

# Overview of the Evidence Base for Family Interventions in Child Psychiatry



Neha Sharma, DO<sup>\*</sup>, John Sargent, MD

## KEYWORDS

- Family therapy • Family intervention • Children • Adolescent • Mental health
- Parent training

## KEY POINTS

- There is sufficient evidence to support that family involvement is effective in managing child and adolescent mental health issues.
- There is some evidence to show that family involvement in treatment results in maintenance of posttreatment improvement.
- Chronic and refractory conditions, such as conduct disorder, substance abuse, and delinquency, can be effectively treated with family therapy-based treatments, such as multi-systemic therapy, functional family therapy, and multidimensional family therapy.

## METHOD OF THIS REVIEW

This article reviews randomized controlled trials (RCTs) for family-based interventions carried out over the last 15 years. The studies were selected from an evidence-based clearinghouse search for family therapy, and specific child and adolescent psychiatric disorders. Thus, it is a selective review guided by exposure to as many well done RCTs as possible that evaluate major schools of family intervention and/or different types of family therapy. Family interventions can be quite variable in their level of intensity; therefore, this article is organized from least intensive to most intensive treatment.

## INTRODUCTION

The development of family therapy began in the years following World War II. Although experts in family therapy found it to be an effective treatment of mental health issues especially for children and adolescents, it was consistently criticized for a lack of

---

The authors have nothing to disclose.

Department of Psychiatry, Tufts Medical Center, 800 Washington Street, Boston, MA 02111, USA

\* Corresponding author. 800 Washington Street, #1007, Boston, MA 02111.

E-mail address: [nsharma@tuftsmedicalcenter.org](mailto:nsharma@tuftsmedicalcenter.org)

Child Adolesc Psychiatric Clin N Am 24 (2015) 471–485

<http://dx.doi.org/10.1016/j.chc.2015.02.011>

[childpsych.theclinics.com](http://childpsych.theclinics.com)

1056-4993/15/\$ – see front matter © 2015 Elsevier Inc. All rights reserved.

Abbreviations	
ABFT	Attachment-based family therapy
ADHD	Attention-deficit/hyperactivity disorder
AFT	Adolescent-focused individual therapy
AGT	Adolescent group therapy
ASD	Autism spectrum disorder
CBT	Cognitive behavioral therapy
CCT	Client-centered therapy
FBT	Family-based treatment
FCBT	Family cognitive behavioral treatment
FESA	Family-based education, support, and attention
FFT	Functional family therapy
FPE	Family psychoeducation
ICBT	Individual cognitive behavior treatment
MDFT	Multidimensional family therapy
MEI	Multifamily educational intervention
MST	Multisystemic therapy
MTFC	Multidimensional treatment foster care
PTSD	Posttraumatic stress disorder
RAP-P	Resourceful adolescent parent program
RCTs	Randomized controlled trials
TF-CBT	Trauma-focused cognitive behavioral therapy

empirical data demonstrating its efficacy. However, over the last two decades, research in the effectiveness of family therapy and family interventions has been steadily increasing.

**COMMON FACTORS**

All family interventions possess some common features, such as a willingness to connect with the family and to develop a shared vision of family success in solving the problem. Successful engagement with the family not only requires dedicated professionals with a shared vision, treatment plan, and constant monitoring, but also an interest in and understanding of the family’s strengths and limitations. The family and the clinician form a team that facilitates parental collaboration and agrees on roles of each individual in the treatment with the aim to empower families toward self-care and self-direction. This change requires a deep and intense engagement by the therapist resulting in new patterns for the family.

To create new and more adaptive patterns, the therapist must strive to forge a systemic therapeutic alliance with the families. The focus is to develop parenting, cognitive, behavioral, and problem-solving skills in the participants such that the presenting symptoms decline and the newly learned skills are reinforced by the parents. The aim is to enhance positive interactions by improving communication skills, building connections, identifying strengths, sharing emotions, developing shared concerns, maintaining focus, and increasing willingness to be direct. The therapist helps families to develop conflict resolution skills, and the skills to manage affect among family members. Overall, the goal is that family members learn to build positive attachment and connections so that they can provide mutual support for each other while also connecting with community support, services, and systems.

Different mental health challenges among children and adolescents require specific responses from parents, caretakers, and family members to improve. Anxiety requires parental confidence and security. Depression requires parental attachment and

Download English Version:

<https://daneshyari.com/en/article/4150572>

Download Persian Version:

<https://daneshyari.com/article/4150572>

[Daneshyari.com](https://daneshyari.com)