Family and Parenting Interventions:

A Selected Bibliography

The Evidence Base for:

Family-Based Intervention with Young People
**Family and Parenting Interventions**


Functional Family Therapy (FFT) is all about helping youth and families who are in trouble. Central to FFT is the belief this can be accomplished by changing family interactions and improving relationship functioning as the primary vehicle for changing dysfunctional individual behaviors. FFT shares many similarities with other systems approaches; however, FFT offers a comprehensive framework for understanding adolescent behavior problems that is quite unique. This framework provides the context for integrating and linking behavioral and cognitive intervention strategies to the specific familial and ecological characteristics of each family. As such, FFT is also about therapists, about training and supervision, and about treatment and other (educational, judicial, religious, cultural, political, economic, marketing) systems that surround families, therapists, and agencies.


Objective: This article is a systematic review identifying effective family-based interventions for adolescent substance use problems. Method: A substantive review of each intervention is conducted using guidelines for effective treatment for substance use problems. Additionally, a methodological review of each study is done using criteria for empirically validated treatments. Results: Treatment components of five interventions—Brief Strategic Family Therapy (BSFT), Family Behavior Therapy, Functional Family Therapy, Multidimensional Family Therapy (MDFT), and Multisystemic Treatment—were consistent with a majority of guidelines for effective treatment. Notable exceptions include no aftercare and poor treatment retention. MDFT and BSFT met criteria of probably efficacious treatment, whereas the other interventions represented promising treatments. Moreover, MDFT demonstrated clinically significant changes in substance use and large effect sizes at posttreatment and follow-up. Conclusion: To increase provision of effective adolescent substance abuse treatment, social workers should use these research findings to guide implementation.


This meta-analysis summarizes results from k = 24 studies comparing either Brief Strategic Family Therapy, Functional Family Therapy, Multidimensional Family Therapy, or Multisystemic Therapy to either treatment-as-usual, an alternative therapy, or a control group in the treatment of adolescent substance abuse and delinquency. Additionally, the authors reviewed and applied three advanced meta-analysis methods including influence analysis, multivariate meta-analysis, and publication bias analyses. The results suggested that as a group the four family therapies had statistically significant, but modest effects as compared to treatment-as-usual (d = 0.21; k = 11) and as compared to alternative therapies (d = 0.26; k = 11). The effect of family therapy compared to control was larger (d = 0.70; k = 4) but was not statistically significant probably because of low power. There was insufficient evidence to determine whether the various models differed in their effectiveness relative to each other. Influence analyses suggested that three studies had a large effect on aggregate effect sizes and heterogeneity statistics. Moderator and multivariate analyses were largely underpowered but will be useful as this literature grows.

Depression is a public health problem of major proportions. In Australia, the prevalence rate for depression is over 15% in adults, and similar rates of illness have been reported around the world. Based on an analysis of a nationally representative data set in the United States, and assuming the same rates in Australia, there are about 1 million Australian children living with a parent who has experienced depression in the past year. According to recent reviews, offspring of depressed parents have rates of depression that are between two and four times higher than their counterparts from homes without parental illness. These offspring also have an increased risk for a range of mental health disorders and associated difficulties, including deficits in academic performance, social relationships, and self-esteem. Because the risks for children of depressed parents have been recognised worldwide, several countries have implemented systematic national programs to assist these families.


This volume provides the skills practitioners need to conduct family therapy sessions in the home, school, and community. The authors demonstrate how meetings outside of the traditional office setting can enable therapists to intervene actively in the various systems that affect clients' lives. This multisystems approach can be particularly useful when working with poor and ethnic minority families, whose support networks may include extended family, school personnel, and members of the "church family." Practitioners learn how to utilize out-of-office sessions to meet the people who are influential in clients' lives; observe the life realities of children, adolescents, and parents; and identify resources that can be mobilized to produce change. Detailed strategies are presented to help families navigate the overlapping demands of multiple agencies and institutions and to manage and prevent such problems as substance abuse, school drop-out, and child abuse. Throughout, therapeutic and ethical guidelines are illustrated by extensive clinical case material. The book is ideal for those already doing home-based work, as well as those who would like to incorporate it into their practice.


Context: Adolescence marks a time when many young people engage in risky behaviors with potential implications for long-term health. Interventions focused on adolescents' parents and other caregivers have the potential to affect adolescents across a variety of risk and health-outcome areas. Evidence acquisition: Community Guide methods were used to evaluate the effectiveness of caregiver-targeted interventions in addressing adolescent risk and protective behaviors and health outcomes. Sixteen studies published during the search period (1966–2007) met review requirements and were included in this review. Evidence synthesis: Effectiveness was assessed based on changes in whether or not adolescents engaged in specified risk and protective behaviors; frequency of risk and protective behaviors, and health outcomes, also informed the results. Results from qualifying studies provided sufficient evidence that interventions delivered person-to-person (i.e., through some form of direct contact rather than through other forms of contact such as Internet or paper) and designed to modify parenting skills by targeting parents and other caregivers are effective in improving adolescent health. Conclusions: Interventions delivered to parents and other caregivers affect a cross-cutting array of adolescent risk and protective behaviors to yield improvements in adolescent health. Analysis
from this review forms the basis of the recommendation by the Community Preventive Services Task Force presented elsewhere in this issue.


This review updates a similar paper published in the *Journal of Family Therapy* in 2001. It presents evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions include both family therapy and other family-based approaches such as parent training. The evidence supports the effectiveness of systemic interventions either alone or as part of multimodal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, ADHD, delinquency and drug abuse); emotional problems (including anxiety, depression, grief, bipolar disorder and suicidality); eating disorders (including anorexia, bulimia and obesity); and somatic problems (including enuresis, encopresis, recurrent abdominal pain, and poorly controlled asthma and diabetes).


