Evidence Base for Family Intervention in CAP

Family EB for Disruptive Behavior Disorders in CAP

- Parental hostility and depression are associated with increased development of DBDs (irrespective of socioeconomic status).
- Parental stress predicts hostile and inconsistent parenting (eg constant psychological stress of low-income high-violence neighborhoods).
- Patterson's model for coercive family process: coercive interaction between child and caregiver> fatigued parent relents > unintentional reinforcement of child's coercive behavior
- Positive parenting techniques are associated with decreased DBD risk: close monitoring, positive reinforcement and consistent engagement
- DBDs cluster in families with ADHD, CD, ODD and depression.

*Tandon M, Giedinghagen A. Disruptive Behavior Disorders in Children 0 to 6 years old. Child Adolesc Psychiatric Clin N Am 26 (2017) 491-502

Family EB for disruptive behavior disorders in children

- Parent Management Training is the first line treatment for DBD in preschoolers.
  - Parent Management Training- Oregon Model (PMTO)
  - Parent- Child Interaction Therapy (PCIT)
  - Incredible Years (IY)
- All focus on providing caregivers with effective communication and disciplinary strategies while enhancing positive parent engagement.

*Tandon M, Giedinghagen A. Disruptive Behavior Disorders in Children 0 to 6 years old. Child Adolesc Psychiatric Clin N Am 26 (2017) 491-502.

* Furlong M, McGilloway S, Bywater T, et al. Cochrane Review: Behavioral and Cognitive-Behavioral Group-Based Parenting Programmes for Early Onset Conduct Problems in Children Ages 3 to 12 Years. Evid Based Child Health 2013; 8 (2): 318-692.

Family EB for Disruptive Behavior Disorders in Children- PMTO

- In PMTO the focus is on training caregivers rather than direct focus on the child
- Based on idea that children's disruptive behavior in part comes from parents unintentionally reinforcing kid's coercive behavior
- Modules focus on reducing coercive interactions and increasing clear limit setting, effective communication and positive caregiver involvement

* Tandon M, Giedinghagen A. Disruptive Behavior Disorders in Children 0 to 6 years old. Child Adolesc Psychiatric Clin N Am 26 (2017) 491-502.

*Patterson GR. Coercive Family Process. Eugene (OR). Castalia Publishing ; 1982.

Family EB for Disruptive Behavior Disorders in Children-PCIT

- PCIT is a dyadic therapy with focus on how parent-child interactions can support parents' and children's abilities to regulate strong emotions.
- Skills taught to parents include praise, reflection and ignoring negative behaviors.
- Therapists observe interactions through a one way mirror and offer feedback about patterns.
- In later sessions therapists coach parents using an earpiece.
- Data in cross cultural studies consistently show a moderate to large effect size on preschool DBD.
- Successfully adapted for ASD and dyads with a history of maltreatment.

* Abrahamse ME, Junger M, Chavannes EL, et al. Parent-Child Interaction Therapyfor Preschool Children with Disruptive Behavior Problems in the Netherlands. Child Adolesc Psychiatry Ment Health 2012; 6 (1):24.

*Brinkmeyer MY, Eyberg SM. Parent-Child Interaction Therapyfor Oppositional Children. In: Kazdin AE, Weissz JR, ed. Evidence-Based Psychotherapies for Children and Adolescents. New York: Guilford Press; 2003. 204-223.

*Solomon M, Ono M, Timmer S, et al. The Effectiveness of Parent-Child Interaction Therapy for Families of Children on the Autism Spectrum. J Autism Dev Disord 2008: 38 (9): 1767-76.

* Timmer SG, Urquiza AJ, Zebell NM, et al. Parent-Child Interaction Therapy: Application to Maltreating Parent-Child Dyads. Child Abuse Negl 2005; 29 (7)825-41.

FAMILY EB for Disruptive Behavior Disorders in Children-IY

- One of the best studied psychosocial treatments for preschool DBDs.
- Includes parent, child and teacher training.
- Parents generally have very high satisfaction with the program.
- Has been shown to decrease coercive and critical parenting behavior.
- Combining parent, teacher and child training improves outcomes in a graded way.
- Meta-analysis has shown significant moderate to large effects of IY on DBDs. (Eyeberg et al. 2008; Menting et al 2013)
- Has been adapted successfully to different settings and populations.

*Eyberg SM, Nelson NM, Boggs SR. Evidence-Based Psychosocial Treatments for Children and Adolescents With Disruptive Behavior. J Clin Child Adolesc Psychol 2008; 37 (1):215-37.

*Menting TA, de Castro O, Matthys W. Effectiveness of Incredible Years Parent Training to Modify Disruptive and Prosocial Child Behavior: A Meta-Analytic Review. Clin Psychol Rev 2013; 33 (8); 901-12.

