

Journal of Pediatric Oncology Nursing

<http://jpo.sagepub.com>

Use of Family Management Styles in Family Intervention Research

Melissa A. Alderfer

Journal of Pediatric Oncology Nursing 2006; 23; 32

DOI: 10.1177/1043454205283573

The online version of this article can be found at:
<http://jpo.sagepub.com/cgi/content/abstract/23/1/32>

Published by:



<http://www.sagepublications.com>

On behalf of:



[Association of Pediatric Hematology/Oncology Nurses \(APHON\)](#)

Additional services and information for *Journal of Pediatric Oncology Nursing* can be found at:

Email Alerts: <http://jpo.sagepub.com/cgi/alerts>

Subscriptions: <http://jpo.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://jpo.sagepub.com/cgi/content/refs/23/1/32>

Use of Family Management Styles in Family Intervention Research

Melissa A. Alderfer, PhD

Family management styles (FMSs) explain some of the complexities embedded in a family with a child who has chronic illness. The FMS typologies provide descriptions of family adjustment and management of care. These 5 distinct patterns may be valuable in tailoring and evaluating family interventions in research.

Key words: family, research, typologies

In other papers in this series, the family management style (FMS) typology has been introduced and 5 FMSs have been described. These 5 distinct patterns of managing illness and family life (ie, Thriving, Accommodating, Enduring, Struggling, and Floundering) capture the range of responses that families have when confronting chronic illness in a child. Although additional work is needed to validate these patterns specifically for families facing childhood cancer, FMSs are clearly valuable for describing the adjustment of families and tailoring nursing care. The purpose of this article is to describe ways in which FMS could be useful in family intervention research.

To appreciate the value of FMS in family intervention research, some background in family/systems theory and in intervention research is necessary. This article will discuss fundamental aspects of each of these 2 traditions and illustrate some of the difficulties inherent in attempting to merge them into one. The use of family typologies will be introduced as a way to circumvent some of these difficulties. Finally,

for illustration purposes, the Surviving Cancer Competently Intervention Program (Kazak et al., 2004; Kazak et al., 2005) will be introduced as an example of family intervention research, and the potential integration of FMS into this research program will be described.

Fundamentals of Family/Systems Theory

A complete review of family/systems theory is well beyond the scope of this article; however, certain basic tenets of this theory are important for this discussion. Family/systems theory holds that the family is a unified, organized system—an entity that acts and reacts to events as a whole (Worden, 2003). The entity of the family is more than the sum of its parts. It is made up of individuals plus the relationships between them and their patterns of interaction (Nichols & Schwartz, 2001). Furthermore, change can occur in a family only when family members perceive and relate to one another differently; that is, when new interactional patterns become established (Worden, 2003). In short, family/systems theory recognizes and attends to the complex system of the family, considering individuals in the context of their relationships with one another.

Melissa A. Alderfer, PhD, is an assistant professor of pediatrics at the University of Pennsylvania School of Medicine and a clinical psychologist at The Children's Hospital of Philadelphia, Division of Oncology. Address for correspondence: Melissa A. Alderfer, PhD, University of Pennsylvania and The Children's Hospital of Philadelphia, Division of Oncology, CHOP North, 3535 Market Street, Rm. 1485, Philadelphia, PA 19104; e-mail: alderfer@email.chop.edu.

Basics of Intervention Research

Answering the question, “Does an intervention work?” requires the most precise and stringently controlled form of research—true experimental design (Friedman, Furberg, & DeMets, 1998). A primary component of experimental research design involves randomly assigning research participants to either a group that receives the intervention or one that does not receive it, and comparing the 2 groups. Random assignment to groups is the best way to ensure equivalence before the intervention and increase the odds that any difference discovered between the 2 groups after the intervention is due to the intervention itself (Cook & Campbell, 1979).