Now in its third edition, this highly regarded and well-established textbook includes up-to-date coverage of recent advances in family therapy practice and reviews of latest research, whilst retaining the popular structure and chapter features of previous editions. •Presents a unique, integrative approach to the theory and practice of family therapy •Distinctive style addresses family behaviour patterns, family belief systems and narratives, and broader contextual factors in problem formation and resolution •Shows how the model can be applied to address issues of childhood and adolescence (e.g. conduct problems, drug abuse) and of adulthood (e.g. marital distress, anxiety, depression) •Student-friendly features: chapters begin with a chapter plan and conclude with a summary of key points; theoretical chapters include a glossary of new terms; case studies and further reading suggestions are included throughout


The purpose of the brief is to help educators, service providers, and local evaluators in schools, intermediary and community-based organizations, and social service agencies become more effective by highlighting the best program and evaluation practices of family-strengthening intervention programs. At a time when evidence-based practice matters, this brief adds value to the field by reviewing programs proven by substantial research and evaluation to be effective. Appended is: Programs Included in This Study.


This article examines issues and challenges in the design of cultural adaptations that are developed from an original evidence-based intervention (EBI). Recently emerging multistep frameworks or stage models are examined, as these can systematically guide the development of culturally adapted EBIs. Critical issues are also presented regarding whether and how such adaptations may be conducted, and empirical evidence is presented regarding the effectiveness of such cultural adaptations. Recent evidence suggests that these cultural adaptations are effective when applied with certain subcultural groups, although they are less effective when applied with other subcultural groups. Generally, current evidence regarding the effectiveness
of cultural adaptations is promising but mixed. Further research is needed to obtain more definitive conclusions regarding the efficacy and effectiveness of culturally adapted EBIs. Directions for future research and recommendations are presented to guide the development of a new generation of culturally adapted EBIs.


Learning Objectives: After participating in this educational activity, the psychiatrist should be better able to: 1. Evaluate patients using the theory of Multidimensional Family Therapy (MDFT). 2. Treat adolescents with substance abuse problems using the three stages of MDFT. 3. Identify the limitations of MDFT. Multidimensional Family Therapy (MDFT) is reviewed, both in theory and as an evidence-based approach to treating adolescent substance abuse and related risk factors. The primary objectives of MDFT are to improve functioning in the four domains that centrally influence the course of adolescent development—the adolescent himself or herself, the parents, family interactions, and extrafamilial relationships. In MDFT, functioning in each domain is conceptualized as a risk or protective factor for problematic adolescent behavior and overall development; adolescent substance abuse is thus understood as a deviation from healthy, adaptive development and as indicative of impaired family systemic functioning. Improved functioning in the four domains is expected to place adolescents on healthier developmental trajectories, which decreases risk for substance abuse. Previous reviews of treatment approaches for adolescent substance abuse have surveyed multiple models. Previous articles specifically on MDFT have addressed a defined range of issues—whether theory, technique, or research. This review comprehensively synthesizes MDFT in theory, research, and practice, and suggests directions for future research.


Mental health interventions for children and adolescents often flow from adult clinical models that emphasize change at the individual level. Yet, to accomplish long-lasting change for children and adolescents, such services need also to consider developmental norms, the developmental status of the child or adolescent, and the fact that mental health issues for this population are embedded in family, peer, and sibling relationships. In this book, Thomas J. Dishion and Elizabeth A. Stormshak describe their family-centered, ecological approach, which may be used as an intensive intervention or as a periodic preventive check up. To have the greatest public health impact, the approach can also be delivered in community settings such as schools. The authors demonstrate how they examine psychopathology in children and adolescents in the context of the ecology (families, peer groups, communities, and schools) in which they live. They present their empirically derived approach and illustrate how developmentally and culturally relevant interventions are shaped. Given individual variation in vulnerability to environmental stress, periodic assessments and interventions are used to prevent, treat, or reduce harm associated with problem behavior and emotional distress. This promising approach places children in context and will be of interest to any therapist who wishes to understand the broad dynamics that influence their lives.


Limited evidence exists about the effectiveness of parent/family-based interventions for preventing poor sexual health outcomes, thus a systematic review was conducted as part of a
wider review of community-based sex and relationships and alcohol education. Method
guidance from the UK’s National Institute for Health and Clinical Excellence was adhered to.
Overall, 18 databases were searched. In total, 12 108 references were identified, of which 440
were retrieved and screened. Overall, 17 studies met the inclusion criteria. Findings showed that
parent-based interventions were inconsistently effective at reducing young people’s sexual risk
behaviours. Parent-based interventions had greater impact on parent/child communication than
family-based interventions, which showed no evidence of effectiveness. However, increasing
parent/child communication showed no effect on sexual risk behaviours. Preliminary evidence
suggests that effectiveness was greater in those studies aiming to affect multiple risk
behaviours. However, this may be due to longer programme delivery and follow-up times;
further evidence is required. Sexual health communication was sensitive to intervention. Studies
addressing multiple risk behaviours may be as effective as targeted interventions at affecting
sexual risk behaviours. Longitudinal controlled studies, examining broader sexual activity
outcomes, are needed in countries such as the United Kingdom to inform the evidence base,
which is primarily US based, and contribute to related policies and practices.

and prevention research." Clinical child and family psychology review 12(3): 255-270.
This paper introduces a model of “mindful parenting” as a framework whereby parents
intentionally bring moment-to-moment awareness to the parent–child relationship. This is done
by developing the qualities of listening with full attention when interacting with their children,
cultivating emotional awareness and self-regulation in parenting, and bringing compassion and
nonjudgmental acceptance to their parenting interactions. First, we briefly outline the
theoretical and empirical literature on mindfulness and mindfulness-based interventions. Next,
we present an operational definition of mindful parenting as an extension of mindfulness to the
social context of parent–child relationships. We discuss the implications of mindful parenting for
the quality of parent–child relationships, particularly across the transition to adolescence, and
we review the literature on the application of mindfulness in parenting interventions. We close
with a synopsis of our own efforts to integrate mindfulness-based intervention techniques and
mindful parenting into a well-established, evidence-based family prevention program and our
recommendations for future research on mindful parenting interventions.