Family EB for Children and Adolescents with Anxiety Disorders

- A meta-analysis of 16 studies (Thulin et al 2014) found that family- based interventions for children and adolescents with anxiety disorders were as effective as individually based interventions or group CBT (dx included: specific and social phobias, separation anxiety disorder, GAD, panic disorder with and without agoraphobia, OCD, and PTSD)
- Interventions included: family psychoeducation, parent involvement in ERP, joint relapse prevention planning, kids learning relaxation/cognitive coping/accessing social support, parent learning about challenging theirs and kids anxious thoughts/use of rewards and ignoring/modeling courageous behavior, communication and problem solving between kids and parents

* Carr, A. Family Therapy for Adolescents: A Research-informed Perspective. Australian and New Zealand Journal of Family Therapy 2016, 37, 467-479.

* Thulin U, Svirsky L, Serlachius E, Andersson G, & Ost L. The Effect of Parent Involvement in the Treatment of Anxiety Disorders in Children: A Meta-Analysis. Cognitive Behavior Therapy 2014, 43, 185-200.

Family EB for OCD

- Reviews of controlled trials of individual and family-based treatments of OCD in adolescents show that family-based CBT &RP programs are as effective as similar individual programs for OCD and more effective than pharmacological treatment with remission rates 42-100 % 18 mos after tx completion (Barrett et al 2008; Franklin et al 2015; Freeman et al 2014)
- FOCUS -(Barrett 2007) Freedom from Obsessions and Compulsions Using Skills- is a family based ERP protocol for treating OCD in teens
- Family therapy helps parents and sibs avoid inadvertent reinforcement of rituals

* Barrett, P.M., Farrell L.M., Pina A, Peris T.S., Piacentini J. Evidence-Based Psychosocial Treatments for Child and Adolescent Obsessive-Compulsive Disorder. Journal of Clinical Child and Adolescent Psychology, 2008, 37, 131-155.

* Franklin, M.E., Kratz, H.E., Freeman, J.B., Ivarsson, T, Heyman, I, & Sookman, D. Accreditation Task Force of the Canadian Institute for Obsessive-Compulsive Disorders. Cognitive-Behavioral Therapy for Pediatric Obsessive-Compulsive Disorder. Empirical Review and Clinical Recommendations. Psychiatry Research. 2015, 227, 78-92.

* Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J.Evidence Base Updates for Psychosocial Treatments for Pediatric Obsessive-Compulsive Disorder. Journal of Clinical Child and Adolescent Psychology. 2015, 43, 7-26.

Family EB for PTSD

- TF-CBT developed by Judith Cohen and Anthony Mannarino at the Center for Traumatic Stress in Children and Adolescents in Pittsburgh and the Child Abuse Research Education and Service Institute at Univ of Medicine and Dentistry of NJ (Cohen Et al.2006, 2017)
- CBT principles and exposure techniques are used to address sxs of post traumatic stress and depression, behavior problems and caregiver difficulties
- Techniques: psychoeducation about reactions to trauma, coping skills training, gradual exposure to avoided memories or memory cues, and processing of trauma-related thoughts and beliefs
- Concurrent sessions for non-abusing parents and kids as well as conjoint parent-child sessions
- A systematic review of 10 studies of family-based TF-CBT for PTSD in child and adolescent trauma survivors (Ramirez de Arellano 2014) found it reduced symptoms of PTSD and in some cases had beneficial effects on depression and behavior problems

* Cohen, J., Mannarino, A., & Deblinger, E. Treating Trauma and Traumatic Grief in Children and Adolescents. New York: Guilford. 1st ed 2006; 2nd ed 2017.

* Ramirez de Arellano, M., Lyman, D., Jobe-Shields, L., George, P., Dougherty, R., Daniels, A., Ghose, S., Huang, L., & Delphin-Rittmon, M. Trauma-Focused Cognitive-Behavioral Therapy for Children and Adolescents: Assessing the Evidence. Psychiatric Services, 2014, 65, 591-602.

Family EB for Children and Adolescents with Depression

- A review of 25 treatment studies of family-based treatment for child and adolescent depression (Stark, Banneyer, Wang and Arora 2012) included treatments including Attachment-Based Family Therapy (ABFT), child focused CBT, or interpersonal therapy sessions combined with some family or parent sessions, and concurrent group-based parent and child training sessions concluded that family-based treatments for depression were as effective as individual CBT or interpersonal therapy, led to remission in 2/3 -3/4 of cases at 6 month follow up, and were more effective than individual therapy in maintaining post-tx improvement
- Techniques: psychoeducation about depression, relational reframing of depression-maintaining family interaction patterns, facilitation of healthy communication, promotion of family problem solving, disruption of negative/critical parent-child interactions, promotion of secure attachment, skills for kids managing negative mood states and beliefs

* Stark, K., Banneyer, K., Wang, L., & Arora, P. Child and Adolescent Depression in the Family. Couple and Family Pychology: Research and Practice. 2012. 1, 161-184.

