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EVIDENCE SUMMARY
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How do family interventions impact newcomer household dynamics?

One strong source of evidence and several smaller moderate and suggestive studies show that interventions on intergenerational relationships can help decrease negative mental health symptoms and increase positive parenting practices.

- Multiple studies reported significant improvements in the overall mental health of both child and caregiver participants.
- Caregivers reported high levels of satisfaction with several different interventions, particularly regarding educational programming on positive coping and parenting skills.
- There were no articles discussing interventions specifically related to couples that met search criteria. However, some interventions that addressed parenting styles included some focus on the relationship between the parents. Information on interventions addressing intimate partner violence is available in the Switchboard evidence summary titled "What works to prevent and respond to intimate partner violence among refugees?".

Parent Management Training—the Oregon Model (PMTO) has the potential for adaptation to other cultures.

- Although not always statistically significant, a majority of parent participants in the PMTO programs reported positive changes in their parenting skills, children's behaviors, and relationships.
- There is some evidence showing the feasibility of adapting PMTO to various populations, but there is room for further study.

Purpose of this summary

This document summarizes the state of available evidence regarding the impacts of interventions on supporting positive family dynamics among newcomers.

What is meant by "family"?

Family can be defined based on various contexts. In this evidence summary, family is generally considered to be individuals living within the same household.

What is meant by "family dynamics"?

Family dynamics is a broad term that encompasses a wide range of different relationships, interactions, patterns of communication, and roles within a family unit; however, some general elements include "family arrangements, hierarchies, rules, and patterns of family interactions."[1] Each family has their own unique set of dynamics, and whether those dynamics help or hinder the overall functioning of the household may change as families encounter new circumstances.

What is meant by "family intervention"?

A family intervention is any psychological or social intervention that includes several family members participating together with the goal of improving an element of their relationship.[2]

What is meant by "intergenerational relationships"?

In this evidence summary, intergenerational relationships refers to the relationship between a parent or other adult caregiver and a child.

What does the evidence show?

One strong source of evidence and several smaller moderate and suggestive studies show that interventions on intergenerational relationships can help decrease negative mental health symptoms and increase positive parenting practices.

- Slobodin and de Jong (2015) conducted a systematic review of interventions designed or modified for immigrant and refugee families, with a specific focus on trauma**.** They identified six studies, four involving school-based interventions and two involving multifamily support groups. A range of outcomes was measured, but **effects appear to be generally positive with significant reductions in post-traumatic stress disorder (PTSD) symptoms and increases in social functioning and mental health service utilization** reported across multiple studies**.** The school-based interventions included parent or family sessions, as well as individual or group sessions for the children. Results appear to be positive overall, but there is a gap in reporting on whether sessions including an entire family have a distinct advantage over individual or other forms of group intervention. The two multifamily group interventions were conducted by the same team with similar populations and found a strong effect on social support and moderate effects on mental health knowledge and attitudes and "family hardiness" (how a family responds to and works through stressful situations). The authors highlight several challenges in developing and testing family interventions with immigrant and refugee populations, including difficulty in utilizing a true control group due to interconnectedness of families and potential for contamination across

[1] Gerhardt, C. (2019). *Families in motion: Dynamics in diverse contexts.* Sage Publications.
[2] Slobodin, O., & de Jong, J. T. V. M. (2015). Family interventions in traumatized immigrant and refugees: A systematic review. *Transcultural Psychiatry, 52*(6), 723–742. doi:10.1177/1363461515588855

groups. Additionally, **there is concern surrounding how resilience theories were developed based on Western populations, so understanding how resilience differs for many refugee populations is limited.** This review focused mostly on mental health symptomology, knowledge, and access and therefore lacks some evidence on perceptions of family functioning. However, the authors did report that **higher levels of trauma-related stress experienced by parents is highly associated with higher levels of stress experienced by their children and vice versa.**

- Betancourt et al. (2020) tested the feasibility and acceptability of Family Strengthening Intervention for refugees (FSI-R) with a total of 40 Somali Bantu and 40 Bhutanese refugee families in Massachusetts. Researchers utilized a community-based participatory approach to adapt the evidence-based Family-Based Preventative Intervention (FBPI) for use with refugees. The resulting FSI-R consists of approximately ten 90-minute weekly in-home sessions with a community interventionist. The core components of the sessions include "a family narrative that draws out family challenges, strengths, and collective future hopes that can be achieved through improved communication" (p. 337). Selected families were randomized into either the FSI-R group or the care as usual (CAU) group, which allowed service providers to still link families to any other relevant resources. The retention rate for families was 82.5%, with at least one caregiver attending all required caregiver modules and at least one child attending both required child modules of FSI-R. **Children who participated in the program from both communities reported significant improvements in mental health compared to children in the CAU group. Caregivers in FSI-R also reported that their children exhibited fewer depression symptoms.** Both communities also reported significant improvements in child conduct problems. While the children in the intervention did experience improvements in mental health, the caregivers did not report any significant improvements for themselves. **A satisfaction survey completed by caregiver participants indicated 100% satisfaction with information gained through FSI-R and that 92.6% of respondents would recommend the program to a friend.**

