Review of family, couples and systemic therapy outcome research 2000-2009.

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These tables present the result of a systematic collation of empirical studies of outcomes over 10 years of English language publication in refereed journals.

The Review is intended to be a resource for practitioners and researchers, as a readily available source of recent research publications on specific conditions. For this purpose a description of the main aspects of each study has been provided in a standard form. A full alphabetical listing of references is provided from page 98. A substantial further study, primarily by Emma Silver and Natasha Nascimento, involves a detailed coding of each article so that we can report trends and patterns in the research. This project is currently being written up for journal submission. An account of the methodology will be provided in that publication.

In summary: The listing does not include review articles that did not report original data. We have taken a broad definition of family, couple and systemic therapy, and most of the articles were identified by searching electronic data-bases with a variety of keywords, then reviewing every publication to select those that fitted our criteria.

In an enterprise as substantial and complex as this one, there will inevitably be errors and omissions. Please do check the sections where you are familiar with the research literature and email Peter with suggestions for improvement. P.m.stratton@ntlworld.com

How to use the Tables

The 220 studies are grouped according to the client issue identified in the research and whether the referred person was an adult or child. To move to a particular Table, click on the Table of Contents then Ctrl-Click on the title of that table.

To move to the reference for an article, use Search (Ctrl-F) and enter the name of the first author. If you put ^p in front of the author's name (e.g. ^pliddle) you will be taken only to the articles on which the researcher was first author.

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Contents

Table 1 ADULT MOOD DISORDERS: DEPRESSION AND BIPOLAR (20 articles)

Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
Atkins, Dimidijan et al. (2009) *US*	RCT study exploring the association of couple discord and depressive symptoms in two treatment samples: 1. Evaluating the effectiveness of traditional BCT therapy vs. integrative BCT therapy for married couples in distress seeking marital therapy. 2. Evaluating the effectiveness of Cognitive Therapy (CT) vs. behavioural activation vs. medication vs. placebo for individuals seeking treatment for depression.	*BCT (n = 134 married couples)* Mean age not reported Gender not reported Number of participants in each condition not reported *n = 241 individuals* Mean age not reported Gender not reported Number of participants in each condition not reported	Marital Adjustment Test Global Distress Scale of the Marital Satisfaction Inventory—Revised Conflicts Tactics Scale Structured Clinical Interview for DSM–IV Please refer to Christensen et al. (2004) for more details Beck Depression Inventory Depression subscale of COMPASS SCID Dyadic Adjustment Scale NEO–Five Factor Inventory	13 weeks 26 weeks Post treatment Post-treatment at 16 weeks	• Results indicate strong association between depression and martial discord. • Reported reliable association between primary problem (e.g. marital discord in the couple therapy study) and changes in the secondary problem (e.g. depression in the couple therapy) • Neuroticism had a moderating role across two samples affecting the associating between relationship distress and depression.
Beardslee, Gladstone et al. (2003) *USA*	RCT assessing the efficacy of family-based clinician-facilitated intervention vs. lecture intervention in parental change in child-related behaviours, risk factors, attitudes to depression and impact on family in parental depression	Mean age of parents 43.1 years Mean age of children 11.6 years Gender of children 57.3% male	Schedule for Affective Disorders and Schizophrenia-Lifetime Version Streamlined Longitudinal Interval Continuation Evaluation Schedule for Affective Disorders and Schizophrenia for School-Age Children, Epidomiologic Version Revised Kiddie-Streamlined Longitudinal Interval Continuation Evaluation Global Assessment Scale Youth Self-Report Semi-structured Interview about the	Every 6 to 9 months after recruitment to study	Parents in both conditions reported significant change in child-related behaviours