*Stark, K., Streusand, W., Krumholz, L., & Patel, P. Cognitive Behavioral Therapy for Depression. The Action Treatment Program for Girls. In J. Weisz & A. Kazdin (eds), Evidence-Based Psychotherapies for Children and Adolescents (2nd ed), New York: Guilford. 2010.

Attachment -Based Family Therapy (ABFT) for Adolescent Depression

- Focuses on repairing adolescent-parent attachments by facilitating conversations about past family traumas or ongoing interactional conflicts that have damaged trust (Diamond et al 2013)
- Techniques: relational reframing of depression; alliance building with the adolescent and then the parent; repairing attachment; competency building

* Diamond, G., Wintersteen, M., Brown, G., Diamond, G., Gallop, R., Shelef, K., & Levy, S. Attachment- Based Family Therapy for Depressed Adolescents with Suicidal Ideation: A Randomized Controlled Trial. Journal of the American Academy of Child and Adolescent Psychiatry. 2010, 49, 122-131.

Lewinsohn's Coping with depression Family—Based CBT program

- Adolescent Component: mood monitoring, affect regulation skills, pleasant activities scheduling, cognitive restructuring, social skills training
- Parent component: Psychoeducation, improving communication, enhancing family coping

* Clark, G., & DeBar, L. Group Cognitive-Behavioral Treatment for Adolescent Depression, in J. Weisz & A. Kazdin (Eds), Evidence- Based Psychotherapies for Children and Adolecents, (2nd ed) New York Guilford, 2010, 110-124.

Family EB for Adolescent Bipolar Disorder

- A review of controlled trials (Wahburn, West and Heil 2011) concluded that family therapy may be a helpful adjunct to pharmacologic treatment of adolescent bipolar disorder by increasing knowledge about the condition, improving family relationships and improving sxs of depression and mania
- Focus is on reducing teen psychosocial impairment and delaying relapse by increasing medication adherence, reducing family stress and enhancing family support
- Model program developed by David Miklowitz and team (2008) at University of Colorado- 21 session family-focused treatment including psychoeducation, and family communication and problem- solving training

* Miklowitz, D. Bipolar Disorder: A Family-Focused Treatment Approach, (2nd ed), New York: Guilford. 2008.

Family EB for Adolescents who Attempted Suicide

- A review of a series of studies (Carr 2014)concluded that specialized family-based interventions improve the adjustment of adolescents who have attempted suicide
- Approaches share some common features: initial risk assessment process, clear plan for risk reduction which includes individual therapy for adolescents as well as systemic sessions with family and other social supports
- Examples: ABFT, MST, Dialectical Behavior Therapy (DBT) combined with MFT and Nominated Support Network Therapy
- Studies consistently show that family relationships are important risk and protective factors for suicidal ideation and behavior.

* Carr, A. The Evidence-Base for Family Therapy and Systemic Interventions for Child-Focused Problems. Journal of Family Therapy. 2014, 36, 107-157.

EB for Attachment-Based Family Therapy (ABFT) For Self Harm in Teens

- Originally developed for adolescent depression and adapted for use with self-harming teens (Diamond et al 2010)
- Focus is on repairing ruptures in teen-parent relationships by having therapy serve as a "corrective attachment experience" that may rebuild trust
- Targets key relationship processes such as parental availability and emotional attunement
- Multiple steps: 1) individual sessions with adolescents discuss experience of "attachment failures" and make plan to discuss with parent/s 2) Concurrent parent sessions focus on how intergenerational legacies affect their parenting style 3) Conjoint sessions with respectful sharing 4) As conflict decreases focus on teen pursuing developmentally appropriate experiences to build competence and autonomy

* Diamond, G., Wintersteen, M., Brown, G., Diamond, G., Gallop, R., Shelef, K., & Levy, S. Attachment- Based Family Therapy for Depressed Adolescents with Suicidal Ideation: A Randomized Controlled Trial. Journal of the American Academy of Child and Adolescent Psychiatry. 2010, 49, 122-131.

EB for Multisystemic Therapy for Self Harming Adolescents (MST)

- MST originally developed for conduct disorder but has been adapted for teens with severe mental health problems including attempted suicide (Henggeler, Schoenwald, Rowland & Cunningham 2002)
- Involves assessment of risk followed by family therapy focused on enhancing support as well as individual skills training focused on mood regulation and social problem-solving skills (and also intervention in collaboration with schools and other agencies involved)
- Delivered in regular, frequent home-based family and individual sessions as well as community-based network meetings over 3-6 months
- Huey et all (2004) eval efficacy of MST for suicidal adolescents in RCT of 156 African American adolescents at risk for suicide referred for emergency admission. Compared with admission and treatment by a multidisciplinary team they found that MST was significantly more effective at decreasing rates of attempted suicide at one year follow up

- Henggeler, S., Schoenwald, S., Rowland, M., & Cunningham, P., Multisystemic Treatment of Children and Adolescents with Serious Emotional Disturbance, New York: Guilford. 2002.