Giannotta, F., et al. (2013). An Attachment Parenting Intervention to Prevent Adolescents’ Problem
Behaviors: A Pilot Study in Italy. Child & Youth Care Forum, Springer.
Background: In spite of the proven effectiveness of parenting based programs to prevent
adolescent risk behaviors, such programs are rarely implemented in Mediterranean countries.
Objective: This pilot study was aimed at assessing the feasibility and the effects of a parenting
based universal prevention program (Connect) in Italy. Methods: Our sample comprised 147
mothers and 147 youths, aged 11–14 (M = 12.46, SD = .72). We adopted a quasi-experimental
design. Forty percent of the parents in the sample were in the intervention condition (receiving
10 one hour lessons a week). ANCOVAs and Cohen’s d coefficients were used to compute
intervention effects. Results: The results showed that, despite difficulty in recruiting parents,
the program held promising effects regarding the prevention of alcohol use at a universal level
(Cohen’s d = .55); the intervention also marginally decreased the level of non-empathic answers
from parents, at least in the short term (Cohen’s d = .32). Conclusions: This study highlighted the
importance of focusing on families to prevent problem behaviors in adolescence. It also points
to the need for new strategies to engage parents in universal prevention.

*Family Therapy* provides a balanced presentation of the major theoretical underpinnings and clinical practices in the field. By presenting an overview of traditional and evolving viewpoints, perspectives, values, intervention techniques, and goals of family therapy, Herbert and Irene Goldenberg provide current, relevant, practice-oriented content laying the foundation for students to become proficient family therapists. This edition reflects the Goldenbergs' commitment to providing students with not only traditional family therapy theoretical frameworks but also the field's evolving models of practice. It is the complete resource for assisting students in mastering the many facets of family therapy. For this edition, Michael White, founder of Narrative Therapy, has written a new foreword for the book.


Background: Contemporary intervention models use research about the determinants of adolescent problems and their course of symptom development to design targeted interventions. Because developmental detours begin frequently during early-mid adolescence, specialized interventions that target known risk and protective factors in this period are needed.

Methods: This study (n = 83) examined parenting practices as mediators of treatment effects in an early-intervention trial comparing Multidimensional Family Therapy (MDFT), and a peer group intervention. Participants were clinically referred, low-income, predominantly ethnic minority adolescents (average age 14). Assessments were conducted at intake, and six weeks after intake, discharge, and at 6 and 12 months following intake. Results: Previous studies demonstrated that MDFT was more effective than active treatments as well as services as usual in decreasing substance use and improving abstinence rates. The current study demonstrated that MDFT improves parental monitoring—a fundamental treatment target—to a greater extent than group therapy, and these improvements occur during the period of active intervention, satisfying state-of-the-science criteria for assessing mediation in randomized clinical trials. Conclusions and Scientific Significance: Findings indicate that change in MDFT occurs through improvements in parenting practices. These results set the foundation for examining family factors as mediators in other samples.


Multisystemic therapy (MST) has grown dramatically since the initial publication of this comprehensive manual. Today, over 400 MST programs operate in more than 30 states and 10 countries, supported by a strong empirical evidence base. This book explains the principles of MST and provides clear guidelines for clinical assessment and intervention with delinquent youth and their families. Practitioners are guided to implement proven strategies for engaging clients and helping them to address the root causes of antisocial behavior, improve family functioning and peer relationships, enhance school performance, and build meaningful social supports.


A comprehensive review of structured family support programs in children’s mental health was conducted in collaboration with leadership from key national family organizations. The goals were to identify typologies of family support services for which evaluation data existed and
identify research gaps. Over 200 programs were examined; 50 met criteria for inclusion.
Programs were categorized by whether they were delivered by peer family members, clinicians, or teams. Five salient components of family support were identified: (a) informational, (b) instructional, (c) emotional, (d) instrumental, and (e) advocacy. Clinician-led programs were heavily represented (n = 33, 66%), followed by family-led (n = 11, 22%), and team-delivered (n = 6, 12%) programs. Key differences between programs delivered by clinicians or by peer family members were found in the degree of emphasis, research methodology, and outcomes. However, the content of the components was similar across all three program types. There are both important differences in emphasis across typologies of family support provided by clinicians, family members, or teams as well as important similarities in content. Family-delivered support may be an important adjunct to existing services for parents, although the research base remains thin. A research agenda to promote more rigorous evaluations of these services especially those delivered by peer family members is critical.


This study describes a multimethod evaluation of treatment fidelity to the family therapy (FT) approach demonstrated by front-line therapists in a community behavioral health clinic that utilized FT as its routine standard of care. Study cases (N = 50) were adolescents with conduct and/or substance use problems randomly assigned to routine family therapy (RFT) or to a treatment-as-usual clinic not aligned with the FT approach (TAU). Observational analyses showed that RFT therapists consistently achieved a level of adherence to core FT techniques comparable to the adherence benchmark established during an efficacy trial of a research-based FT. Analyses of therapist-report measures found that compared to TAU, RFT demonstrated strong adherence to FT and differentiation from three other evidence-based practices: cognitive-behavioral therapy, motivational interviewing, and drug counseling. Implications for rigorous fidelity assessments of evidence-based practices in usual care settings are discussed.