- Arif and Van Ommen (2021) discuss the adaptation of the Positive Parenting Program (Triple P) for parents with refugee backgrounds. "Triple P is a parenting support system… [that] is grounded in social learning, behavioural, developmental, and cognitive principles" and includes various formats and levels of intervention that allow practitioners to adapt to their target audience (p. 509). This study engaged refugees resettled to New Zealand who had completed the Triple P Discussion Group Series, which comprises four topics: fighting and aggression, dealing with disobedience, hassle-free shopping, and bedtime routines. The sample for the study was seven stay-at-home mothers. Notably, no fathers had completed the series, and the authors note a lack of effort to engage fathers in parenting programs on a global scale. Respondents reported that the program was useful in that it helped build confidence in parenting and changes in attitudes and behaviors for both the parents and their children. Reported behavior changes from the parents included **"being more patient with their children, talking more calmly to them, being more specific with instructions, and using strategies such as encouraging them to take turns, helping them engage in alternative activities, imposing time-outs, and focusing more on their children's positive behavior by praising or rewarding them"** (p. 512). Although the participants indicated that the program was helpful overall, there were specific areas that were pertinent to them as refugees that were not covered, such as creating a balance between two cultures and parenting through anger, depression, and separation. The small sample size available in this study is a limitation, and further research into the helpfulness of Triple P in refugee populations is needed.

- A study by van Es et al. utilized an uncontrolled pre-test/post-test design to evaluate the feasibility of Family Empowerment (FAME), a program specifically developed for use with asylum-seeking families residing in asylum centers in the Netherlands. The program consists of about eight weekly sessions that bring together families facing similar difficulties to share experiences, offer support and feedback, and learn about other perspectives. The basic structure of the

sessions is "an energizing activity, activities focused on the main theme of that session, and closure," which can include reflection or practicing relaxation techniques (p. 866). The authors reported that the families who were recruited participated actively, but feasibility was limited by recruiting because it was **difficult for families to prioritize participation in FAME when preoccupied by stress regarding their asylum status**. Complete participant evaluation was only available for a small sample size (six of the initial 27 study participants). These participants reported **decreases in worrying, feelings of helplessness, stress, or anger**. Two of the six participants reported improvements in depression and anxiety scores, and one reported an improvement in family functioning. They also reported **developing new coping strategies and awareness of the impact of stress on their children**. One reported weakness of FAME was insufficient time to discuss topics that participants identified as important and too much time spent on topics that did not involve parenting or on problems that could not be solved. The authors also highlighted a lack of appropriate measures to more effectively assess family functioning across different cultures.

- Björn et al. compared the psychological well-being of 10 Bosnian refugee children resettled in Sweden after a brief three-session family therapy program. The sessions covered themes such as the present situation, life before the war, escape from their home country, role changes, thoughts of the future, and coping strategies for the family. Families (including siblings) of the 10 children in the study participated together during sessions, with the providers encouraging all family members to talk. Younger children were free to draw or play with toys in the same room. **At baseline, the parental interviews indicated that most of the children showed few overt psychological symptoms; however, results from play diagnostics pointed to psychological concerns in at least some of the children**. The majority of the cases showed at least some improvement in overall psychological well-being based on parental interviews and three observations utilizing the Erica play method[3] after the short family therapy program. **The authors conclude that providing baseline family therapy to all refugee families with a focus on their past situation and coping with their current adjustment could be beneficial.**

Parent Management Training—the Oregon Model (PMTO) has the potential for adaptation to other cultures.

- Parent Management Training—the Oregon Model (PMTO, GenerationPMTO, or PMTO^{R}) is an evidence-based intervention for families that **targets problematic behaviors in youth by teaching parents strategies that increase positive parenting practices and reduce coercion** GenerationPMTO comprises five core components: positive involvement (frequency of involvement in child-focused activities), limit setting, skills building, monitoring and supervision, and family problem solving. The main goals of the program are promoting parent-child positive involvement, helping children develop prosocial skills (social behaviors intended to help others), decreasing children's internalizing and externalizing behaviors, enhancing parental supervision, and helping family members negotiate agreements. "Internalizing behaviors" are negative actions that target the individual experiencing them (e.g., self-harm, negative self-talk), while "externalizing behaviors" are directed toward the individual's environment or other people (e.g., aggression, criminal behavior). In the over 40 years that GenerationPMTO has been in use, **various population specific versions have been created and implemented with positive outcomes.**