* Huey, S., Henggeler, S., Rowland, M., Halliday-Boykins, C., Cunningham, P., Pickrel, S., & Edwards, J. Multisystemic Therapy Reduces Risk in a High-Risk Sample. Journal of the American Academy of Child and Adolescent Psychiatry. 2004, 43. 183-190.

Dialectical Behavior Therapy (DBT) and Multifamily therapy

- DBT originally developed by Marsha Linehan at the University of Washington for adults with Borderline Personality Disorder and has been adapted for use with adolescents who have attempted suicide (Miller, Rathus, & Linehan 2007)
- The model involves individual DBT for adolescents combined with multifamily psychoeducational therapy
- Skills include modules on mindfulness, distress tolerance, emotion-regulation, and interpersonal effectiveness

* Miller, A., Rathus, J., & Linehan, M., Dialectical Behavior Therapy with Suicidal Adolescents. 2007, New York: Guilford.

Youth- Nominated Support Team for Adolescents Post Suicide Attempt

- A manualized systemic intervention for adolescents who have attempted suicide in which the adolescent nominates a parent or guardian and three other people from their family, peer group, school or community to be members of their support team(King et al 2006)
- Support team members receive psychoeducation explaining how the psychological challenges led to suicide attempt, the treatment plan and how team member can function to support recovery and decrease risk of repeat attempts
- Support members are encouraged to maintain weekly contact with the teen and are contacted regularly by the team to facilitate this

* King, C., Kramer, A., Preuss, L., Kerr, D., Weisse, L., & Venkataraman, S. Youth-Nominated Support Team for Suicidal Adolescents (Version 1), a Randomized-Controlled Trial. Journal of Consulting and Clinical Psychology , 2006, 74, 199-206.

Family EB for Adolescents with CD and SUDs

- A meta-analysis (Baldwin et al 2012) found that Brief Strategic Family Therapy, Functional Family Therapy, Multisystemic Therapy, and Multidimensional Family Therapy were more effective than wait list control conditions and modestly more effective than treatment as usual or other alternative treatments.
- A meta-analysis of 8 family-based treatment studies of adolescent conduct disorder (Woolfenden, Williams, and Peat 2002) found that FFT, MST, and Multidimensional Treatment for Foster Care (MTFC) were more effective than routine individual or group treatment.
- Implementation studies have shown that these models can be transported from university to community setting with (Henggeler and Sheidow 2012).

- Baldwin, S., Christian, S., Berkeljon, A., Shadish, W., & Bean, R. The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-Analysis. Journal of Marital and Family Therapy, 2012, 38, 281-304.
- Henggeler, S., & Sheidow, A. Empirically Supported Family-Based Treatments for Conduct Disorder and Delinquency in Adolescents. Journal of Marital and Family Therapy, 2012, 38, 30-58.
- Woolfenden, S., Williams, K., & Peat, J., Family and Parenting Interventions for Conduct Disorder and Delinquency: A Meta-Analysis of Randomized Controlled Trials. Archives of Diseases in Childhood, 2002, 86, 251-256.

Brief Strategic Family Therapy (BFST)

-Developed at the Centre for Family Studies at the University of Miami (Szapocznik et al 2002, 2015)

-Focus is on resolving substance use by improving family interactions directly related to drug use

-Coaching to shift interactions in conjoint family therapy sessions to more functional interactions

-Techniques: engaging, identifying maladaptive interactions, identify family strengths, restructure maladaptive interactions

-12-30 sessions over 3-6 months

-A review of research showed efficacy in engaging teens and families in treatment, reducing drug misuse and relapse, and improving family relationships (Santiseban, Suarez-morales, Robbins and Szapocznik 2006).

*Also controlled trials show efficacy of engagement techniques for supporting resistant members into treatment (and for one person family therapy)

* Santiseban, S., Suarez-Morales, L., Robbins, M., & Szapocznik, J. Brief Strategic Family Therapy : Lessons Learned in Eficacy Research and Challenges to Blending Research and Practice. Family Proceess

* Szapocznik, J., Hervis, O., & Schwartz, S. Brief Strategic Family Therapy for Adolescent Drug Abuse. 2002, Rockville, MD, National Institute for Drug Abuse.

* Szapocznik, J., Duff, J., Schwartz, D., Muir, J., & Brown, C. Breif Strategic Family Therapy for Behavior Problem Youth: Theory, Intervention, Research and Implementation, in T. Sexton & J. Lebow (eds), Handbook of Family Therapy (4th ed)2015, 286-304. New York: Routledge.