			Intervention Semi-structured Child Interview		
Beardslee, Wright et al. (2007) *USA*	RCT evaluating long term effects from two standardized, manual-based prevention strategies for families with parental mood disorder. See Beardslee, Gladstone et al. (2003) for details of interventions	105 families	Behavioural functioning Parental and child psychopathology Response to intervention Parental global functioning Child internalizing symptomatology See Beardslee, Gladstone et al. (2003) for details of outcome measures	Every 9 to 12 months after recruitment to study	• Both interventions produced sustained effects • Clinician-based families had significantly more gains in parental child-related behaviours and attitudes and in child-reported understanding of parental disorder • Child and parent family functioning increased for both groups and internalizing symptoms decreased for both groups
Bodenmann, Plancherel et al. (2008) *US*	RCT study investigating the effectiveness of Coping Oriented Couples Therapy (COCT) vs. Cognitive Behavioural Therapy (CBT) vs. Interpersonal Psychotherapy (IPT) for couples in which one of the partners is clinically depressed.	Recruited n = 60 couples *COCT (n = 20)* Mean age of 44.35 Mean age of partner 41.85 Depressed partner 50% females *CBT (n = 20)* Mean age 44.35 Mean age of partner 44.95 Depressed partner 65 % females *IPT (n = 20)* Mean age 47.33 Mean age of partner 49.85 Depressed partner 60 % females	Beck Depression Inventory Hamilton Rating Scale for Depression Partnership Questionnaire Dyadic Coping Inventory Five-minute speech sample	6 months 12 months 18 months	• COCT therapy demonstrates significant decrease in depressive symptoms from pre tests at 24.70 (SD 7.18) to post tests at 14.91 (SD 11.02). • However, IPT and CBT prove to be equally effective. IPT indicates reduction of depressive symptoms from pre test at 24.75 (SD 6.03) to post treatment at 15.55 (SD 11.58). CBT at 26.05 (SD 8.18) at pre tests and 14.50 (SD 10.04) at post test. • 50% of depressed patients showed recovery after undergoing CBT, IPT or COCT • No significantly better improvements in relationship functioning with COCT therapy

					when compared to CBT and IPT. • COCT significant positive effects of the COCT were found with regard to Emotion Expression (EE)
Dessaulles, Johnson et al. (2003) *Canada*	RCT examining the efficacy of emotion-focused therapy (EFT) vs. pharmacotherapy for couples in which the female had major depressive disorder.	EFT; n = 7 Pharmacotherapy; n = 5 Mean age of males 38 years Mean age of females 36 years	Dyadic Adjustment Scale Inventory to Diagnose Depression	Post-treatment 6 months	• Both interventions effective in reducing symptoms • Some evidence that females receiving EFT made greater improvement after finishing treatment
Eisdorfer, Czaja et al. (2003) *USA*	RCT evaluating structural ecosystems Therapy (SET), structural ecosystems therapy + computer–telephone integrated system (SET+CTIS), or minimal support control group (MSC) in reducing depressive symptoms among family caregivers of Alzheimer's Disease patients	MSC; n = 73 SET; n = 75 SET + CTIS; n = 77 Mean age of caregivers 68.48 years (SD 11.33) Gender of caregivers 25% male Mean age of care recipients 83.23 years (SD 7.7) Gender of care recipients 48% male	Revised Memory and Behaviour Problems Checklist Satisfaction with social support Degree of global cognitive impairment - Mini-Mental State Examination Level of ADL Impairment – Activities of Daily Living Scale	6 months 18 months	• Significant reduction in depressive symptoms at 6 months for caregivers in SET+CTIS • 18-month follow-up data indicated that the intervention was beneficial for Cuban American husband and daughter caregivers
Knekt, Lindfors et al. (2008) *Finland*	RCT evaluating the effectiveness of solution-focused therapy (SFT) vs. short-term psychodynamic psychotherapy (ST) vs. long-term psychodynamic psychotherapy (LT) in outpatients with depression or anxiety	*SFT (n=97)* Mean age 33.6 years (SD 7.2) 25.8% male *ST (n=101)* Mean age 32.1 years (SD 7) 25.7% male *LT (n=128)* Mean age 31.6 years (SD 6.6) 21.1% male	Measures for research subjects: Work Ability Index Work subscale (SAS-Work) of the Social Adjustment Scale Perceived Psychological Functioning Scale	1 year 2 years 3 years	• At 3-year follow-up, statistically significant improvement on WAI, SAS-Work and Perceived Psychological Functioning Scale • The short-term therapies showed 4–11%more improved work ability scores than long-term therapy at the 7 month follow-up

