

The Role of Family Therapy in Managing Adolescent Conduct Disorder

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ABSTRACT

This study aimed to explore the role of family therapy in managing adolescent conduct disorder. A qualitative research design was employed, utilizing semi-structured interviews to gather data from 12 adolescents diagnosed with conduct disorder and 11 family members. Participants were recruited through mental health clinics and family therapy centers. The interviews, which lasted 60 to 90 minutes, were transcribed verbatim and analyzed using NVivo software. Thematic analysis was conducted to identify key themes and subthemes, and data collection continued until theoretical saturation was achieved. The study identified several key themes: improved communication, enhanced family cohesion, emotional understanding, behavioral improvements, and strengthened relationships. Improved communication was linked to active listening and open dialogue, reducing conflicts within families. Enhanced family cohesion was fostered through mutual support and shared activities. Emotional understanding increased empathy and emotional expression among family members. Behavioral improvements included reduced aggression and better compliance with rules. Strengthened relationships featured improved parent-child bonding and sibling relationships. Challenges included resistance to therapy, complex family dynamics, inconsistent therapeutic engagement, external stressors, and accessibility issues. Effective therapeutic techniques included cognitive-behavioral methods, psychoeducation, communication skills training, emotional regulation, family activities, individualized approaches, and regular follow-up support. Family therapy plays a crucial role in managing adolescent conduct disorder by improving communication, fostering family cohesion, enhancing emotional understanding, and promoting behavioral improvements. Despite challenges such as resistance to therapy and accessibility issues, the benefits of family therapy are significant. Addressing these challenges and incorporating individualized, accessible therapeutic approaches can further enhance the effectiveness of family therapy for adolescents with conduct disorder.

Keywords: Adolescent conduct disorder, family therapy, communication, family cohesion, behavioral improvements, therapeutic techniques.

1. Introduction

Adolescent conduct disorder (CD) is a prevalent and challenging mental health condition characterized by persistent patterns of antisocial, aggressive, and defiant behaviors (Donohue & Azrin, 2002). This disorder not only affects the individuals diagnosed but also places significant stress on their families and communities. Addressing conduct disorder requires a multifaceted approach, with family therapy emerging as a crucial intervention strategy (Pinsof & Wynne, 1995).

Family therapy involves the participation of family members in the therapeutic process to address dysfunctional dynamics and improve relationships (Carr, 2014). It is grounded in the understanding that family interactions and relationships play a pivotal role in the development and maintenance of behavioral disorders among adolescents (Carr, 2016; Pinsof & Wynne, 1995). The efficacy of family therapy has been well-documented in various studies, highlighting its potential to foster communication, enhance emotional understanding, and promote behavioral improvements (Carr, 2008; Sydow et al., 2013).

One of the primary benefits of family therapy is its ability to improve communication within the family unit. Enhanced communication can lead to reduced conflicts, better problem-solving abilities, and a more cohesive family environment (Carr, 2016). Studies have shown that active listening and open dialogue are critical components of successful family therapy, facilitating a deeper understanding of each member's perspectives and emotions (Maya, 2023). Improved communication skills are particularly beneficial for adolescents with conduct disorder, as they often struggle with expressing their emotions and needs constructively (Salinger et al., 2018).

Another significant impact of family therapy is the strengthening of family cohesion. Mutual support and shared activities during therapy sessions can foster a sense of unity and belonging among family members (Bayles et al., 2014). This enhanced cohesion is crucial for adolescents with conduct disorder, who may feel isolated or misunderstood within their family dynamics (Goorden et al., 2016). Research indicates that families who engage in therapy together often report a stronger sense of connection and mutual support, which can buffer against the stressors associated with managing conduct disorder (Carr, 2016).

Emotional understanding is also a key outcome of family therapy. The process encourages family members to develop empathy and validate each other's feelings, which can lead

to more compassionate interactions (Liu et al., 2020). This is particularly important for adolescents with conduct disorder, who may have difficulty recognizing and regulating their emotions (Maya, 2023). By fostering emotional understanding, family therapy helps to create a supportive environment where adolescents feel safe to express their emotions and seek help (Sydow et al., 2013).

