Family-Based Intervention for Child and Adolescent Mental Health

A Core Competencies Approach

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Preface

Aims and Rationale for This Book

This book aims to outline (1) clinician skills, knowledge and attitudes forming the competencies that are core to the delivery of evidence-based family interventions (as opposed to a traditional approach that focuses solely on the content that is delivered in such interventions) and (2) the adaptation of standardized intervention components for cases (including complex cases) that present with distinct needs in terms of co-morbid psychopathology and risk markers. To achieve these goals, the authors address questions such as (1) what do you consider to be the most important therapist competencies for achieving successful outcomes in the treatment presented in your chapter? (2) why are those competencies important when working with more severe/complex cases? (3) what aspects of those competencies are commonly misunderstood by new clinicians when beginning to deliver such therapy? and (4) what recommendations do you have for therapists wanting to develop those competencies?

Treatment protocols featured in this book reflect the shift towards the flexible delivery of family intervention of the last 20 years [1]. Treatment may be delivered in an individual or group family basis via different modalities, including traditional face-to-face treatment, bibliotherapy or the use of phone-assisted or internet-based technology (see Chapter 7). Modern family therapy for child and adolescent mental health problems no longer requires all family members to be present at all treatment sessions [2]. Instead, treatment may be parent focused, include parent-only sessions or include a mix of child-only, parent-only and family sessions. Family members who participate in treatment may include the child’s biological or adoptive parents, foster or kinship carers and siblings or extended family members involved in the child’s care. The role of parents in family intervention also differs across programmes. Parents may be viewed as a coach or co-therapist, providing motivation and support and helping to teach, plan and implement treatment strategies. Parents may be considered co-clients if they also have mental health difficulties [3].

This text focuses primarily on cognitive behavioural therapy (CBT) because of its strong evidence base, reflected in its status as a first-line recommended treatment in national guidelines published by the National Institute for Clinical Excellence (NICE) for many mental disorders in childhood and adolescence, including depression, anxiety and conduct problems [4–6]. We acknowledge that different therapeutic approaches to CBT also possess a solid evidence base or show great promise. This volume therefore includes systemic approaches to the treatment of eating disorders and conduct disorder in Part III, an attachment-based approach to working with kinship carers of children who have been maltreated in Part IV and emotion socialization-based approaches to family intervention in Part V. Finally, while family intervention for child and adolescent mental health problems has made great strides in recent decades, much work remains to be done to increase intervention reach and engagement, reduce dropout and improve treatment success rates for all families. As such, contributors acknowledge when their guidance is supported by an evidence base and when it is derived from their clinical experience.

Book Structure

This text is divided into five main parts. Part I focuses on the theoretical underpinnings of current family-based interventions for children and adolescents and the clinical competencies that are core to the delivery and implementation of such interventions. Part II addresses specific clinical competencies of core relevance to clinical practice with families of children and adolescents. Examples include engaging fathers and families from culturally diverse backgrounds and the rising application of technology to deliver family-based intervention. Parts III and IV address specific
interventions that are informed by a core competencies perspective. Interventions presented in Part III will be those supported in the treatment and management of the major psychological disorders seen among children and adolescents, including anxiety, depression, attention deficit hyperactivity disorder, conduct disorder, autism spectrum disorder and eating disorders. Interventions presented in Part IV have been shown to benefit families at risk for the emergence of child and adolescent disorders due to contextual risk factors. These include interventions for families at risk for, or exposed to, child maltreatment, families affected by intimate partner violence and working with parents who suffer from anxiety or depression.

The chapters in Parts III and IV focus on specific intervention programmes, which will each be addressed in terms of theoretical foundations and the core competencies needed by therapists to effectively implement the programme, such as consultation with parents affected by their own mental health problems, engagement of fathers, liaison with key systems in the broader ecology of the child (e.g., schools, health or legal services), assessment methods, treatment planning, key treatment components and adaptations based on co-morbid disorders and markers for heterogeneous risk pathways. Chapters include case material to illustrate treatment principles and discuss barriers to treatment and problem-solving in relation to common difficulties. All chapters in Parts III–V make reference to the various competency domains identified in recent models of therapist competencies in the literature [7, 8]. Parts I and II do not include reference to these domains because of their focus on theory or knowledge specific to their set focus (e.g., engaging with families from diverse cultural backgrounds, use of phone-assisted or online technology) rather than the implementation of treatment programmes.

**Conclusion**

We hope that this book will help practitioners and trainers to understand the key competencies relating to the delivery of evidence-based family intervention programmes for child and adolescent mental health problems. We have encouraged contributors to portray complex cases involving co-morbid problems, risk markers, events that cause disruptions to family and attachment relationships and cultural diversity to provide support for families with whom practitioners are likely to work in their real-world clinical practices. We believe that a core competencies–based approach assists practitioners to reflect on areas of strength and areas where they need further training and support and facilitates the uptake and quality of implementation of evidence-based family intervention.

**References**