Introduction to Special Issue: Advancing the Science of Family Assessment in Pediatric Psychology

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For children with chronic medical conditions, as with typically developing children, family is of central importance (Kazak, 2008; Schumm, 1982). Consistent with the Burmese proverb, “In times of test, family is best” (Hla Pe, 1985), numerous studies have demonstrated the role of the family as a potential protective factor in the adaptation of children with chronic medical conditions and as a key to successful disease management at home (see Alderfer & Stanley, in press, for a brief review). In turn, families are greatly impacted by childhood illness; they experience increased stress, must expand definitions of their roles (e.g., “parent”), and learn to communicate and work together to meet medical demands (Kazak, 2001; Radcliffe, Barakat, & Boyd, 2006). Thus, reliable and valid family assessments are critical to pediatric psychology: (a) for research that aims to further outline the various aspects of family functioning that are impacted by medical conditions in childhood and influence child and family adaptation and quality of life over time, and (b) for clinical practice, to inform the direction of clinical interventions and serve as an evaluation of clinical outcomes (Cook & Kenny, 2004).

The call for improved family assessment methods is a refrain in the broad family psychology literature. For example, Cook and Kenny (2004) argued that most family assessment tools do not provide a sufficient degree of detail, and Cook (2005) further noted the importance of developing assessment approaches that take into account reciprocal influences among individuals, dyads, and the family group. Echoing this call within the realm of pediatric psychology, Palermo and Chambers (2006) argued that family measures should better specify the pathways by which family factors play a role in children’s pain and disability. A path to achieving this goal is for family assessment to occur at multiple, integrated levels to identify how individual factors work in concert with dyadic and family factors to impact pain and functional outcomes.

Efforts have been made to summarize the current literature regarding the use of family measures within pediatric psychology and to provide frameworks for categorizing these types of assessments for use in research and practice. Alderfer and colleagues (2008) reviewed the evidence base of family measures including self-reports, observer ratings, and interviews and delineated three broad assessment areas: (a) normative family processes (i.e., separation and individuation) assessed in families of children with chronic health conditions; (b) impact of childhood chronic health conditions on the family; and (c) family and/or parental coping with childhood illness or disability. While most reviewed measures were deemed “well-established” (reliable and valid) or “approaching well-established” (approaching reliability and validity), Alderfer and colleagues (2008) argued that more attention must be given to the psychometric properties of family measures when used in pediatric populations since many of the measures have been exclusively utilized within the general population. Further, recommendations were made to increase cultural sensitivity of measures so as to capture cultural definitions of family that extend beyond the traditional nuclear family dynamic, to use multiple family informants including fathers and siblings to account for how each family member perceives the family situation, and to determine whether family measures can be used to inform clinical interventions (i.e., are they predictive of treatment outcomes and sensitive to change?).

Thus, while some general measures of family functioning are applicable in the pediatric context (e.g., Family Assessment Device; Epstein, Baldwin, & Bishop, 1983), and other pediatric-specific measures of family functioning...
have been developed (Pediatric Inventory for Parents; Streisand, Braniecki, Tercyak, & Kazak, 2001), gaps still exist in the arsenal of measures available for family researchers and pediatric psychology clinicians. These gaps limit our ability to identify aspects of family functioning that place children and families at risk for poor adjustment, to enhance protective family dynamics, and to promote more effective disease management, better quality of life, and improved adaptation. The goal of this special issue on family assessment was to advance the Journal of Pediatric Psychology’s long-standing commitment to research on family influences (Barakat, 2008) by spurring increased research on development, evaluation, and use of family measures with pediatric populations. We were particularly interested in manuscripts evaluating standard measures of family functioning in pediatric contexts and those developing pediatric-specific measures (Barakat & Alderfer, Call for Papers for the Special Issue on Family Assessment, 2008). Measurement in both research and clinical contexts, to identify risks as well as intervention outcomes, and using multiple informants and methods were encouraged.

Consistent with our call for papers, many of the manuscripts accepted for publication in this special issue describe the development and evaluation of pediatric-specific family measures. These measures focused upon disease management at the level of the family (Celano, Klinnert, Holsey, & McQuaid, 2009; Knaff, et al., in press), coparenting and parental involvement in treatment (Barzel & Reid; in press; Palmer et al., 2010), family-based patterns related to pediatric problems (Berlin, Davies, Silverman, & Rudolph, 2009), and the impact of pediatric conditions on the well-being of parents (Benzie et al., 2010). A smaller proportion of manuscripts evaluated previously developed measures of family functioning (e.g., Coparenting Questionnaire, FACES-IV, PedsQL Family Impact Module) in pediatric populations (Barzel & Reid, 2011; Dunn et al., 2010; Jastruowski Mano, Khan, Ladwig, & Weisman, in press; Kaugars et al., in press; Marsac & Alderfer, 2010). The remaining manuscripts reported on development of measures to assess general constructs of family functioning (e.g., expressed emotion, interactional patterns) across pediatric and non-pediatric populations (Kaugars et al., in press; Kelly, Holmbeck, & O’Mahar, 2011). The measures described assess the potential impact of pediatric conditions on the family (Benzie et al., 2010; Jastruowski Mano et al., in press) as well as family patterns that may impact adjustment to illness (Dunn et al., 2010; Kelly et al., 2010) or illness management (Berlin et al., 2009; Palmer et al., 2010). A broad range of assessment approaches were represented, including self-report paper-and-pencil measures and observation and coding of parent–child interactions. Samples included families of youth with type 1 diabetes, pediatric cancer, spina bifida, asthma, chronic pain, feeding problems, intellectual disabilities, and general chronic illness as well as families of healthy children. Importantly, all measures investigated are potentially useful in guiding development and implementation of family interventions.