Behavioral improvements are another notable benefit of family therapy for adolescents with conduct disorder. Therapy sessions often focus on reducing aggressive behaviors, enhancing compliance with rules, and promoting positive reinforcement (Carr, 2016). Studies have demonstrated that these behavioral changes can significantly improve the overall functioning of adolescents, making it easier for them to integrate into social and educational settings (Donohue & Azrin, 2002; Norhan & Adel, 2019). Moreover, the involvement of family members in the therapeutic process ensures that these behavioral improvements are supported and maintained at home (Murray & Grange, 2014; Murray et al., 2012).

Despite these benefits, family therapy is not without its challenges. Resistance to therapy is a common barrier, with some families initially denying the presence of issues, lacking motivation, or fearing judgment (Tadros et al., 2018). Additionally, complex family dynamics, such as power struggles and role confusion, can hinder the progress of therapy (Sumari et al., 2021). Therapeutic engagement may also be inconsistent, with irregular attendance and reluctance to participate being notable obstacles (Carr, 2008). External stressors, such as financial constraints and work-life balance issues, further complicate the effectiveness of therapy (Bourion-Bédès et al., 2022).

Accessibility to therapy services is another critical concern. The availability, location, and cost of family therapy can limit its reach, particularly for families from lower socioeconomic backgrounds (Goorden et al., 2016). Ensuring that therapy services are affordable and accessible is essential for maximizing their impact on adolescents with conduct disorder (Waraan et al., 2022). Efforts to address these barriers are crucial for the broader implementation and success of family therapy as an intervention strategy (Pinsof & Wynne, 1995).

In terms of therapeutic techniques and tools, cognitive-behavioral methods are widely used in family therapy for conduct disorder. These methods focus on developing problem-solving skills, cognitive restructuring, and behavior modeling (Deas, 2008). Psychoeducation is also a vital component, helping families understand conduct disorder,

their roles within the family, and effective stress management strategies (Juul et al., 2019). Training in communication skills, such as active listening and conflict resolution, further enhances the therapeutic process (Maya, 2023).

Emotional regulation techniques, including mindfulness and coping strategies, are frequently incorporated into family therapy sessions (Liu et al., 2020). These techniques help adolescents identify and manage their emotions, reducing the likelihood of aggressive outbursts and other problematic behaviors (Sydow et al., 2013). Engaging in family activities, such as joint tasks and therapeutic games, also helps build stronger bonds and fosters a positive family environment (Bayles et al., 2014). Individualized approaches are essential for addressing the unique needs of each family. Tailored interventions, personal goal setting, and one-on-one sessions ensure that therapy is relevant and effective for all participants (Donohue & Azrin, 2002). Follow-up and support, including regular check-ins and continued counseling, provide ongoing assistance and help families maintain the progress achieved during therapy (Waraan et al., 2022).

Family therapy's effectiveness in managing adolescent conduct disorder is well-supported by empirical evidence (Carr, 2014; Sydow et al., 2013). However, it is crucial to address the challenges and barriers to ensure that therapy is accessible and effective for all families. This study aims to provide a comprehensive understanding of the role of family therapy in managing adolescent conduct disorder, highlighting both its benefits and challenges through qualitative data from semi-structured interviews.

By focusing on the experiences and perceptions of adolescents and their families, this study seeks to contribute to the growing body of literature on family therapy and its application in treating conduct disorder (Carr, 2016). The findings will offer valuable insights for practitioners, policymakers, and researchers interested in enhancing the effectiveness and accessibility of family therapy for this population.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design to explore the role of family therapy in managing adolescent conduct disorder. The aim was to gain in-depth insights into the experiences and perceptions of both adolescents and their families who have undergone family therapy.

The participants included adolescents diagnosed with conduct disorder and their family members. The selection was purposive to ensure that the participants had direct experience with family therapy. Inclusion criteria were adolescents aged 12-18 years with a formal diagnosis of conduct disorder and at least one family member who participated in the therapy sessions.

Participants were recruited through referrals from mental health clinics and family therapy centers. Initial contact was made via phone or email, and detailed information about the study was provided. Written consent was obtained from all participants, and for minors, assent was obtained alongside parental consent. Interviews were conducted in a quiet, private setting either at the participants' homes or at a mutually convenient location. Each interview lasted approximately 60 to 90 minutes and was audio-recorded with participants' permission.

