Preface

An Introduction to Family-Based Treatment in Child Psychiatry

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Editors

This issue of *Child and Adolescent Psychiatric Clinics of North America* had its origins in the discussions over the past few years of the Committee on the Family of the American Academy of Child and Adolescent Psychiatry. As a group the members of the committee have reflected on how enormous the range and depth of 'bio-psychosocial' knowledge the modern child psychiatrist needs to master including neurobiology, genetics, psychopharmacology, and psychological processes in individuals, families, and social groups. Although we had no reason to believe our colleagues fundamentally disagreed with us, we felt there could be a lack of awareness by some regarding the depth and breadth of evidence to support family-based interventions in child psychiatry. We felt that given the rapid advances in psychopharmacologic therapies, the application of manualized cognitive behavioral therapy (CBT) and dialectical behavior therapy approaches targeting individual children, and even the introduction of the DSM V, that the balance has shifted away from what traditionally was meant by the term, "well-trained child psychiatrist."

We also noted the time might be right for a review of the evidence supporting family-based treatments. We were all aware that advances in neuropsychiatry were spotlighting the epigenetic effects of relationship contexts in the development of both mental health disorders and physical illnesses. We could point to the "family-centered care" initiatives present in almost all the medical institutions in which we practiced. We had the Federal government make it national policy that medical and mental health care be delivered in settings that emphasized prevention and health maintenance rather than primarily symptom resolution. We could read articles in major newspapers about the overuse of psychoactive medicine in children.

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These broad-based currents swirling around us made it seem that the pendulum was truly swinging back from a reductionistic view of a symptom in a child to a more balanced view of a symptom in a child existing in a family and cultural context.

We have avoided the term "family therapy" in the title of this issue. We were partially influenced by the fact that no clear definition exists for the term. Many forms of family treatments use the term and actually refer to substantially different things. Rather, we have used "family-based treatment," hoping the reader will discern that we want to include a wide variety of practice that all starts from the premise that children typically exist in families and that to attempt to help them while disregarding the environment in which they live is often ineffective. See both Kramer in the opening article and Josephson in the second article to understand the difference between family therapy as a specific treatment modality and family-based treatment as a way to think about children.

A similar confusion surrounds the use of other terms. For example, "family-centered care" has many definitions. In some cases, the term family-centered care has come to mean "the family is always right." The editors and authors contributing to this issue, taken together, can claim many hundreds of years working with families. We are fully aware of the tasks required of families as they go about the work of surviving economically, providing for mutual support, and helping individual family members, both adults and children, to grow in developmentally appropriate ways. But the families are the first to tell us that what they do, and believe, and feel are not always conducive to the outcomes they desire. They come with symptoms or problems or goals and ask us to help with those things primarily by helping them do, or believe, or feel something different from what they were trying before. Recognizing that many forms of treatment for many different conditions can begin with putting the family first is not the same as saying that whatever the family wants or has been doing is truly best for the individual with the presenting symptom or the family as a whole.

This issue is divided into two parts. The first part includes articles of a more general nature: the history of the field; some guidelines for family assessment; a review of evidence-based studies; some thoughts about young children in families; and finishes with an example of a training program that prepares child psychiatrists for family-based child psychiatry. The second part features descriptions of family-based treatments of common child psychiatric conditions written by researchers and clinicians who have contributed significantly to the field of child psychiatry over the past decade. Here one finds, among the list of topics, Cohen and Mannarino outlining their well-researched trauma-focused CBT for traumatized children, and Forsberg and Lock writing about treatment of teenagers with eating disorders.

Our aim in creating this edition was to develop a resource that would be equally valuable to trainees as well as to practicing child psychiatrists from a broad range of experience and practice settings. In addition, we had an eye to providing a cross-disciplinary resource focused on the broad range of family based integrated care as applied to common psychiatric diagnoses and as an overarching model for all treatment. Our hope is for the reader to agree with us that the "well trained child psychiatrist," while treating the child, will always have the family in view. And, that the coordination of care across disciplines can operate like a healthy functioning family.

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