					• No significant differences between therapies at 2-year follow-up • After 3 years of follow-up, LT more effective than SFT and ST
Knekt, Lindfors et al. (2008) *Finland*	RCT examining the effectiveness of solution-focused therapy (SFT) vs. long-term psychodynamic psychotherapy (LT) vs. short-term psychodynamic psychotherapy (ST) in the treatment of mood and anxiety disorders	*SFT (n = 97)* Mean age 33.6 years (SD 7.2) 25.8% male *ST (n = 101)* Mean age 32.1 years (SD 7) 25.7% male *LT (n = 128)* Mean age 31.6years (SD 6.6) 21.1% male	Measures for research subjects: Depressive symptoms measures by Beck Depression Inventory (BDI) and Hamilton Depression Rating Scale (HAMD) Anxiety symptoms measured by Symptom Check List Anxiety Scale (SCL-90-Anx) and Hamilton Anxiety Rating Scale (HAMA)	3 years	• A statistically significant reduction of symptoms on BDI, HAMD, SCL-90-Anx and HAMA at follow-up • ST more effective than LT at 1st year on the four outcome measures, but no significant differences at 2 years • At 3 years, LT was more effective • No statistically significant differences for effectiveness of short term therapies
Leff, Vearnals et al. (2000) *UK*	RCT evaluating couple therapy vs. antidepressant drugs for the treatment and maintenance of people with depression living with a critical partner	*Couple therapy (n = 40)* Mean age of patient 39.7 years (SD 12.5) Mean age of partner 40.9 years (SD 15.0) 42.5% male (patients) *Antidepressants (n = 37)* Mean age of patient 38.6 years (SD 9.2) Mean age of partner 39.1 years (SD 9.8) 27% male (patients)	Present State Examination Hamilton Rating Scale for Depression Beck Depression Inventory (BDI) Camberwell Family Interview Dyadic Adjustment Scale	1 year 2 years	• Drop-outs: 56.8% from drug treatment and 15% from couple therapy • Depression improved in both groups, but couple therapy showed a significant improvement according to BDI, both at the end of treatment and at 2-year follow-up • No significant difference between the two treatments with regards to cost
Lemmens, Eisler et al. (2009) *Belgium*	RCT examining the effectiveness of treatment as usual (TAU) vs. TAU plus single family therapy (SFT) vs. TAU plus	83 patients recruited *MFT (n = 35)* Mean age 43.9 years (SD 8.3) 80% female	Response to treatment – changes on the Beck Depression Inventory	15 months	• Multi-family group and single family therapy conditions showed significantly higher rates of treatment responders (49%, 24% and 9% respectively), and higher

	multi-family group therapy (MFT) in the treatment of severely depressed inpatients	*SFT (n = 23)* Mean age 40.2 years (SD 9.1) 64% female *TAU (n = 25)* Mean age 43.2 years (SD 8.4) 69.6% female			rates of patients no longer using antidepressant medication (26%, 16% and 0% respectively) compared to the treatment as usual condition at 15 months • Partners taking part in the family treatments were significantly more likely to notice the improvements in the emotional health of the patient early on compared to those in the treatment as usual condition
Lemmens,Eisler et al.(2009) *Belgium*	Study investigating helpful and disturbing factors in a systemic multi-family group treatment for depressed patients and their families.	n = 35 Mean age 44 years (SD 8.3) 28 females Partner's mean age 45 years (SD 8.3)	Group Therapeutic Factors-Client Questionnaire (GTF-CQ-28) Family Therapeutic Factors (FTF) Beck Depression Inventory (BDI) Treatment satisfaction scale An open-ended question asking about unhelpful or disturbing processes.		• Patients and their partners reported satisfaction with multi-family group treatment. • Therapeutic factors identified as helpful by patients and their partners included cohesion of the group and guidance from the therapist. • Therapeutic factors indentified as helpful with improving symptoms of depression included modelling and guidance from the therapist. • Results demonstrate increase in frequency of therapeutic factors as the multi-family groups progressed (for both patients and their partners). • Therapeutic factors associated with outcome were different for patients (making progress in trying out new behaviours) and their partners (feeling accepted, gaining confidence in helping others)