The process of data collection and analysis continued until theoretical saturation was achieved. Theoretical saturation was defined as the point at which no new themes or insights emerged from the data, and further data collection would no longer contribute additional understanding to the research questions.

2.2. Measures

2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews. These interviews allowed for flexibility in probing deeper into participants' experiences while ensuring that the core topics related to family therapy and conduct disorder were covered. The interview guide included questions on the nature of the therapy sessions, perceived changes in behavior, family dynamics, and overall satisfaction with the therapeutic process.

2.3. Data analysis

The audio recordings of the interviews were transcribed verbatim. Data analysis was conducted using NVivo software, which facilitated the organization and coding of qualitative data. Thematic analysis was employed to identify, analyze, and report patterns (themes) within the data.

3. Findings and Results

The study included a total of 23 participants, comprising 12 adolescents diagnosed with conduct disorder and 11

family members who participated in the family therapy sessions. The adolescents ranged in age from 12 to 18 years, with a mean age of 15.3 years. There were 7 males and 5 females among the adolescents. The family members included 6 mothers, 3 fathers, and 2 siblings, with ages

ranging from 35 to 52 years. Most families (17 out of 23) reported a middle socioeconomic status, while the remaining families were split between low (4 families) and high (2 families) socioeconomic statuses.

Table 1

The Results of Qualitative Analysis

Category	Subcategory	Concepts
Impact of Family Therapy	Improved Communication	Active listening, Open dialogue, Reduced conflicts
	Enhanced Family Cohesion	Mutual support, Shared activities, Sense of unity
	Emotional Understanding	Empathy, Emotional expression, Validation
	Behavioral Improvements	Reduced aggression, Compliance with rules, Positive reinforcement
Challenges and Barriers	Strengthened Relationships	Parent-child bonding, Sibling relationships, Trust
	Resistance to Therapy	Denial of issues, Lack of motivation, Fear of judgment
	Family Dynamics	Power struggles, Role confusion, Interpersonal conflicts
	Therapeutic Engagement	Attendance issues, Participation reluctance, Inconsistent effort
	External Stressors	Financial constraints, Work-life balance, Social influences
Therapeutic Techniques and Tools	Therapy Accessibility	Availability of services, Location, Cost
	Cognitive-Behavioral Methods	Problem-solving skills, Cognitive restructuring, Behavior modeling
	Psychoeducation	Understanding conduct disorder, Family roles, Stress management
	Communication Skills Training	Active listening exercises, Assertiveness training, Conflict resolution
	Emotional Regulation	Mindfulness, Coping strategies, Emotion identification
	Family Activities	Joint tasks, Therapeutic games, Role-playing exercises
	Individualized Approaches	Tailored interventions, Personal goal setting, One-on-one sessions
Follow-up and Support	Regular check-ins, Continued counseling, Support groups	

3.1. Impact of Family Therapy

Improved Communication: One of the prominent impacts of family therapy identified was the improvement in communication within the family. Participants reported that active listening and open dialogue became more common, leading to reduced conflicts. As one parent noted, "We started really listening to each other, and it made a huge difference in how we handled disagreements."

Enhanced Family Cohesion: Family therapy sessions helped in enhancing family cohesion by fostering mutual support and encouraging shared activities, creating a stronger sense of unity. An adolescent remarked, "Doing activities together brought us closer; we felt like a real team."

Emotional Understanding: Therapy facilitated better emotional understanding among family members. Concepts such as empathy, emotional expression, and validation were frequently mentioned. A family member expressed, "We learned to understand and validate each other's feelings, which made us more compassionate towards one another."

Behavioral Improvements: Many participants observed significant behavioral improvements, including reduced aggression, better compliance with rules, and the use of

positive reinforcement. One mother shared, "My son's aggressive outbursts decreased, and he started following the rules more consistently."

Strengthened Relationships: Strengthened relationships were a key benefit, with improved parent-child bonding, better sibling relationships, and increased trust. One adolescent stated, "I feel much closer to my parents now; we trust each other more."

3.2. Challenges and Barriers

Resistance to Therapy: Resistance to therapy was a common challenge. Some participants initially denied having issues, lacked motivation, or feared judgment. A therapist mentioned, "Many families were hesitant at first, not believing they needed help or worried about being judged."