Functional Family Therapy (FFT)

- -FFT was developed by James Alexander at Univ of Utah (Alexander et al 2013) and then by Tom Sexton at Univ of Indiana (Sexton 2011,2015)
- Emphasis on engaging with family, reducing negativity with reframing, supporting behavior change through family problem solving, and application of skills to new challenges
- Weekly, whole family sessions. 8-30 sessions over 3-6 months
- A system for transporting to different settings and maintaining fidelity has been developed
- Meta-analysis of 14 studies (Hartnett, Hamilton and O'Reilly 2016) showed it was effective in reducing conduct problems and recidivism rates verses control or alternate treatment
- A review of clinical trials (Alexander et al 2013) showed it more effective than routine services for reducing therapy drop out, conduct problems, drug misuse, foster placement and recidivism in follow up to 5 years

- Alexander, J., Waldron, H., Robbins, M., & Neeb, A. Functional Family Therapy for Adolescent Behavior Problems. 2013, Washington DC: American Psychological Association.
- Sexton, T. Functional Family Therapy in Clinical Practice. 2011, New York: Routledge.
- Sexton, T. Functional Family Therapy , in T. Sexton and J. Lebow (eds), Handbook of Family Therapy (4th ed). 2015, New York: Routledge.

Multisystyemic Therapy (MST)

- Developed at the Medical University of South Carolina by Scott Henggeler and team (Henggeler et al 2009; Schoenwald et al 2015)
- Combines intensive family therapy with individual skills training for teens and intervention in school and other agency networks
- Looks at the maintenance of conduct problems by sequences of interaction in family and social networks and then develops action plans and new skills to disrupt this
- Frequent home-based family and indiv therapy sessions and sessions in school/community over 3-6 months which includes 24 hour 7 day a week crisis support
- System for transport to community settings has been developed
- Review of 21 studies evaluating efficacy (Henggeler et al 2011) found that compared with TAU MST led to significant indiv and family improvements which contributed to decreased behavior problems, drug use, school absence, recidivism, and out of home placement up to 4 years post tx

*Henggeler, S., Schoenwalds, S., Bordin, C., Rowland, M., & Cunningham, P. Multisystemic Therapy for Antisocial Behavior in Children and Adolescents. (2nd ed)2009, New York: Guilford.

*Henggeler, S. Efficacy Studies to Large Scale Transport: The Development and Validation of MST Programs. Annual Review of Clinical Psychology, 2011, 7, 351-381.

*Schoenwald, S., Henggeler, S., & Rowland, M. Multisystemic Therapy. I T. Sexton & J. Lebow (eds), Handbook of Family Therapy (4th ed), 2015, 271-285. New York: Routledge.

Multidimensional Family Therapy (MDFT)

- -Developed by Howard Liddle and team at the Center for Treatment research on Adolescent Drug Abuse at the University of Miami (Liddle 2002, 2015)
- Involves assessment and intervention across 4 domains: adolescents, parents, family interactions, and family interaction with other agencies
- 3 phases : engaging in treatment, working with themes central to recovery, consolidating gains/disengagement
- 16-25 sessions over 4-6 months
- Review of evidence for MDFT shows it is more cost- effective than alt txs and effective at reducing substance misuse, behavior and emotional problems, neg peer associations, school failure, and family difficulties assoc with drug misuse (liddle 2015; Rowe 2012)

- Liddle, H.A. Multidimensional Family Treatment (MDFT) for Adolescent Cannabis Users: Colume 5 Cannabis Youth Treatment (CYT) Manual Series. 2002, Rockville, MD: Centre for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.
- Liddle, H.A.Multidimensional Family Therapy, in Sexton, T., Lebow, J. (eds), Handbook of Family Therapy ,(4th ed)2015, 231-249. New York: Routledge.
- Rowe, C. Family Therapy for Drug Abuse: Review and Updates 2003-2010. Journal of Marital and Family Therapy, 2012, 38, 59-81.

Multidimensional Treatment Foster Care (MTFC)

- Developed at the Oregon Social Learning Center by Patricia Chamberlain and team (Chamberlain 2003; Smith & Chamberlain 2010)
- Combines procedures similar to MST with foster placement in which (intensively trained) foster parents use behavioral strategies to help teens modify conduct problems
- Ongoing support and consultancy to foster families over 6-9 months of placement while bio family and teen have weekly family therapy focused on behavioral parenting practices, communication, and problem solving. Also individual therapy for teens and other network interventions.
- 85 % return home post intervention
- A review of studies of MTFC (Smith & Chamberlain 2010) found that compared with group home care MTFC significantly reduced running from placement, re-arrest rate, and self reported violent behavior

- Chamberlain, P. Treating Chronic Juvenile Offenders: Advances Made Through Oregon Multidimensional Treatment Foster Care Model.2003, Washington DC. American Psychological Association.
- Smith, D., & Chamberlain, P. Multidimensional Treatment Foster Care for Adolescents: Processes and Outcomes, in J. Weisz & A. Kazdin (Eds), Evidence-Based Psychotherapies for Children and Adolescents (2nd ed), 2010, 243-258, New York: Guilford Press.