A second important issue in intervention research is the reliable application of the intervention. It is vital that the intervention be standardized, applied consistently, and administered in the manner that was intended (Dumas, Lynch, Laughlin, Smith, & Prinz, 2001). Without these strict controls, the researcher would be unable to assert that the intervention, as designed, is useful. Finally, in intervention research, it is important to precisely define and accurately measure the outcome of interest. In family intervention research, this may be particularly difficult, given the complexity of families.

Challenges in Integrating Family/Systems Theory and Intervention Research

Many challenges arise when family/systems theory meets intervention research science. Most of the tension between the 2 traditions is created in attempts to attend to the complexity of the family system while maintaining necessary experimental control. For example, within family/systems theory, patterns of interactions and the context in which those interactions occur (ie, families) are paramount. However, instead of attempting to understand this complexity, intervention research aims to transcend it and considers such variability a nuisance. Holding variability constant across the intervention and control groups is necessary for determining if an intervention has value.

A second example of the tension between family/systems theory and intervention research science can be found in the application of the intervention. To conclude that an intervention is useful, intervention

research principles require that the intervention be standardized and applied consistently to all people receiving it. Furthermore, randomization to condition ensures that the participants’ desires and potential for benefiting from the intervention are not considered when deciding who will receive the intervention. Family/systems researchers have recently argued for the need to tailor interventions to the specific needs of the family (Weihs, Fisher, & Baird, 2002) by attending to their patterns of interaction.

A final example of tension arises in outcome measurement. Capturing the complexity of family functioning is difficult and often requires live or videotaped observations and trained clinicians’ ratings of the family on specific behaviors. These types of measures are time intensive and costly and may not validly capture family patterns given the potential intrusiveness of the observers. Because of the drawbacks of observational measures, self-report questionnaires are often used in intervention research. With these measures, family members rate their own family on certain dimensions. Although such measures are easy to administer and cost-effective, and have been demonstrated to have adequate psychometric properties, they are subject to self-report bias and tend to reduce the family to its individual components (ie, one family member’s perspective), thus failing to capture the complexity of the system.

Family Typologies and Family Intervention Research

Family typologies may be helpful in easing some of the tension between family/systems theory and intervention research science. Family typologies characterize families based on their constellation of characteristics, beliefs, relationships, and patterns of responding—thus attending to the complexity of families. These typologies also provide traitlike information about the family and allow for prediction of future behavior (Deatrack, Alderfer, Knafl, & Knafl, 2006). In these ways, family typologies provide an alternative to costly and time-intensive observational measures and simplistic self-report measures as an outcome variable. Furthermore, family typologies can be used to classify families prior to an intervention to determine for whom the intervention works or to provide a basis upon which the intervention could be effectively tailored.

Surviving Cancer Competently Intervention Program—An Example of Intervention Research

The Surviving Cancer Competently Intervention Program (SCCIP) integrates cognitive-behavioral and family/systems approaches in a manualized treatment designed to help reduce or prevent posttraumatic stress symptoms of childhood cancer survivors and their family members (Kazak et al., 2004). For this discussion, SCCIP-ND, a program for parents of newly diagnosed children, will be presented (Kazak et al., 2005). The SCCIP-ND program is currently being evaluated in a randomized clinical trial. Parents of children diagnosed with cancer are approached within 48 hours of the child's diagnosis and asked to participate in this study. Participation involves agreeing to be randomized to the SCCIP-ND intervention or standard care. SCCIP-ND includes three 45-minute sessions in which the family caregivers work together with an interventionist to identify beliefs about their experiences of childhood cancer; recognize the emotional, behavioral, and interpersonal effects of those beliefs; and learn to change beliefs that may lead to undesirable consequences. Participants are also asked to anticipate the effect of cancer on their family over time. Families complete a baseline evaluation with 2 follow-up assessments.