Family Dynamics: Complex family dynamics, including power struggles, role confusion, and interpersonal conflicts, posed significant barriers. As one participant described, "Our sessions sometimes turned into power struggles, making it hard to make progress."

Therapeutic Engagement: Issues with therapeutic engagement were noted, such as irregular attendance,

reluctance to participate, and inconsistent effort in applying therapeutic strategies. A therapist observed, "Getting everyone to consistently engage and put in the effort was often a struggle."

External Stressors: External stressors like financial constraints, work-life balance issues, and social influences also impacted the effectiveness of therapy. A father commented, "Balancing work, therapy, and everyday life was really tough, and financial issues made it harder."

Therapy Accessibility: Accessibility to therapy services was another barrier, including availability of services, location, and cost. One participant highlighted, "Finding affordable therapy close to home was challenging."

3.3. Therapeutic Techniques and Tools

Cognitive-Behavioral Methods: Cognitive-behavioral methods were widely used, focusing on problem-solving skills, cognitive restructuring, and behavior modeling. A therapist noted, "CBT helped families develop practical skills for managing behaviors."

Psychoeducation: Providing psychoeducation on conduct disorder, family roles, and stress management was essential. One parent said, "Understanding the disorder and our roles within the family helped us manage stress better."

Communication Skills Training: Training in communication skills, such as active listening exercises, assertiveness training, and conflict resolution, was highly beneficial. An adolescent shared, "Learning how to listen and express myself without getting angry was a game changer."

Emotional Regulation: Techniques for emotional regulation, including mindfulness, coping strategies, and emotion identification, were frequently used. A participant mentioned, "Mindfulness exercises helped me stay calm and manage my emotions better."

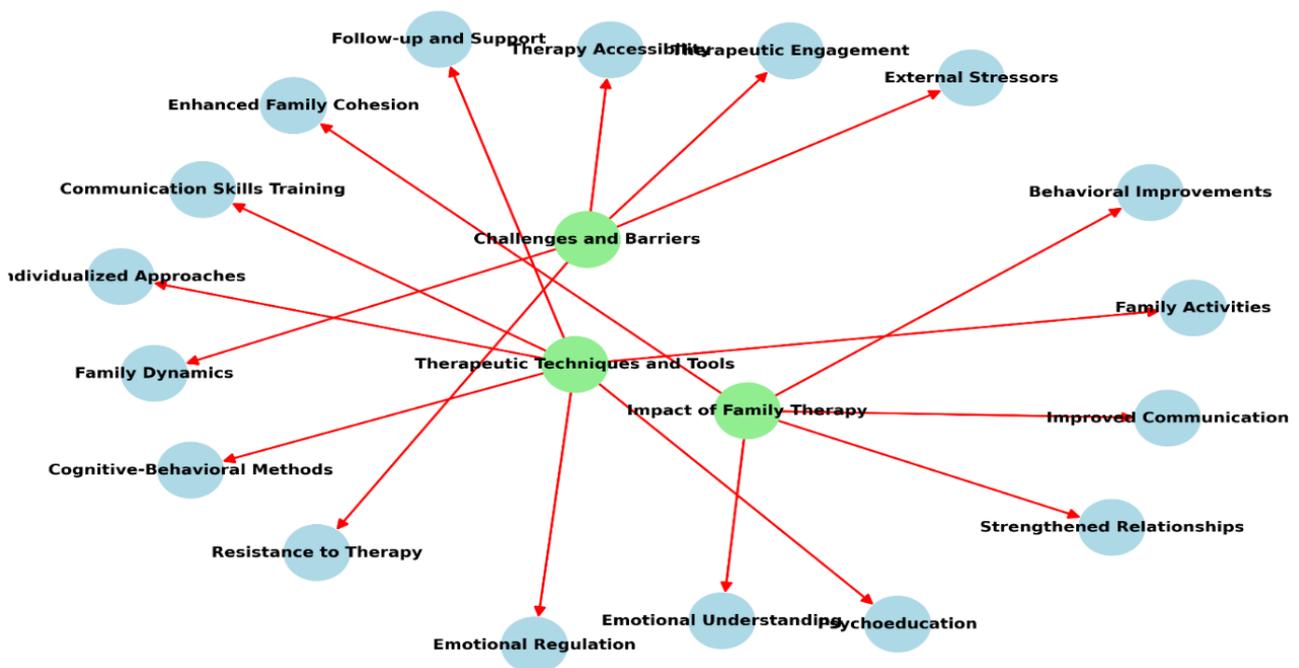
Family Activities: Engaging in family activities like joint tasks, therapeutic games, and role-playing exercises helped build stronger bonds. One family member stated, "Playing therapeutic games together was fun and brought us closer."