Family EB for Treating Adolescents with Eating Disorders

- A series of systematic reviews and meta-analyses support the effectiveness of family therapy for treating both Anorexia Nervosa and Bulimia Nervosa in adolescents Couturier, Kimber, & Satzmari 2013, Eisler, Le Grange, and Lock 2015; Lock 2011; Smith & Cook-Cottone 2011)
- The Maudsley Model of family therapy for anorexia (initially developed by Ivan Eisler and Christopher Dare at Maudsley Hospital in London is well validated and has been refined and manualized by James Lock and colleagues at Stanford University (Lock & Le Grange 2013)
- Treatment involves 10-20 family sessions over a 6-12 month period
- Family members work together to refeed the patient (with AN) and to interrupt binge-purge cycles (in BN) and then support the teen with managing independence and developmentally appropriate activities
- A multifamily group treatment model has been developed (Eisler et al 2015)
- After Family-Based Treatment for AN between 50%-two thirds of patients achieve a healthy weight, and long term the negligible relapse rate for FBT is superior to moderate outcomes for individually oriented therapy and inpatient treatment
- EB treatment can be effectively disseminated in community-based clinical settings

Family EB for first episode psychosis

- Meta-analyses and reviews of controlled trials show that when pharmacologic intervention is combined with family therapy (Kuipers, Leff, & Lam 2002) relapse rates in 1st episode psychosis are reduced and that multifamily psychoeducational therapy is particularly effective (McFarlane et al 2012)
- In addition to offering psychoeducation about the illness, medication management, signs of relapse and the role of stress psychoeducational family therapy also aims to decrease high levels of expressed emotion in family interactions as well as the experience of stigma and stresses
- Emphasis is on blame reduction and identifying the positive roles family members can play in recovery as well as supporting healthy communication and problem solving
- Usual set up is sessions over 9-12 months, more frequent early on and with crisis supports available

*Kuipers, L., Leff, J., & Lam, D. Family Work for Schizophrenia (2nd ed). 2002, London: Gaskell

* McFarlane, W., Lynch, S., & Melton, R., Family Psycho-educationin Clincial High Riskand First-Epsiode Psychosis. Adolescent Psychiatry. 2012, 2, 182-194.

References on Family EB IN CAP

- Abrahamse ME, Junger M, Chavannes EL, et al. Parent-Child Interaction Therapy for Preschool Children with Disruptive Behavior Problems in the Netherlands. Child Adolesc Psychiatry Ment Health 2012; 6 (1):24.
- Alexander, J., Waldron, H., Robbins, M., & Neeb, A. Functional Family Therapy for Adolescent Behavior Problems. 2013, Washington DC: American Psychological Association.
- Baldwin, S., Christian, S., Berkeljon, A., Shadish, W., & Bean, R. The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-Analysis. Journal of Marital and Family Therapy, 2012, 38, 281-304.
- Barrett, P.M., Farrell L.M., Pina A, Peris T.S., Piacentini J. Evidence-Based Psychosocial Treatments for Child and Adolescent Obsessive-Compulsive Disorder. Journal of Clinical Child and Adolescent Psychology, 2008, 37, 131-155.
- Brinkmeyer MY, Eyberg SM. Parent-Child Interaction Therapyfor Oppositional Children. In: Kazdin AE, Weissz JR, ed. Evidence- Based Psychotherapies for Children and Adolescents. New York: Guilford Press; 2003. 204-223.
- Carr, A. The Evidence-Base for Family Therapy and Systemic Interventions for Child-Focused Problems. Journal of Family Therapy. 2014, 36, 107-157.
- Carr, A. Family Therapy for Adolescents: A Research-informed Perspective. Australian and New Zealand Journal of Family Therapy 2016, 37, 467-479.
- Chamberlain, P. Treating Chronic Juvenile Offenders: Advances Made Through Oregon Multidimensional Treatment Foster Care Model.2003, Washington DC. American Psychological Association.