Miklowitz, Simoneau et al. (2000) *USA*	RCT examining the efficacy of a 9-month family-focused psychoeducational treatment (FFT) vs. comparison treatment (two family education sessions and follow-up crisis management; CM) in 101 bipolar patients	*FFT (n = 31)* *CM (n = 70)*	Expressed Emotion Symptomatic outcome and medication compliance - Schedule for Affective Disorders and Schizophrenia, change version	12 months	• Patients assigned to FFT had fewer relapses and longer delays before relapses, compared to CM group • FFT group showed greater improvements in depressive (but not manic) symptoms
Miklowitz, George et al. (2003) *USA*	RCT evaluating whether combining family-focused therapy (FFT) with pharmacotherapy vs. crisis management intervention (CM) during a post-episode interval enhances patients' mood stability during maintenance treatment in bipolar patients	*FFT (n = 31)* Mean age 35.7 years (SD 9.2) 58% female *CM (n = 70)* Mean age 35.6 years (SD 10.6) 66% female	Primary outcome measure - Schedule for Affective Disorders and Schizophrenia, Change Version Maintenance Treatment Scales - intensity of patients' drug regimens Compliance with medication regimen Relapse symptoms Medication adherence	3, 6, and 9 months after study entry (covering the period of active psychosocial treatment) and at 12, 18, and 24 months (covering the post-treatment interval)	• Patients undergoing FFT had fewer relapses than patients undergoing CM • Patients undergoing FFT showed greater reductions in mood disorder symptoms and better medication adherence during the 2 years than patients undergoing CM
Miklowitz, Otto et al. (2007) *USA*	RCT examining efficacy of three intensive psychotherapies (family-focused therapy (FFT); interpersonal and social rhythm therapy (IPSRT); cognitive behaviour therapy (CBT)) compared to a control group (collaborative care; CC) for patients with	FFT; n = 26 IPSRT; n = 62 CBT; n = 75 CC; n = 130 Total participants: Mean age 40.13 years (SD 11.77) 59% female	Time to recovery Proportion of patients classified in each of the 12 study months Montgomery-Asberg Depression Rating Scale Young Mania Rating Scale	12 months	• No difference in attrition rates between intensive psychotherapy and collaborative care • Significantly higher year end recovery rates and shorter times to recovery in intensive psychotherapy group compared to CC • Patients in intensive psychotherapy group were 1.58 times more likely to be

	bipolar depression.				clinically well during any study month compared to CC • No statistically significant differences seen in the outcomes of FFT, IPSRT and CBT
Miller, Keitner et al. (2005) *USA*	RCT examining the efficacy of pharmacotherapy alone vs. combined pharmacotherapy and cognitive therapy vs. combined pharmacotherapy and family therapy vs. combined pharmacotherapy, family therapy and cognitive therapy in patients recently discharged from hospital with major depression	121 patients recruited Mean age 37.6 (SD 11.7) 82% females	Dysfunctional Attitude Scale Cognitive Bias Questionnaire McMaster Clinical Rating Scale Modified Hamilton Rating Scale for Depression Beck Depression Inventory Modified Scale for Suicidal Ideation	Not stated	• Inclusion of family therapy improves the outcome of post-hospital care for depressed patients • Among patients with at least moderate depressive symptoms at hospital discharge, low rates of remission (16%) and improvement (29%) were obtained • Treatment that included a family therapy component also led to a greater proportion of patients who improved and to significant reductions in interviewer-rated depression and suicidal ideation than treatment without family therapy.
Miller, Solomon et al. (2004) *USA*	RCT evaluating the effectiveness of family therapy as an adjunctive treatment to pharmacotherapy in helping patients recover from bipolar I mood episodes.	92 patients meeting criteria for bipolar I disorder randomly assigned to the following groups: *Family therapy plus pharmacotherapy (n = 33)* Mean age 40 years (SD 10) *Multifamily psychoeducational group therapy plus pharmacotherapy (n = 30)* Mean age 39 years (SD 12)	Main outcome – time to recovery Modified Hamilton Rating Scale for Depression Bech–Rafaelsen Mania Scale	Monthly assessments after intake into trial	Time to recovery did not differ between the groups

		40% male *Pharmacotherapy alone (n = 29)* Mean age 39 years (SD 13) 34% male			
Ozerdem, Oguz et al.(2009) *Turkey*	A case series based study evaluating the applicability of Family-focused Therapy (FFT) in a non-Western culture for patients with bipolar disorder and their family members.	*n = 10* *Mean age = 25.50 (SD 8.07)* *50% females*	Global Assessment of Functioning (GAF) scale Clinical Global Impression (CGI)	Mean follow up 54.44 weeks (+/-24.96 weeks)	• Preliminary analysis indicates that FFT can be successfully applied in non-Western cultures. • Frequency of episodes significantly decreased from pre-treatment mean of 1.66 to a post-treatment mean of 0.55. • Noted positive improvement on Global Assessment of Functioning Scores and Clinical Global Impression Scale • Treatment appeared to have a positive effect on families' communication skills.
Solomon, Keitner et al.(2008) *USA*	RCT study examining the efficacy of three treatments for preventing recurrence of bipolar I mood episodes and hospitalizations: (1) individual family therapy plus pharmacotherapy vs (2) multifamily group therapy plus pharmacotherapy vs (3) pharmacotherapy alone.	*n = 53* *Mean age 41 years (SD 13)* *57% female* *Individual family therapy plus pharmacotherapy (n = 16)* *Multifamily group therapy plus pharmacotherapy (n = 21)* *Pharmacotherapy alone (n = 16)*	Modified Hamilton Rating Scale for Depression–17-item Bech - Rafaelsen Mania Scale Global Assessment of Functioning (GAF)	28 months	• There were no significant differences between the three treatment groups. Therefore, neither multifamily therapy nor individual therapy was more effective than standard pharmacotherapy. • However, there are potential benefits of multifamily therapy: the frequency of hospitalisation was only 5% for the participants in multifamily group therapy in comparison to 31% in adjunctive individual family therapy and 38% in