Commentaries were invited to remark on the contributions of this special issue to family assessment efforts and to identify continued gaps in our knowledge. Kenny (2011) contributed an editorial on handling dyadic family-based data. While multi-informant is a refrain in our research designs, determining approaches for managing data from more than one reporter in the family is challenging for researchers. Most of the contributions to this special issue collected data from (or about) fathers in addition to mothers. Most frequently, data from these different sources were analyzed separately or compared within families, but some studies implemented statistical integration of mother and father data (Kelly et al., 2010; Knaff et al., in press). Kenny illustrates ways to incorporate data from two individual within the same family in dyadic analyses.

Only one manuscript in this special issue addressed underserved populations (Celano et al., 2009) although we had hoped to make a more substantial contribution to questions of culture, family, and assessment. Mitchell, Boyd-Franklin, and Patterson (in press) contributed a commentary that may motivate further research in this important but under-addressed area. In addition to building understanding of the challenges of recruiting diverse families into studies and providing practical suggestions for enhancing their engagement, Mitchell and colleagues outline developing family models (and associated assessments) that explicitly address the diversity of families of children with acute and chronic medical conditions and the value of validating existing measures with these subpopulations.

Finally, Holmbeck and Devine (in press) presented their view on the scope and significance of the contribution of the special issue to the literature on family assessment in pediatric psychology. They applied their recently published guidelines for evaluating measures (Holmbeck & Devine, 2009) to the manuscripts in the special issue to evaluate approach to development (where possible), reporting of psychometric properties, and empirical rigor, and conclude that the research described here moves the field forward in terms of the rigor and details of methods and statistical strategies. They also provide a thoughtful discussion.
of future directions for research (Holmbeck & Devine, in press).

The family has long been recognized as an important component of pediatric psychology (Kazak, 1997; La Greca & Lemanek, 1996) and the need for appropriate family-based measures is apparent (Cohen et al., 2008). This is the first special issue of the Journal of Pediatric Psychology to specifically address family assessment in pediatric psychology with the goal of spurring further efforts (but it is unlikely to be the last). The manuscripts in this special issue contribute to the goal of advancing the science of family assessment in pediatric psychology. They emphasize the value of enhancing the theoretical basis for family measurement and elevating the methodology of assessment research. Although the measures discussed vary in terms of feasibility for use in clinical care, they target critical aspects of the family that may affect or be influenced by illness course, disease management and adherence, and adaptation. The measures presented in this special issue allow for assessment of family functioning at different stages in the illness and treatment continuum and developmental ages of pediatric patients. Importantly, nearly all are appropriate for multiple informants (children, mothers, and fathers) allowing for identification of varying perspectives of the family.

Our recommendations for future family assessment research expand upon the central goals and conclusions from prior reviews and commentaries (Alderfer et al., 2008; Bray, 1995; De Bruyn, 2005; Forman & Hagan, 1984; Grotevant, 1989; Hayden et al., 1998; Palermo & Chambers, 2006). We suggest that future efforts in the area of family assessment include evaluation of feasibility and acceptability, broadening our samples to include our diverse patient populations including the underserved, inclusion of multiple reporters, and utilization of appropriate statistical approaches, and focus of family assessment on concepts of risk and resilience that tie back to relevant health, adherence, and adaptation outcomes. To incorporate these family measures in clinical care requires determination of feasibility and acceptability of our family assessment approaches, particularly in pediatric psychology settings where family stress, multiple responsibilities, and limited access (in addition to limited healthcare resources) may create barriers to in-depth, lengthy, or invasive approaches. In this case, increased attention to screening measures that may identify at-risk families for whom further assessment is indicated is warranted. In addition, related to acceptability and feasibility as well psychometric properties, samples on which the measures in this special issue have been validated are homogenous in terms of race, ethnicity, and family structures. Pediatric patients and their families represent a richly diverse group, and it is incumbent on us to develop not only applicable family measures but also methods to recruit these patients and their caregivers into these important studies. We continue to call for inclusion of multiple reporters in evaluation and use of family measures, both those within the family (all caregivers and siblings) and outside the family (hospital staff), although this underscores the importance of applying sophisticated statistical approaches for handling and integrating family data. Measures in the special issue identified both risks and resiliencies. It will be essential to continue efforts to understand both as we use evidence-based family measures to identify targets for pediatric interventions.

We are optimistic that this special issue will foster continued interest in developing family assessment measures applicable to the pediatric context and stimulate the conduct of future family assessment studies. Given the critical role of family in promoting health, development, and adaptation of children and youth, such efforts will serve to advance our knowledge of the reciprocal interactions among chronic medical conditions, the children who experience them, and their families.

References