[3] The Erica Method is a "form of play-diagnosis and play-therapy" widely used in Sweden that utilizes sandboxes and miniature toys with a manual that provides guidance on registering and interpreting scenes created by the children participants. Sjolund, M. (1981). Play-diagnosis and therapy in Sweden: The Erica-Method. *Journal of Clinical Psychology, 37*(2), 322–325. https://doi.org/10.1002/1097-4679(198104)37:2%3C322::AID-JCLP2270370215%3E3.0.CO;2-2

- Ballard et al. (2017) tested the feasibility of adapting PMTO for Karen refugees. The goal of the adaptation was to reduce the intergenerational transmission of negative coping strategies and the negative impact they have on parent-child relationships. The researchers collaborated with Karen community members to identify current parenting practices in the core intervention areas, community needs, and interest in the intervention. The program consisted of nine sessions with a total of 11 Karen caregivers. Analysis was limited to structured assessments and interviews conducted directly before and after the intervention. Longer-term effects were not analyzed, as the assessment offered at three-months post-intervention had limited participation. **Overall, the caregivers and children reported positive changes in their relationships and parenting practices.** Most of the caregiver participants reported that their biggest change was the **ability to control their emotions**, often described as an **increase in the ability to remain calm when their children did not listen or misbehaved**. Qualitative analysis discovered an increase in caregiver mental health problems and a decrease in child mental health problems; however, a majority of participants still reported they would recommend the group to their friends. Researchers noted they were unaware of any other studies on caregiver distress immediately following intervention and provided several potential explanations for the reported increase. These include a potential increase in awareness and decrease in stigma following psychoeducation or outside factors such as the shift to a less structured summer schedule following the end of the intervention.

What are the implications for practice and research?

> "Parental traumatic and resettlement stress can cause relational disturbances in the family, such as conflict, withdrawal, and physical abuse… which lead in turn to mental health and behavioral difficulties for children."
>
> (Ballard et al., 2017)

Psychological well-being appears to be accepted as indicative of, and creating, more positive family dynamics.

- Research did not always clearly define their measures of positive family interactions and instead often focused on a reduction in overall adverse mental health symptoms. It appears that there is an understanding that increased positive mental health will also lead to an increase in positive family dynamics.
- Available evidence indicates that at least some level of counseling can help support more positive family dynamics. If family-level counseling is unavailable, individual-level interventions may also provide family members with the tools needed to create more positive dynamics as a whole.

Parent-level interventions are robustly represented, but interventions focusing on the children's perspectives or couples' dynamics are missing.

- In the family intervention literature, intervention participants frequently highlighted a need to balance contextual shifts and adaptations. However, there did not appear to be much evidence on ways to assist children in their adaptation to taking on new roles or how contextual shifts impact the dynamics within a couple.

Further research is needed on promising practices and their adaptability.

- The limited strong evidence available indicates room for further research. Of particular importance could be the adaptability of existing programming that focuses on intergenerational relationships, community-based family support, and child-focused or centered family support. PMTO is a well-supported program that warrants a focused look.

How did we identify evidence for this summary?

Included Studies

The Switchboard evidence database includes the following types of studies, categorized by the strength of their evidence:

Strong Evidence

Meta-analyses: systematic analyses of sets of existing evaluations of similar programs

Systematic reviews: syntheses of the best available evidence on specific research questions that use narrative synthesis focused on evaluations of the impacts of at least one specific policy, program, or intervention

Moderate Evidence

Published individual **impact evaluations** using randomized controlled trials (RCTs/C-RCTs), natural experiments, quasi-experimental techniques such as difference-in-difference (DID), instrumental variables (IV), regression discontinuity design (RDD), and propensity score matching (PSM) or other forms of synthetic matching, as well as fixed effects techniques with interaction terms

Suggestive Evidence

Published studies using methods including non-systematic literature review, uncontrolled before and after tests, post-test only, interrupted time series (ITS), cross-sectional regressions, longitudinal panels, cohort and case-controls, and purely qualitative techniques

Excluded Studies

The Switchboard evidence database excludes case studies, unpublished suggestive research, opinion papers, descriptive studies, and unpublished literature reviews.