Potential Use of Family Management Styles in SCCIP-ND

The Family Management Style Framework is a family typology specific to the way in which a family responds to and manages disease. The FMS Framework incorporates beliefs about the illness, family members' perceptions of their family in relation to the illness, and expectations for the future in the context of illness. FMS attends to the complexity of the family and can categorize families on their disease management style. One way in which FMS could be integrated into SCCIP-ND is by describing the participating families' management styles prior to the intervention. After the research study is concluded, this information could be helpful in determining for whom the intervention worked and in what ways. For example, a family with a Thriving management style may respond to the intervention differently from a family with a Floundering style. This would be important information

for making conclusions about the generalizability of the intervention.

In addition, FMS could be measured after the intervention as an outcome measure. One way to gauge the usefulness of the intervention would be to determine if families who entered the study with difficulties managing illness (ie, Struggling, Floundering styles) could be characterized after the intervention by more positive management styles (ie, Thriving style).

A third way in which FMS could be integrated into SCCIP-ND is by tailoring delivery of the manualized intervention to the specific needs of the family as revealed by their management style. Again, identifying the participants' FMS prior to the intervention and understanding their pattern of response to the cancer diagnosis may help the interventionist find more effective and meaningful ways to present the manualized material to the family to benefit them. The interventionist would maintain adherence to the manual but could use information about the style of the family to more competently deliver the material.

Summary

Family intervention research is a field with many tensions arising from the merger of complex interactional family/systems theories and stringently controlled intervention research science. Family typologies such as the FMS Framework ease some of the tension between these 2 traditions by providing a comprehensive way of describing the complexity of families. FMS is valuable in family intervention research in at least 3 ways: (a) Families with different management styles may react to the intervention in different ways (ie, FMS could act as a moderator), so measuring FMS could help understand the pattern of research results; (b) FMS could be a viable outcome variable to assess the efficacy of the intervention; and (c) FMS could help interventionists tailor an intervention to the specific style or needs of the family, and thus more competently deliver the manualized intervention.

References

- Cook, T. D., & Campbell, D. T. (1979). *Quasi-experimentation: Design & analysis issues for field settings*. Boston: Houghton Mifflin.
- Deatrick, J. A., Alderfer, M. A., Knafl, G., & Knafl, K. (2006). Identifying patterns of managing chronic conditions: Family

- management styles. In D. R. Crane & E. S. Marshall (Eds.), *Handbook of families and health: Interdisciplinary perspectives* (pp. 62-80). Thousand Oaks, CA: Sage.
- Dumas, J. E., Lynch, A. M., Laughlin, J. E., Smith, E. P., & Prinz, R. J. (2001). Promoting intervention fidelity: Conceptual issues, methods, and preliminary results from the EARLY ALLIANCE prevention trial. *American Journal of Preventative Medicine, 20*, 38-47.
- Friedman, L. M., Furberg, C. D., & DeMets, D. L. (1998). *Fundamentals of clinical trials* (3rd ed.). New York: Springer.
- Kazak, A. E., Alderfer, M. A., Streisand, R., Simms, S., Rourke, M. T., Barakat, L. P., et al. (2004). Treatment of posttraumatic stress symptoms in adolescent survivors of childhood cancer and their families: A randomized clinical trial. *Journal of Family Psychology, 18*, 493-504.
- Kazak, A. E., Simms, S., Alderfer, M. A., Rourke, M. T., Crump, T., McClure, K., et al. (2005). Feasibility and preliminary outcomes from a pilot study of a brief psychological intervention for families of children newly diagnosed with cancer. *Journal of Pediatric Psychology, 30*, 644-655.
- Nichols, M. P., & Schwartz, R. C. (2001). *Family therapy: Concepts and methods* (5th ed.). Boston: Allyn & Bacon.
- Weihs, K., Fisher, L., & Baird, M. (2002). Families, health, and behavior: A section of the commissioned report by the Committee on Health and Behavior: Research, Practice, and Policy Division of Neuroscience and Behavioral Health and Division of Health Promotion and Disease Prevention Institute of Medicine, National Academy of Sciences. *Families, Systems & Health, 20*, 7-46.
- Worden, M. (2003). *Family therapy basics* (3rd ed.). Pacific Grove, CA: Brooks/Cole-Thomson Learning.