Individualized Approaches: Tailored interventions, personal goal setting, and one-on-one sessions were important for addressing specific needs. A therapist explained, "We tailored our approach to each family's unique situation, which made a big difference."

Follow-up and Support: Regular check-ins, continued counseling, and support groups provided ongoing assistance. A participant noted, "Having regular follow-ups and support groups kept us on track even after the main therapy sessions ended."

Figure 1

Visualization of The Results



4. Discussion and Conclusion

The present study explored the role of family therapy in managing adolescent conduct disorder through qualitative data from semi-structured interviews with adolescents and their families. The findings reveal several significant themes that highlight the benefits, challenges, and therapeutic techniques associated with family therapy for this population.

Improved communication emerged as a key benefit of family therapy. Participants reported enhanced active listening and open dialogue, leading to reduced conflicts and better problem-solving abilities. These findings align with Carr (2016), who emphasized the importance of communication skills in family therapy, noting that improved communication can lead to better family cohesion and emotional understanding (Carr, 2016). Similarly, Salinger et al. (2018) found that enhanced communication within families at high risk for psychosis or bipolar disorder improved overall family functioning, suggesting that these benefits may extend to families dealing with conduct disorder (Salinger et al., 2018).

The study also highlighted the enhancement of family cohesion through mutual support and shared activities. This finding is consistent with Bayles, Blossom, and Apsche (2014), who observed that engaging in joint activities fosters a sense of unity and belonging among family members (Bayles et al., 2014). Improved family cohesion is crucial for adolescents with conduct disorder, as it provides a supportive environment that can mitigate the disorder's negative impacts (Goorden et al., 2016). Moreover, the importance of family cohesion is supported by the work of Maya (2023), who noted that stronger family bonds can significantly improve adolescents' emotional well-being (Maya, 2023).

Emotional understanding was another prominent theme, with participants reporting increased empathy and emotional expression. This aligns with Liu et al. (2020), who found that Chinese families with depressed adolescents benefitted from enhanced emotional understanding through family therapy (Liu et al., 2020). Improved emotional understanding helps create a supportive environment where adolescents feel validated and understood, which is essential for effective management of conduct disorder (Sydow et al., 2013).

Behavioral improvements, such as reduced aggression and better compliance with rules, were also noted. These results are supported by Donohue and Azrin (2002), who

demonstrated the efficacy of family behavior therapy in reducing aggressive behaviors and improving rule compliance among adolescents with conduct disorder and substance abuse issues (Donohue & Azrin, 2002). The use of positive reinforcement and behavioral modeling in therapy sessions contributed to these improvements, as highlighted by Deas (2008), who emphasized the importance of cognitive-behavioral methods in treating adolescent behavioral disorders (Deas, 2008).

Strengthened relationships within the family, particularly improved parent-child bonding and sibling relationships, were also reported. This finding is consistent with Carr (2016), who noted that family therapy can enhance relationships by fostering trust and mutual support (Carr, 2016). Strengthened family relationships provide a foundation for adolescents to develop healthier interpersonal skills and better manage their conduct disorder symptoms (Sydow et al., 2013).

Resistance to therapy was a significant challenge, with some families initially denying the presence of issues or fearing judgment. Tadros et al. (2018) noted similar findings, emphasizing the need for strategies to overcome resistance and engage families in the therapeutic process (Tadros et al., 2018). Complex family dynamics, such as power struggles and role confusion, also posed barriers to effective therapy. Sumari et al. (2021) highlighted the impact of dysfunctional family dynamics on therapy outcomes, suggesting that addressing these issues is crucial for successful intervention (Sumari et al., 2021).

Therapeutic engagement issues, including irregular attendance and reluctance to participate, were reported. Carr (2008) observed that inconsistent engagement can hinder the progress of therapy, stressing the importance of commitment from all family members. External stressors, such as financial constraints and work-life balance issues, further complicated the therapy process. Bourion-Bédès, Bisch, and Baumann (2022) found that these external factors significantly impact families' ability to participate in and benefit from therapy (Bourion-Bédès et al., 2022).