The link between treatment techniques and long-term treatment outcome was examined in an empirically supported family-based treatment for adolescent drug abuse. Observational ratings of therapist interventions were used to predict outcomes at 6 and 12 months posttreatment for 63 families receiving multidimensional family therapy. Greater use of in-session family-focused techniques predicted reduction in internalizing symptoms and improvement in family cohesion. Greater use of family-focused techniques also predicted reduced externalizing symptoms and family conflict, but only when adolescent focus was also high. In addition, greater use of adolescent-focused techniques predicted improvement in family cohesion and family conflict. Results suggest that both individual and multiperson interventions can exert an influential role in family-based therapy for clinically referred adolescents.


The impact of early therapeutic alliance was examined in 100 clients receiving either individual cognitive-behavioral therapy (CBT) or family therapy for adolescent substance abuse. Observational ratings of adolescent alliance in CBT and adolescent and parent alliance in family therapy were used to predict treatment retention (in CBT only) and outcome (drug use, externalizing, and internalizing symptoms in both conditions) at post and 6-month follow-up.
There were no alliance effects in CBT. In family therapy, stronger parent alliance predicted declines in drug use and externalizing. Adolescents with weak early alliances that subsequently improved by midtreatment showed significantly greater reductions in externalizing than adolescents whose alliances declined. Results underscore the need for ongoing developmental calibration of intervention theory and practice for adolescent clinical populations.


This article provides an overview of controlled trials research on treatment processes and outcomes in family-based approaches for adolescent substance abuse. Outcome research on engagement and retention in therapy, clinical impacts in multiple domains of adolescent and family functioning, and durability and moderators of treatment effects is reviewed. Treatment process research on therapeutic alliance, treatment fidelity and core family therapy techniques, and change in family processes is described. Several important research issues are presented for the next generation of family-based treatment studies focusing on delivery of evidence-based treatments in routine practice settings.


This component analysis used meta-analytic techniques to synthesize the results of 77 published evaluations of parent training programs (i.e., programs that included the active acquisition of parenting skills) to enhance behavior and adjustment in children aged 0–7. Characteristics of program content and delivery method were used to predict effect sizes on measures of parenting behaviors and children’s externalizing behavior. After controlling for differences attributable to research design, program components consistently associated with larger effects included increasing positive parent–child interactions and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with their children during parent training sessions. Program components consistently associated with smaller effects included teaching parents problem solving; teaching parents to promote children’s cognitive, academic, or social skills; and providing other, additional services. The results have implications for selection and strengthening of existing parent training programs.


This meta-analysis examines associations between therapeutic relationship variables, and the extent to which they account for variability in treatment outcomes, in 49 youth treatment studies. Correlations between therapeutic relationship variables ranged from modest to strong. Among the best predictors of youth outcomes were counselor interpersonal skills, therapist direct influence skills, youth willingness to participate in treatment, parent willingness to participate in treatment, youth participation in treatment, and parent participation in treatment. Adequacy of current approaches to conceptualizing and measuring therapeutic relationship variables, such as the therapeutic alliance, in youth and family therapy is discussed. This paper represents the most comprehensive analysis of therapeutic relationship constructs in the youth treatment literature.
Emotional and behavioral symptoms and disorders are prevalent in children and adolescents. There has been a burgeoning literature supporting evidence-based treatments for these disorders. Increasingly, family-based interventions have been gaining prominence and demonstrating effectiveness for myriad childhood and adolescent disorders. This article presents the current evidence in support of family-based interventions for mood, anxiety, attention-deficit hyperactivity, disruptive behavior, pervasive developmental particularly autism spectrum, and eating disorders. This review details recent data from randomized controlled trials (RCTs) and promising interventions not yet examined using a randomized controlled methodology. It highlights the evidence base supporting various specific family-based interventions, some of which are disorder dependent. A practitioner perspective is then offered with regard to recommendations for future practice and training. The article closes with a summary and directions for future research.


The long-standing divide between research and practice in clinical psychology has received increased attention in view of the development of evidence-based interventions and practice and public interest, oversight, and management of psychological services. The gap has been reflected in concerns from those in practice about the applicability of findings from psychotherapy research as a guide to clinical work and concerns from those in research about how clinical work is conducted. Research and practice are united in their commitment to providing the best of psychological knowledge and methods to improve the quality of patient care. This article highlights issues in the research-practice debate as a backdrop for rapprochement. Suggestions are made for changes and shifts in emphases in psychotherapy research and clinical practice. The changes are designed to ensure that both research and practice contribute to our knowledge base and provide information that can be used more readily to improve patient care and, in the process, reduce the perceived and real hiatus between research and practice.


This article describes an innovative family systems approach to the treatment of posttraumatic stress disorder (PTSD) among traumatized youth involved with the juvenile justice system. The first section presents the rationale for taking a family systems approach to respond to this problem and describes the ways in which family processes and parent-child relationships reciprocally affect one another in the aftermath of traumatic events. The second section outlines the key features of Functional Family Therapy (FFT) and makes the case for why this evidence-based intervention provides a firm bedrock upon which to build a targeted trauma-focused adaptation. The third section of the article outlines the FFT-Trauma Focused model and describes the methods of its flexible and individualized implementation with families of traumatized delinquent youth.

Historically, alcohol and other substance use disorders were viewed as individual-based problems that were most effectively treated by focusing on the diagnosed individual. However, in response to numerous clinical trials demonstrating the efficacy (and often superiority) of couple and family treatments for alcoholism and drug abuse, this emphasis on treating the individual has slowly given way to a greater awareness of family members' crucial roles in the etiology, maintenance, and long-term course of substance use and addictive behavior. As a result, clinicians are increasingly interested in understanding substance misuse from a systemic perspective and exploring how partner- and family-involved interventions may be used to address individuals' substance abuse.


