficult behaviours, communication, and social skills ● develop and implement parenting plan
Single-session intervention (SSI)	Distinct theoretical approach that views each session as potentially the last that the client will attend. No prescribed type of therapy	Maximise whatever therapeutic benefit is expected from the therapy by assuming that clients will only attend that session
Single-session intervention applications (using the SSI approach above)	Single Session Family consultation	Engage family members in services, child is the primary client
	Walk-in Together Online Sessions	Families facing alcohol or substance use, disability, mental illness, marginalisation and discrimination
	Single Session Family Therapy	Engage families with child and youth mental health services
Single-session approaches with Aboriginal families	SSI approach as above	Aboriginal families determine the focus of the session; family-led conversations
Solution-focused brief therapy	Facilitated conversations, client-generated goal setting	Build family strengths; draw upon past successes to resolve family issues

Considerations

What should we consider before offering a brief intervention?

- Brief interventions (which are usually low intensity) are suitable for clients with mild to moderate difficulties.
- There may be fewer benefits for high-risk outcomes such as self-harm and suicidal behaviours.
- They are probably not suitable for clients with complex or severe needs.
- Only short-term impacts of brief interventions have been assessed and we don't know much about longer term impacts.



About 30% of the studies we found are from Australia (and half of that from Victoria). The rest are from overseas studies.



Please contact the Parenting Research Centre for access to the full Rapid Review.



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The Parenting Research Centre acknowledges and respects the diverse Aboriginal and Torres Strait Islander people of this country and the Elders of the past and present.