Accessibility to therapy services was another critical concern, with participants noting issues related to the availability, location, and cost of services. Goorden et al. (2016) underscored the importance of making therapy accessible to all families, particularly those from lower socioeconomic backgrounds (Goorden et al., 2016). Ensuring that therapy services are affordable and geographically accessible is essential for maximizing their

impact on adolescents with conduct disorder (Waraan et al., 2022).

Cognitive-behavioral methods were widely used in family therapy, focusing on problem-solving skills, cognitive restructuring, and behavior modeling. Deas (2008) and Donohue and Azrin (2002) both emphasized the effectiveness of cognitive-behavioral techniques in reducing behavioral problems and improving family interactions (Deas, 2008; Donohue & Azrin, 2002). Psychoeducation was another vital component, helping families understand conduct disorder, their roles, and stress management strategies. Juul et al. (2019) noted that psychoeducation is crucial for empowering families to manage mental health issues effectively (Juul et al., 2019).

Training in communication skills, such as active listening and conflict resolution, further enhanced the therapeutic process. Maya (2023) highlighted the importance of communication skills training in improving family interactions and reducing conflicts (Maya, 2023). Emotional regulation techniques, including mindfulness and coping strategies, were frequently incorporated into therapy sessions, helping adolescents manage their emotions more effectively (Liu et al., 2020).

Engaging in family activities, such as joint tasks and therapeutic games, helped build stronger bonds and foster a positive family environment. Bayles, Blossom, and Apsche (2014) observed that these activities promote family cohesion and enhance therapeutic outcomes (Bayles et al., 2014). Individualized approaches, including tailored interventions and personal goal setting, ensured that therapy was relevant and effective for all participants (Donohue & Azrin, 2002). Regular follow-up and support, including continued counseling and support groups, provided ongoing assistance and helped families maintain the progress achieved during therapy (Waraan et al., 2022).

This study has several limitations that should be acknowledged. Firstly, the sample size was relatively small, with only 23 participants, which may limit the generalizability of the findings. While qualitative research provides in-depth insights, the results may not be representative of all families dealing with adolescent conduct disorder. Additionally, the study relied on self-reported data, which can be subject to bias and inaccuracies. Participants may have provided socially desirable responses or may have had difficulties recalling specific details of their therapy experiences. Finally, the study did not include a control group, making it difficult to determine the specific

impact of family therapy compared to other forms of intervention.

Future research should aim to address these limitations by including larger, more diverse samples to enhance the generalizability of the findings. Longitudinal studies would be beneficial to assess the long-term effects of family therapy on adolescents with conduct disorder. Additionally, incorporating control groups or comparing different therapeutic approaches could provide more robust evidence of the effectiveness of family therapy. It would also be valuable to explore the perspectives of therapists and other stakeholders to gain a more comprehensive understanding of the factors influencing therapy outcomes. Finally, research should examine the impact of specific therapeutic techniques and tools in more detail to identify the most effective components of family therapy for this population.

Practitioners should consider the following recommendations based on the study's findings. Firstly, enhancing accessibility to family therapy services is crucial. This includes making therapy affordable, geographically accessible, and culturally sensitive to meet the needs of diverse families. Strategies to overcome resistance and engage families in therapy should be developed, such as initial motivational interviewing sessions and providing education about the benefits of therapy. Practitioners should also address complex family dynamics by incorporating techniques to manage power struggles and role confusion. Regular follow-up and support are essential to maintain therapeutic gains, and ongoing training in communication and emotional regulation skills should be provided. Finally, individualized approaches tailored to each family's unique needs can enhance the relevance and effectiveness of therapy. In conclusion, family therapy plays a vital role in managing adolescent conduct disorder by improving communication, enhancing family cohesion, fostering emotional understanding, and promoting behavioral improvements. Despite the challenges and barriers, the therapeutic techniques and tools used in family therapy have demonstrated significant benefits for adolescents and their families. By addressing the limitations and incorporating the suggestions for future research and practice, the effectiveness and accessibility of family therapy can be further enhanced, providing better outcomes for adolescents with conduct disorder.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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