This volume focuses on family and community connections with education during the high school years. In comparison to the wealth of attention that has been focused on involving parents with schools during the early childhood and elementary school years, less attention has been directed to parents of high school students and fewer educational programs have been developed to forge connections between family, community, students, and educators at the high school level. Researchers have found that family and community have a very significant impact on student achievement and on post secondary attainment despite the considerable decline in parental involvement by high school. Educators know that family and community factors are important for student success in high school while, at the same time, they identify working with families and connecting the curriculum to the community as difficult. Currently, scholars from various fields are involved in conducting research to better understand how schools can best enhance the education of the young through interactions with students' families and communities. Educational practitioners also are pioneering efforts to involve and serve families as well as to connect with communities in order to enrich the educational environment and enlarge opportunities for students, teachers, families, and community members. This volume, which will be of interest to both researchers and educators, reflects the interdisciplinary nature of the field. The contributors were recruited from diverse fields and workplaces. Chapters are organized into two sections to reflect whether the genesis of the work described is from theory and research or from practice and policy. Chapters originating from theory and research address: adolescent development and family involvement; the role of family and community in extracurricular activity participation; and the evolution of trust relationships in school community partnership development. Chapters originating from practice and policy address: transition to high school, using the community as a "text" for learning; career education partnerships with businesses, postsecondary institutions, and community organizations; as well as, state policies and programs that support parental involvement in postsecondary planning.


This Special Section of the Journal of Consulting and Clinical Psychology focuses on research that extends beyond documenting the efficacy and effectiveness of specific psychological treatments or preventive interventions for children and youths. In the past 30 years, there have been remarkable advances in the development and evaluation of psychological treatments and preventive interventions for a wide range of child and adolescent problems. At the same time, only a small percentage of youths who suffer from emotional and behavioral problems receive psychological services, and many of these services are not evidence-based. This article discusses
key features of the Special Section studies, which examine important issues related to (a) disseminating treatments in diverse community settings (i.e., investigating the transportability of treatment), (b) personalizing mental health care (i.e., investigating predictors and moderators of treatment outcome), and (c) developing evidence-based explanations of treatment (i.e., investigating mediators of treatment). Key issues that are raised in the specific studies are discussed, and important considerations for future research are highlighted. Moving the field forward requires innovation, complex research designs, and a willingness to develop treatment models that reach beyond the current body of treatment outcome and prevention research.


Objective: To characterize the developmental status of the family-based adolescent alcohol and drug treatment specialty by identifying and discussing research and clinical advances. Method: Selective and interpretative literature review and analysis. Study selection: Controlled trials and mechanisms of change studies of family-based treatments for adolescent alcohol and drug misuse. Results: Clinical innovations of family-based treatments include development of detailed therapy, training/supervision, and adherence manuals. Different family-based treatments have been tested with success in controlled trials and process studies. Different versions of the same approach might vary on parameters such as treatment dose, setting, and client characteristics. Research advances include findings that engagement and retention rates for family-based treatments are superior to standard treatment engagement/retention methods. Also, in clinical trials in which they are compared with alternative interventions, in the majority of studies, family-based treatments produce superior and stable outcomes with significant decreases on target symptoms of alcohol and drug use, and related problems such as delinquency, school and family problems, and affiliation with substance abusing peers. Mechanisms of change studies support the theory basis of family-based treatments. For instance, improvements in family interaction patterns coincide with decreases in core target alcohol and drug misuse symptoms. Conclusions Once in the shadows of the adult substance abuse field, the adolescent substance abuse specialty has become a unique, clinically creative, and empirically-based area. Research and clinical advances of family-based treatments have implications for non-family-based interventions in the adolescent substance misuse treatment specialty.


ABSTRACT: Aim To examine the efficacy of two adolescent drug abuse treatments: individual cognitive behavioral therapy (CBT) and multidimensional family therapy (MDFT). Design A 2 (treatment condition) x 4 (time) repeated-measures intent-to-treat randomized design. Data were gathered at baseline, termination, 6 and 12 months post-termination. Analyses used latent growth curve modeling. Setting Community-based drug abuse clinic in the northeastern United States. Participants A total of 224 youth, primarily male (81%), African American (72%), from low-income single-parent homes (58%) with an average age of 15 years were recruited into the study. All youth were drug users, with 75% meeting DSM-IV criteria for cannabis dependence and 13% meeting criteria for abuse. Measurements Five outcomes were measured: (i) substance use problem severity; (ii) 30-day frequency of cannabis use; (iii) 30-day frequency of alcohol use; (iv) 30-day frequency of other drug use; and (v) 30-day abstinence. Findings Both treatments produced significant decreases in cannabis consumption and slightly significant reductions in alcohol use, but there were no treatment differences in reducing frequency of cannabis and alcohol use. Significant treatment effects were found favoring MDFT on substance
use problem severity, other drug use and minimal use (zero or one occasion of use) of all substances, and these effects continued to 12 months following treatment termination.

Conclusion: Both interventions are promising treatments. Consistent with previous controlled trials, MDFT is distinguished by the sustainability of treatment effects.


To assess the effectiveness of FFT for youth with behavior problems.


In order to compete in a financially sensitive health care system, family systems–based treatments must demonstrate effective clinical results as well as cost-effectiveness. Cost-effectiveness research can demonstrate to health care insurers and policy makers which treatments are viable options for implementation. The present literature review identified eight cost-effectiveness family-based substance abuse treatment studies. The results suggest that certain family-based treatments are cost-effective and warrant consideration for inclusion in health care delivery systems.


Family-based therapy is one of the most thoroughly studied treatments for adolescent drug abuse. Considerable empirical support exists for the efficacy of family-based therapy in curtailing adolescent drug use and cooccurring behavior problems. This article extends knowledge of the effects of family-based therapy for adolescent drug abuse by reviewing 16 controlled trials and 4 therapy process studies from a treatment development perspective. We articulate “knowns and unknowns” regarding the outcomes of treatment as well as the components, processes, mechanisms, moderators, and boundaries of effective family-based therapy for adolescent drug abuse. The review highlights areas of progress and future research needs within the specialty of family-based therapy for adolescent drug abuse.