					pharmacotherapy group.

Table 2 ADULT SUBSTANCE MISUSE (30 articles)

Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
Doyle, Carr et al. (2003) *Ireland*	Naturalistic, uncontrolled study involving comparing outcomes from family-orientated residential and community programs for alcohol use for 86 consecutive referrals to both programs	*Residential; n = 42* Mean age 42 years (SD 10) 62% male *Community; n = 25* Mean age 40 years (SD 8) 68% male	The Drinker Inventory of Consequences Timeline Follow-Back Method The Alcohol Dependence Scale General Health Questionnaire-12 The Family Assessment Device Multi-dimensional Scale of Perceived Social Support University of Rhode Island Change Assessment	Post-treatment 6 months	• At 6 mo follow-up, 79% of both groups were either abstinent or drinking moderately • At 6 mo follow-up, more members of the residential group showed a clinically significant reduction in recent negative consequences of drinking and psychological adjustment problems
Fals-Stewart, O'Farrell et al. (2000) *USA*	Significant individual change in post-treatment frequency of substance use and dyadic adjustment was evaluated and comparisons of the proportions of participants receiving individual-based treatment (IBT) and behavioural couples therapy (BCT) who were improved, unchanged, or deteriorated in these domains of functioning were made using data from an earlier study	80 married or cohabiting substance-abusing men and their female partners	Substance use – Timeline Followback Interview Relationship adjustment – Locke-Wallace Marital Adjustment Test	Every 3 months for 1 year following end of treatment	• Growth curve analysis indicated that a larger proportion of husbands in the BCT group showed significant reductions in substance use than husbands who received IBT • A larger proportion of couples who participated in BCT showed improvements in dyadic adjustment than couples whose husbands received IBT only
Fals-Stewart, Kashdan et al.	RCT examining the efficacy of behavioural	BCT; n = 40 IBT; n = 40	Male-to-female partner violence – Conflict Tactics Scale	1 year	• Fewer BCT couples reported male-to-female physical aggression during the year after

(2002) *USA*	couples therapy (BCT) vs. individual-based treatment (IBT) on the prevalence of partner violence among married or cohabiting substance abusing men (n = 80)	Mean age of males 34.1 years (SD 7.6)	Substance use – Timeline Followback Interview Relationship adjustment – Locke-Wallace Marital Adjustment Test; The Areas of Change Questionnaire;		treatment, than those in the IBT group • Dyadic adjustment, frequency of heavy drinking, and frequency of drug use during the year after treatment mediated the relationship between type of treatment and the prevalence of male-to-female physical aggression
Fals-Stewart and O'Farrell (2003) *USA*	RCT examining the efficacy of behavioural family counselling (BFC) plus individual treatment vs. individual-based treatment (IBT) only in the treatment of opioid dependence (DSM-III-R criteria) in males (n = 124). All participants were also given naltrexone to be taken daily	*BFC (n = 62)* Mean age of males 32.9 years (SD 5.8) Mean years of opioid use 6.6 years (SD 4.2) *IBT (n = 62)* Mean age of males 31.8 years (SD 6.6) Mean years of opioid use 5.9 years (SD 4)	Substance use – Timeline Followback Interview; Addiction Severity Index Biological indicators of recent substance use – urine samples to measure drug use Treatment participation, compliance and satisfaction Counsellor session compliance	12 months	BFC patients ingested more doses of naltrexone, attended more scheduled treatment sessions, had more days abstinent from opioids and other drugs during treatment and during the year after treatment, and had fewer drug-related, legal, and family problems at 1-year follow-up, compared to IBT group
Fals-Stewart, Klostermann et al. (2005) *USA*	RCT examining the efficacy of brief relationship therapy (BRT) vs. standard behavioural couples therapy (S-BCT) vs. individual-based treatment (IBT) vs. psychoeducational attention control treatment (PACT) in the treatment of alcoholic male patients (n = 100) and their non-substance abusing female partners	*BRT; 25 couples* Mean age of male partners 34.91 years (SD 6.03) Mean years of problematic alcohol use 9.62 years (SD 5.29) *S-BCT; 25 couples* Mean age of male partners 36 years (SD 4.94) Mean years of problematic alcohol use 10.04 years (SD 4.22) *IBT; 25 couples* Mean age of male partners 35.82 years (SD 5) Mean years of problematic alcohol use 10.76 (SD 6.12)	Substance use – Timeline Followback Interview; Structured Clinical Interview for DSM-IV Relationship adjustment – Dyadic Adjustment Scale Costs of treatment Treatment fidelity measures Client Satisfaction Questionnaire	12 months	• At 12-month follow-up, heavy drinking and dyadic adjustment outcomes for BRT group were superior to those of patients who received IBT or PACT • BRT was significantly more cost effective than the S-BCT, IBT, or PACT