Search Protocol

Studies included in the database focused on high-income or upper middle-income countries, including but not limited to the United States. Studies included must have been published since 2013. To identify

evidence, we searched the following websites and databases using the following population, methodology, and target outcome terms:

Websites and Databases	Population Terms	Methodology Terms	Target Outcome Terms
EBSCO Host SAGE Journals Google Scholar	refugee OR immigrant OR "unaccompanied minor" OR asylee OR "temporary protected status" OR "victims of traffick*" OR "traffick* victims" OR T-Visa OR U-Visa OR Cuban OR Haitian OR Amerasian	evaluation OR impact OR program OR intervention OR policy OR project OR train* OR therapy OR treatment OR counseling OR workshop OR review OR meta-analysis OR synthesis	"family therapy" OR "family counseling" OR "family dynamics" OR "family relationship" OR "family roles" OR "marriage counseling" OR "couples therapy" OR "relationship counseling" OR "child parent relationship"

For databases or websites that permitted only basic searches, free-text terms and limited term combinations were selected out of the lists above, and all resultant studies were reviewed for relevance. Conversely, for databases or websites with advanced search capability, we made use of relevant available filters. All search terms were searched in the title and abstract fields only in order to exclude studies that made only passing mention of the topic under consideration.

After initial screening, Switchboard evidence mapping is prioritized as follows: First priority is given to meta-analyses and systematic reviews, followed by individual impact evaluations when no meta-analyses or systematic reviews are available. Evaluations that are rated as impact evidence are considered before those rated as suggestive, with the latter only being included for outcomes where no evidence is available from the former.

Studies Included

Database and website searching identified 215 studies. After removing duplicates, 213 studies were then screened. Of these, 190 were determined to be irrelevant to this search. Twenty-three full-text articles were assessed for eligibility. Seventeen full-text articles were excluded due to not meeting one or more of the inclusion criteria pertaining to resettlement country, year of publication, population, methodology, or target problem. Six studies were eligible for inclusion. They are listed below, with hyperlinks to the abstracts or full text (when available).

Meta-Analyses and Systematic Reviews

Slobodin, O., & de Jong, J. T. V. M. (2015). Family interventions in traumatized immigrants and refugees: A systematic review. *Transcultural Psychiatry, 52*(6), 723–742. Abstract.

Impact Evaluations

Betancourt, T. S., Berent, J. M., Freeman, J., Frounfelker, R. L., Brennan, R. T., Abdi, S., Maalim, A., Abdi, A., Mishra, T., Gautam, B., Creswell, J. W., & Beardslee, W. R. (2020). Family-based mental health promotion for Somali Bantu and Bhutanese refugees: Feasibility and acceptability trial. *Journal of Adolescent Health, 66*, 336–344. Full Text.

Suggestive Studies

Arif, A., & Van Ommen, C. (2021). The utility of the Positive Parenting Program (Triple P) for refugee background parents. *Journal of Family Studies, 29*(2), 506–524. Abstract.

Ballard, J., Wieling, E., & Forgatch, M. (2018). Feasibility of implementation of a parenting intervention with Karen refugees resettled from Burma. *Journal of Marital and Family Therapy, 44*(2), 220–234. Abstract.

Björn, G. J., Bodén, C., Sydsjö, G., & Gustafsson, P. (2013). Brief family therapy for refugee children. *The Family Journal, 21*(3), 272–278. Abstract.

van Es, C. M., Boelen, P. A., Zwaanswijk, M., te Brake, H., & Mooren, T. (2021). Family Empowerment (FAME): A feasibility trial of preventive multifamily groups for asylum seeker families in the Netherlands. *Journal of Marital and Family Therapy, 47*(4), 864–881. Full Text.

Supplemental Resources

The following studies did not meet the criteria to be included in the evidence summary but may provide additional context, guidance, or understanding of the topic.

Betancourt, T. S., Abdi, S., Ito, B. S., Lilienthal, G. M., Agalab, N., & Ellis, H. (2015). We left one war and came to another: Resource loss, acculturative stress, and caregiver-child relationships in Somali refugee families. *Cultural Diversity and Ethnic Minority Psychology, 21*(1), 114–125. Abstract.

d'Abreu, A., Castro-Olivo, S. & Ura, S. K. (2019). Understanding the role of acculturative stress on refugee youth mental health : A systematic review and ecological approach to assessment and intervention. *School Psychology International, 40*(2), 107–127. Abstract.

Kao, T. A., Lupiya, C. M. & Clemen-Stone, S. (2014). Family efficacy as a protective factor against immigrant adolescent risky behavior: A literature review. *Journal of Holistic Nursing, 32*(3), 202–216. Abstract.

Kaplin, D., Parente, K., & Santacroce, F. A. (2019). A review of the use of trauma systems therapy to treat refugee children, adolescents, and families. *Journal of Infant, Child, and Adolescent Psychotherapy, 18*(4), 417–431. Abstract.

Merry, L., Pelaez, S., & Edwards, N. C. (2017). Refugees, asylum-seekers and undocumented migrants and the experience of parenthood: A synthesis of the qualitative literature. *Globalization and Health, 13*(1), 1–17. Full Text.