Conduct problems, particularly oppositional defiant disorder (ODD) and conduct disorder (CD), are the most common mental health problems affecting children and adolescents. The consequences to individuals, families, and schools may be severe and long-lasting. To ameliorate negative outcomes and ensure the most effective treatment for aggressive and antisocial youth, early diagnosis and evidence-based interventions are essential. Clinical Handbook of Assessing and Treating Conduct Problems in Youth provides readers with both a solid grounding in theory and a comprehensive examination of the evidence-based assessment strategies and therapeutic practices that can be used to treat a highly diverse population with a wide range of conduct problems. It provides professional readers with an array of evidence-based interventions, both universal and targeted, that can be implemented to improve behavioral and social outcomes in children and adolescents. This expertly written resource: Lays the foundation for understanding conduct problems in youth, including epidemiology, etiology, and biological, familial, and contextual risk factors. Details the assessment process, with in-depth attention to tools, strategies, and differential diagnosis. Reviews nine major treatment protocols, including Parent-Child Interaction Therapy (PCIT), multisystemic therapy (MST) for adolescents, school-based
group approaches, residential treatment, and pharmacotherapy. Critiques the current generation of prevention programs for at-risk youth. Explores salient issues in working effectively with minority youth. Offers methods for evaluating intervention programs, starting with cost analysis. This volume serves as a one-stop reference for all professionals who seek a solid grounding in theory as well as those who need access to evidence-based assessment and therapies for conduct problems. It is a must-have volume for anyone working with at-risk children, including clinical child, school, and developmental psychologists; forensic psychologists; social workers; school counselors and allied professionals; and medical and psychiatric practitioners.


Evidence-based treatments and preventive interventions in the child and family area have not met with widespread adoption by practitioners. Despite the high prevalence of child behavioral and emotional problems, many parents and families in need are not receiving or participating in services, and when they do, the most efficacious interventions are not what is usually provided. Simultaneously addressing the issues of low penetration and insufficient dissemination of evidence-based programming requires a population approach to parenting and family support and intervention. Process issues are important, particularly in relation to engagement of stakeholders, recruitment of practitioners, consideration of organizational factors, and use of media and communication strategies. This article discusses why there is a need for a population-based approach, provides a framework of how to conceptualize such an approach, and describes an example from our own work of a recently initiated prevention trial that illustrates a population-based approach in action. The rationale, structure, and goals of the Triple P System Population Trial are described in the context of the aforementioned population framework.


Parents of 468 children aged between 12 and 14 years in ten high schools in a city in regional north Queensland and metropolitan Melbourne participated in a survey of early adolescent behaviour. The major undesirable behaviours experienced by parents were fighting with siblings, talking back to adults, moodiness, and school difficulties. Frequently listed desirable behaviours that were experienced were related to housework and communication. Parents indicated a desire for education to help them assist their teenage children develop more appropriate behaviour, and in particular in regard to better managing their emotions. The findings are discussed in the context of the challenge of designing and delivering effective early intervention programs to large numbers of parents of early adolescents.


Objective: Therapist adherence has been shown to predict clinical outcomes in family therapy. In prior studies, adherence has been represented broadly by core principles and a consistent family (vs. individual) focus. To date, these studies have not captured the range of clinical skills that are represented in complex family-based approaches or examined how variations in these skills predict different clinically relevant outcomes over the course of treatment. In this study, the authors examined the reliability and validity of an observational adherence measure and the relationship between adherence and outcome in a sample of drug-using adolescents who received brief strategic family therapy within a multisite effectiveness study. Method:
Participants were 480 adolescents (age 12–17) and their family members, who were randomized to the Brief Strategic Family Therapist treatment condition (J. Szapocznik, U. Hervis, & S. Schwartz, 2003) or treatment as usual. The adolescents were mostly male (377 vs. 103 female) and Hispanic (213), whereas 148 were White, and 110 were Black. Therapists were also randomly assigned to treatment condition within agencies. Results: Results supported the proposed factor structure of the adherence measure, providing evidence that it is possible to capture and discriminate between distinct dimensions of family therapy. Analyses demonstrated that the mean levels of the factors varied over time in theoretically and clinically relevant ways and that therapist adherence was associated with engagement and retention in treatment, improvements in family functioning, and reductions in adolescent drug use. Conclusions: Clinical implications and future research directions are discussed, including the relevance of these findings on training therapists and studies focusing on mechanisms of action in family therapy.


Adolescent substance abuse rarely occurs without other psychiatric and developmental problems, yet it is often treated and researched as if it can be isolated from comorbid conditions. Few comprehensive interventions are available that effectively address the range of co-occurring problems associated with adolescent substance abuse. This article reviews the clinical interventions and research evidence supporting the use of Multidimensional Family Therapy (MDFT) for adolescents with substance abuse and co-occurring problems. MDFT is uniquely suited to address adolescent substance abuse and related disorders given its comprehensive interventions that systematically target the multiple interacting risk factors underlying many developmental disruptions of adolescence.


The study examined the effectiveness of Functional Family Therapy (FFT), as compared to probation services, in a community juvenile justice setting 12 months posttreatment. The study also provides specific insight into the interactive effects of therapist model specific adherence and measures of youth risk and protective factors on behavioral outcomes for a diverse group of adolescents. The findings suggest that FFT was effective in reducing youth behavioral problems, although only when the therapists adhered to the treatment model. High-adherent therapists delivering FFT had a statistically significant reduction of (35%) in felony, a (30%) violent crime, and a marginally significant reduction (21%) in misdemeanor recidivism, as compared to the control condition. The results represent a significant reduction in serious crimes 1 year after treatment, when delivered by a model adherent therapist. The low-adherent therapists were significantly higher than the control group in recidivism rates. There was an interaction effect between youth risk level and therapist adherence demonstrating that the most difficult families (those with high peer and family risk) had a higher likelihood of successful outcomes when their therapist demonstrated model-specific adherence. These results are discussed within the context of the need and importance of measuring and accounting for model specific adherence in the evaluation of community-based replications of evidence-based family therapy models like FFT.

