



Effect of Early Intervention on Young Adult Functioning

Source: Aronen, E.T., & Arajärvi, T. (2000). Effects of early intervention on psychiatric symptoms of young adults in low-risk and high-risk families. *American Journal of Orthopsychiatry*, 70 (2), 223-232.

This article presents the results of a 20-year longitudinal, experimental research project that focused on the effect of an early family counseling intervention on children's subsequent level of psychiatric symptoms as young adults.

The study's sample initially consisted of 170 Helsinki families who had a child born between 1975 and 1976. A psychiatric nurse visited participating families 3-6 times during the first six months of the child's life, using clinical interviews and observations "to evaluate the childhood of both parents, the psychological and physical illnesses of the child and the parents, the parents' relationship with each other and with their child, and the family's social and economic circumstances" (p. 224). When the child reached 6 months, researchers calculated levels of risk for the child's future mental development using a risk index created for the study. This index was scored cumulatively based on scores in three main headings: family relationships, family health, and family socioeconomic status; families who met a cutoff score of 13 (17%) were considered high risk.

At the six-month point, half of the families were assigned to a five-year counseling intervention program and the other half to a control group. Assignment was done on an alternating basis in order to achieve comparable ratios of high and low risk families in each group. Parents in the treatment group were provided with family counseling about ten times per year with specific goals each year that were relevant to the child's developmental progress. Since the goal of the intervention was to prevent mental disturbances in children by improving family interactions and influencing parents' child-rearing attitudes and practices, counselors worked only with parents and not with children. In addition to the 20-year follow-up discussed in this article, follow-ups were conducted at ages 5-6, 10-11, and 14-15.

When the children reached 20-21 years they were sent the Achenbach Young Adult Self-Report Questionnaire (YASR) and the Beck Depression Inventory (BDI). The researchers found no significant differences between the 83% ($n=136$) who completed this phase of the study and the 17% who did not in terms of initial risk status or placement in control vs. treatment group. Taking the entire sample together, young adults from the control families scored significantly higher (more symptomatic) on both the YASR ($t=2.148, p=0.033$) and the BDI ($t=2.154, p=0.033$) than those from the counseling families. Among youth from high-risk families, those in the control group scored significantly higher on the YASR ($t=3.75, p=0.001$). A similar pattern of higher scores in the control group was found among youth from low-risk families, but results remained insignificant. The researchers also tested for differences in the types of symptoms between the two groups. Those in the control group had significantly more internalizing symptoms, such as anxiety and depression, as well as more attention problems. Regression analysis on the effects of initial family risk and counseling on YASR total problem scores showed that counseling was a significant predictor of better mental health, but risk status was not. Additional analysis revealed a significant interaction between these two variables suggesting that the counseling intervention served as a protective factor "that is more powerful in preventing emotional and behavioral symptoms or psychiatric disturbances in a high-risk than in a low-risk population" (p. 230).

Despite limitations such as an overall participant attrition rate of 31% and the lack of empirical validation of the author-developed familial risk scale, this remains a well-designed study demonstrating the effectiveness of an early family intervention, with results similar to the small number of other projects that have studied this topic. The authors assert that this type of intervention can best protect children's development and have long-lasting positive effects on behavior and emotional well-being when started very early (ideally during pregnancy) in order to have time to establish a trusting relationship between the counselor and parent(s). Additionally, an early start allows an intervention to take effect before relational problems have become established and difficult to change.