References on Family EB in CAP

- Clark, G., & DeBar, L. Group Cognitive-Behavioral Treatment for Adolescent Depression, in J. Weisz & A. Kazdin (Eds), Evidence- Based Psychotherapies for Children and Adolecents, (2nd ed) New York Guilford, 2010, 110-124.
- Cohen, J., Mannarino, A., & Deblinger, E. Treating Trauma and Traumatic Grief in Children and Adolescents. New York: Guilford. 1st ed 2006; 2nd ed 2017.
- Couturier J, Kimber M, Szatmari P. Efficacy of Family-Based Treatment for Adolescents with Eating Disorders: A systematic Review and Meta-Analysis. International Journal of Eating Disorders 46: 1 3-11 2013.
- Diamond, G., Wintersteen, M., Brown, G., Diamond, G., Gallop, R., Shelef, K., & Levy, S. Attachment- Based Family Therapy for Depressed Adolescents with Suicidal Ideation: A Randomized Controlled Trial. Journal of the American Academy of Child and Adolescent Psychiatry. 2010, 49, 122-131.
- Eisler, I., Le Grange, D., & Lock, J., Treating Adolescents with Eating Disorders, in T. Sexton and J. Lebow (Eds), Handbook of Family Therapy, (4th ed)2015, 387-406. New York: Routledge.
- Eyberg SM, Nelson NM, Boggs SR. Evidence-Based Psychosocial Treatments for Children and Adolescents With Disruptive Behavior. J Clin Child Adolesc Psychol 2008; 37 (1):215-37.
- Franklin, M.E., Kratz, H.E., Freeman, J.B., Ivarsson, T, Heyman, I, & Sookman, D. Accreditation Task Force of the Canadian Institute for Obsessive-Compulsive Disorders. Cognitive-Behavioral Therapy for Pediatric Obsessive-Compulsive Disorder. Empirical Review and Clinical Recommendations. Psychiatry Research. 2015, 227, 78-92.

References on family evidence base in cap

- Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J.Evidence Base Updates for Psychosocial Treatments for Pediatric Obsessive-Compulsive Disorder. Journal of Clinical Child and Adolescent Psychology. 2015, 43, 7-26.
- Furlong M, McGilloway S, Bywater T, et al. Cochrane Review: Behavioral and Cognitive-Behavioral Group-Based Parenting Programmes for Early Onset Conduct Problems in Children Ages 3 to 12 Years. Evid Based Child Health 2013; 8 (2): 318-692.
- Henggeler, S., Schoenwald, S., Rowland, M., & Cunningham, P., Multisystemic Treatment of Children and Adolescents with Serious Emotional Disturbance, New York: Guilford. 2002.
- Henggeler, S., Schoenwalds, S., Bordin, C., Rowland, M., & Cunningham, P. Multisystemic Therapy for Antisocial Behavior in Children and Adolescents. (2nd ed)2009, New York: Guilford.
- Henggeler, S., & Sheidow, A. Empirically Supported Family-Based Treatments for Conduct Disorder and Delinquency in Adolescents. Journal of Marital and Family Therapy, 2012, 38, 30-58. Henggeler, S., Schoenwalds, S., Bordin, C., Rowland, M., & Cunningham, P. Multisystemic Therapy for Antisocial Behavior in Children and Adolescents. (2nd ed)2009, New York: Guilford
- Henggeler, S., Schoenwalds, S., Bordin, C., Rowland, M., & Cunningham, P. Multisystemic Therapy for Antisocial Behavior in Children and Adolescents. (2nd ed)2009, New York: Guilford.
- Henggeler, S. Efficacy Studies to Large Scale Transport: The Development and Validation of MST Programs. Annual Review of Clinical Psychology, 2011, 7, 351-381.

References on Family Evidence Base in CAP

- Henggeler, S., & Sheidow, A. Empirically Supported Family-Based Treatments for Conduct Disorder and Delinquency i Kuipers, L., Leff, J., & Lam, D. Family Work for Schizophrenia (2nd ed). 2002, London: Gaskell n Adolescents. Journal of Marital and Family Therapy, 2012, 38, 30-58. Henggeler, S., Schoenwalds, S., Bordin, C., Rowland, M., & Cunningham, P. Multisystemic Therapy for Antisocial Behavior in Children and Adolescents. (2nd ed)2009, New York: Guilford
- Huey, S., Henggeler, S., Rowland, M., Halliday-Boykins, C., Cunningham, P., Pickrel, S., & Edwards, J. Multisystemic Therapy Reduces Risk in a High-Risk Sample. Journal of the American Academy of Child and Adolescent Psychiatry. 2004, 43. 183-190.
- King, C., Kramer, A., Preuss, L., Kerr, D., Weisse, L., & Venkataraman, S. Youth-Nominated Support Team for Suicidal Adolescents (Version 1), a Randomized-Controlled Trial. Journal of Consulting and Clinical Psychology , 2006, 74, 199-206.
- Lock, J. Evaluation of Family Treatment Models for Eating Disorders. Current Opinion in Psychiatry, 2011, 24, 274-279.
- McFarlane, W., Lynch, S., & Melton, R., Family Psycho-educationin Clincial High Risk and First-Episode Psychosis. Adolescent Psychiatry. 2012, 2, 182-194.
- Menting TA, de Castro O, Matthys W. Effectiveness of Incredible Years Parent Training to Modify Disruptive and Prosocial Child Behavior: A Meta-Analytic Review. Clin Psychol Rev 2013; 33 (8); 901-12.
- Miklowitz, D. Bipolar Disorder: A Family-Focused Treatment Approach, (2nd ed), New York: Guilford. 2008.
- Miller, A., Rathus, J., & Linehan, M., Dialectical Behavior Therapy with Suicidal Adolescents. 2007, New York: Guilford.
- Patterson GR. Coercive Family Process. Eugene (OR). Castalia Publishing ; 1982.