Functional Family Therapy (FFT) is a clinical model that illustrates the evolving clinical and research practices of family psychology. In many ways FFT's development mirrors the development of family psychology as a field. Initially a clinical theory, yet also built on clinical observation and an early research foundation, FFT integrated new developments in the field and has emerged as one of the major family-based evidence-based practices for troubled youth and their families. Functional Family Therapy and its clinical theory have been presented in many publications over the last decade. This chapter begins with the history of FFT, emphasizing its dynamic and ever-evolving constructs around a core set of conceptual principles. Second, the clinical theory of FFT is presented, both its model of change and its model of clinical disorders, followed by a brief summary of the research foundation. Finally, a case example is used to illustrate the clinical principles and specific clinical model in context with a multi-ethnic family.


In this article, the authors evaluate family-based counseling interventions from the perspective of the Principles of Empirically Supported Interventions (PESI). At the broadest level of evidence, both the qualitative and meta-analytic reviews provide substantial support for the general efficacy of family-based interventions. At more specific levels of evidence, family-based intervention programs that target at-risk adolescents demonstrate clinical success with a variety of clients and problems, in many locales, when delivered by a range of interventionists. Finally, the authors provide some thoughts on the current state of family-based intervention research and the value of the PESI criteria for identifying and developing effective treatments, as well as guiding future family-based research.


Recent research has indicated that parental reflective functioning or mentalization plays a crucial role in the development of a range of healthy adaptations in both parent and child. While many parenting interventions developed over the course of the last 20 years have implicitly attempted to enhance mentalization in parents, this article describes an effort to directly intervene with parents to enhance or encourage the development of reflective capacities. In this article, the broad outlines of a reflective parenting approach are described. Two reflective parenting programs are then considered, one a group intervention designed for low-risk parents, the other a home visiting intervention designed for high-risk parents and children.


In recent years, federal, state, and local governments and other funding organizations have increased pressure for greater effectiveness and accountability of prevention programs, including those oriented toward families. This rising demand for program accountability has fueled a growing interest in evidence-based programs. Drawing on what is known about evidence-based prevention programs, we discuss some common principles of effective programs and present a process for how practitioners can use these principles to improve the quality and impact of existing family programs. We term this approach evidence-informed program improvement.

This article describes a systematic program of research that focuses on Brief Strategic Family Therapy (BSFT) and the adaptations that were developed based on BSFT principles. The culture-specific origins of BSFT are reviewed, as well as its broader applications to the field of family therapy. Research is reviewed demonstrating that BSFT is a promising family-based approach to treating Hispanic youth behavior problems and drug abuse. Treatment innovations are described that address the combination of intergenerational and cultural differences that occur among youths and their Hispanic parents. Programmatic work is described that challenges basic principles of family therapy by expanding BSFT to a One Person modality and a strategic engagement procedure. Both of these novel approaches are intended to add tools to therapists' repertoire in working with difficult-to-engage families. A preview discussion of results is presented from a randomized clinical trial that is an application of an ecosystemic prevention version of BSFT. The implications of the work of the Center for Family Studies are discussed in the context of the broader service system. Ultimately, this article articulates a way of thinking about adolescent problem behavior, its social interactional determinants, and a range of theoretically consistent family-centered strategies that attempt to change social ecological processes that impact adolescent developmental trajectories.


This paper reviews evidence that behavioral family interventions are effective at improving child-rearing in distressed families and families with children exhibiting disruptive behavior. Essential therapeutic strategies offered within a collaborative therapeutic process are identified. Exemplary materials for parents and clinicians are identified. Differences between behavioral family interventions and two popular press parenting approaches are highlighted, including the lack of empirical support for these widely used programs and the advice they offer which runs counter to behavioral approaches. Recommendations are offered for combining behavioral family interventions with other empirically supported approaches, promoting more widespread use of empirically supported treatments, such as behavioral family interventions, and the need for a public health perspective on family functioning, involving collaboration among clinicians, policy makers, and researchers.


FFT is a strength-based model that focuses on risk and protective factors impacting an adolescent and his/her environment. Attention is given to both intrafamilial and extrafamilial factors as they present themselves within and influence the therapeutic process. Information is provided on the integration of FFT with other systems. The Web site notes that since 1971, the efficacy and effectiveness of FFT has been established in numerous research studies. A list is provided of studies that have documented the impacts of FFT on adolescent problem behaviors and family functioning. This includes a recent meta-analysis that compared the effect sizes of FFT to other interventions for adolescent substance abusers. In addition to the features and evaluation outcomes for FFT, the home-page tabs lead to information on the FFT team, the implementation of FFT, and FFT sites worldwide. Information is also presented on FFT dissemination and research partners. Information is provided on FFT endorsements and latest news and links.

Purpose: To evaluate the impact of parent education groups on youth suicide risk factors. The potential for informal transmission of intervention impacts within school communities was assessed. Methods: Parent education groups were offered to volunteers from 14 high schools that were closely matched to 14 comparison schools. The professionally led groups aimed to empower parents to assist one another to improve communication skills and relationships with adolescents. Australian 8th-grade students (aged 14 years) responded to classroom surveys repeated at baseline and after 3 months. Logistic regression was used to test for intervention impacts on adolescent substance use, delinquency, self-harm behavior, and depression. There were no differences between the intervention (n = 305) and comparison (n = 272) samples at baseline on the measures of depression, health behavior, or family relationships. Results: Students in the intervention schools demonstrated increased maternal care (adjusted odds ratio [AOR] 1.9), reductions in conflict with parents (AOR .5), reduced substance use (AOR .5 to .6), and less delinquency (AOR .2). Parent education group participants were more likely to be sole parents and their children reported higher rates of substance use at baseline. Intervention impacts revealed a dose-response with the largest impacts associated with directly participating parents, but significant impacts were also evident for others in the intervention schools. Where best friend dyads were identified, the best friend’s positive family relationships reduced subsequent substance use among respondents. This and other social contagion processes were posited to explain the transfer of positive impacts beyond the minority of directly participating families. Conclusions: A whole-school parent education intervention demonstrated promising impacts on a range of risk behaviors and protective factors relevant to youth self-harm and suicide.


This paper discusses the evidence for parenting skills training and behavioral family intervention (BFI), and the need for early intervention and prevention programs. It presents a conceptual framework for a comprehensive multilevel parenting and family support strategy for reducing the prevalence of parenting difficulties and other family risk factors associated with child maltreatment and the development of behavioral and emotional problems in children and adolescents. The framework for the system of intervention known as the Triple P—Positive Parenting Program (Triple P) is described. Also discussed are issues in the dissemination of evidence-based psychological interventions. A dissemination approach is presented which is based on a systems-contextual perspective that views practitioner uptake as being influenced by a range of program design, training, quality maintenance, organizational and motivational variables. Our experience in the widespread dissemination and implementation of Triple P at a population-level are shared and recommendations and future directions for dissemination of evidence-based preventive family interventions are noted.


Objective: This pilot study examined the effect of structural family therapy (SFT) on children’s impairment and depressive symptomatology and mothers’ depressive symptomatology and anxiety for 31 families served by a community mental health clinic. Method: A one group predesign/postdesign, with a baseline and two follow-up time points, was used. Results: A series
of repeated measures analyses of variance showed significant improvement for mothers’ depression, \( F(2, 36) = 6.93, \ p = .003, \ \eta^2 = .278 \), and anxiety, \( F(2, 34) = 6.44, \ p = .004, \ \eta^2 = .275 \). Mothers’ ratings of their children’s impairment significantly improved, \( F(2, 42) = 6.27, \ p = .005, \ \eta^2 = .270 \), though children’s self-rated impairment and depressive symptomatology did not change. Results were confirmed using random regression analyses. Conclusion: SFT has promise for simultaneously addressing mothers’ and children’s needs in community mental health settings. However, structural barriers impacting feasibility were identified and discussed.


This bulletin describes state-of-the-art universal and selective prevention programs designed to promote parent and teacher competencies and to prevent conduct problems. In addition, it describes indicated interventions designed for children who already have been diagnosed with oppositional defiant disorder and/or conduct disorder. Emphasis is placed on empirically supported programs that have identified key malleable risk factors in children, families, and schools, which have been shown in longitudinal research to be related to later development of substance abuse, delinquency, and violence. We have targeted preschool and primary grade children, ages 0–8 years, in this review because research suggests that the most effective interventions can nip in the bud risk behaviors in the early years, before antisocial behaviors become crystallized. Guidelines for selecting effective interventions are provided.


Widely regarded as a premier text and clinical resource, this book presents exemplary treatment approaches for a broad range of social, emotional, and behavioral problems in children and adolescents. Concise chapters from leading authorities describe the conceptual underpinnings of each therapy, how interventions are delivered on a session-by-session basis, and what the research shows about treatment effectiveness. Contributors discuss recommended manuals and other clinical and training resources and provide details on how to obtain them.


Conduct disorder and delinquency are significant problems for children and adolescents and their families, with the potential to consume much of the resources of the health, social care and juvenile justice systems. A number of family and parenting interventions have been recommended and are used for these conditions. The aim of this review was to determine if these interventions are effective in the management of conduct disorder and delinquency in children and adolescents, aged 10-17. Current evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions. This has an obvious benefit to the participant and their family and may result in a cost saving for society. These interventions may also reduce rates of later arrest, but at present these results need to be interpreted with caution, because of diversity in the results of studies.

Aims: To determine whether family and parenting interventions benefit children and adolescents with conduct disorder and delinquency. Methods: Meta-analysis of eight randomised controlled trials involving 749 children and adolescents (aged 10–17 years) with conduct disorder and/or delinquency. Criminality, academic performance, future employment, problem behaviour, family functioning, parental mental health, and peer relations were evaluated. Results: Family and parenting interventions significantly reduced the time spent by juvenile delinquents in institutions (weighted mean difference 51.34 days). There was also a significant reduction in the risk of a juvenile delinquent being rearrested (relative risk 0.66) and in their rate of subsequent arrests at 1–3 years (standardised mean difference −0.56). Conclusions: The evidence suggests that family and parenting interventions for juvenile delinquents and their families have beneficial effects on reducing time spent in institutions and their criminal activity. In addition to the obvious benefit to the participant and their family, this may result in a cost saving for society.


Background Behavioral family systems therapy (BFST) for adolescents with diabetes has improved family relationships and communication, but effects on adherence and metabolic control were weak. We evaluated a revised intervention, BFST for diabetes (BFST-D). Methods One hundred and four families were randomized to standard care (SC) or to 12 sessions of either an educational support group (ES) or a BFST-D over 6 months. Family relationships, adherence, glycosylated hemoglobin (HbA1c), and health care utilization were measured at baseline and after treatment. Results BFST-D significantly improved family conflict and adherence compared to SC and ES, especially among those with baseline HbA1c ≥9.0%. BFST-D and ES significantly improved HbA1c compared to SC among those with baseline HbA1c ≥9.0%. Conclusions The revised intervention (BFST-D) improved family conflict and treatment adherence significantly, while both ES and BFST-D reduced HbA1c significantly, particularly among adolescents with poor metabolic control. Clinical translation of BFST-D requires further study.