References on Family Evidence Base in CAP

- Pravin I, Diamond G, Siqveland J, Diamond G. What Can Attachment Based Family Therapy Offer Depressed and Suicidal Youth. Suicidology 2011, Arg. 16 NR 1. 13-17.
- Ramirez de Arrellano, M., Lyman, D., Jobe-Shields, L., George, P., Dougherty, R., Daniels, A., Ghose, S., Huang, L., & Delphin-Rittmon, M. Trauma-Focused Cognitive-Behavioral Therapy for Children and Adolescents: Assessing the Evidence. Psychiatric Services, 2014, 65, 591-602.
- Rickerby M, Roesler TA. Eds. Child Adolesc Psychiatric Clin N Am Edition on Family-Based Treatment in Child Psychiatry 2015 (July).
- Santiseban, S., Suarez-Morales, L., Robbins, M., & Szapocznik, J. Brief Strategic Family Therapy : Lessons Learned in Efficacy Research and Challenges to Blending Research and Practice. Family Proceess
- Schoenwald, S., Henggeler, S., & Rowland, M. Multisystemic Therapy. I T. Sexton & J. Lebow (eds), Handbook of Family Therapy (4th ed), 2015, 271-285. New York: Routledge.
- Sexton, T. Functional Family Therapy in Clinical Practice. 2011, New York: Routledge.
- Sexton, T. Functional Family Therapy , in T. Sexton and J. Lebow (eds), Handbook of Family Therapy (4th ed). 2015, New York: Routledge.
- Sharma N, Sargent J, Overview of the Evidence Base for Family Interventions in Child Psychiatry. Child Adolesc Psychiatric Clin N Am 24 (2015) 471-485
- Smith, A., & Cook-Cottone, C. A Review of Family Therapy as an Effective Intervention for Anorexia Nervosa in

References on Family Evidence Base in CAP

- Solomon M, Ono M, Timmer S, et al. The Effectiveness of Parent-Child Interaction Therapy for Families of Children on the Autism Spectrum. J Autism Dev Disord 2008: 38 (9): 1767-76.
- Smith, D., & Chamberlain, P. Multidimensional Treatment Foster Care for Adolescents: Processes and Outcomes, in J. Weisz & A. Kazdin (Eds), Evidence-Based Psychotherapies for Children and Adolescents (2nd ed), 2010, 243-258, New York: Guilford Press.
- Stark, K., Streusand, W., Krumholz, L., & Patel, P. Cognitive Behavioral Therapy for Depression. The Action Treatment Program for Girls. In J. Weisz & A. Kazdin (eds), Evidence-Based Psychotherapies for Children and Adolescents (2nd ed), New York: Guilford. 2010.
- Stark, K., Banneyer, K., Wang, L., & Arora, P. Child and Adolescent Depression in the Family. Couple and Family Pychology: Research and Practice. 2012. 1, 161-184.
- Stark, K., Banneyer, K., Wang, L., & Arora, P. Child and Adolescent Depression in the Family. Couple and Family Pychology: Research and Practice. 2012. 1, 161-184.
- Szapocznik, J., Hervis, O., & Schwartz, S. Brief Strategic Family Therapy for Adolescent Drug Abuse. 2002, Rockville, MD, National Institute for Drug Abuse.
- Szapocznik, J., Duff, J., Schwartz, D., Muir, J., & Brown, C. Brief Strategic Family Therapy for Behavior Problem Youth: Theory, Intervention, Research and Implementation, in T. Sexton & J. Lebow (eds), Handbook of Family Therapy (4th ed)2015, 286-304. New York: Routledge.
- Tandon M, Giedinghagen A. Disruptive Behavior Disorders in Children 0 to 6 Years Old, Child Adolesc Psychiatric Clin N Am 26 2017 491-502.
- Thulin U, Svirsky L, Serlachius E, Andersson G, & Ost L. The Effect of Parent Involvement in the Treatment of Anxiety Disorders in Children: A Meta-Analysis. Cognitive Behavior Therapy 2014, 43, 185-200.
- Timmer SG, Urquiza AJ, Zebell NM, et al. Parent-Child Interaction Therapy: Application to Maltreating Parent-Child Dyads. Child Abuse Negl 2005; 29 (7)825-41.
- Woolfenden, S., Williams, K., & Peat, J., Family and Parenting Interventions for Conduct Disorder and Delinquency: A Meta-Analysis of Randomized Controlled Trials. Archives of Diseases in Childhood, 2002, 86, 251-256.