		PACT; 25 couples Mean age of male partners 36.23 years (SD 5.61) Mean years of problematic alcohol use 9.83 years (SD 4.11)			
Fals-Stewart, Birchler et al. (2006) *USA*	RCT evaluating efficacy of behavioural couples therapy plus individual-based treatment (BCT) vs. individual-based treatment only (IBT) vs. psychoeducational attention control treatment (PACT) in the treatment of married or cohabiting female alcoholic patients (n = 138) and their non-substance-abusing male partners	*BCT (n = 46)* Mean age of male partners 35.92 years (SD 5.02) Mean years of problematic alcohol use 7.27 years (SD 4.82) *IBT (n = 46)* Mean age of male partners 35.01 years (SD 5.25) Mean years of problematic alcohol use 7.01 years (SD 5.46) *PACT (n = 46)* Mean age of male partners 36.36 years (SD 5.46) Mean years of problematic alcohol use 7.38 years (SD 5.03)	Substance use – Timeline Followback Interview; Structured Clinical Interview for DSM-IV; Drinker Inventory of Consequences Relationship adjustment – Dyadic Adjustment Scale; Marital Happiness Scale; TLFB-Spousal Violence Involvement with non-study treatments Satisfaction with treatment services – Client Satisfaction Questionnaire	Every 3 months for 1 year after completing treatment	• During treatment, BCT group showed significantly greater improvement in dyadic adjustment than those in IBT or PACT • Drinking frequency was not significantly different between groups • At 1-year follow-up, BCT group reported fewer days of drinking, fewer drinking-related negative consequences, higher dyadic adjustment, and reduced partner violence, compared to IBT and PACT
Kelley and Fals-Stewart (2002) *USA*	RCT comparing the effect of couples-based versus individual-based therapy for men who entered outpatient substance abuse treatment on the psychosocial functioning of children in their homes. Men were randomly assigned to behavioral couples therapy (BCT), individual-based treatment (IBT),or	*Alcohol abusing couples* BCT (n = 25) Mean male partners' age 38 years (SD 5.4) Mean female partners' age 36.9 years (SD 6.1) Mean no. children 2.8 (SD 1.4) IBT (n = 22) Mean male partners' age 38.6 years (SD 6.2) Mean female partners' age	Relationship adjustment - Dyadic Adjustment Scale Substance use - Timeline Followback Interview Children's psychosocial adjustment - Pediatric Symptom Checklist	6 months 12 months	• Parents' ratings of children's psychosocial functioning was higher for children whose fathers participated in BCT at post-treatment and at 6- and 12-months follow-up than for children whose fathers participated in IBT or PACT. This difference was significant for both alcohol and drug abusing men. • BCT resulted in greater improvements in parents' dyadic adjustment and fathers' substance use

	couples-based psychoeducational attention control treatment (PACT)	37 years (SD 7) Mean no. children 2.7 (SD 1.3) PACT (n = 24) Mean male partners' age 37.6 years (SD 6.1) Mean female partners' age 37.7 years (SD 7) Mean no. children 2.9 (SD 1.2) *Drug-abusing couples* BCT (n = 22) Mean male partners' age 35.4 years (SD 5.3) Mean female partners' age 35.8 years (SD 5.2) Mean no. children 2.2 (SD 1.8) IBT (n = 21) Mean male partners' age 36 years (SD 5.5) Mean female partners' age 36.1 years (SD 5.1) Mean no. children 2.7 (SD 1.9) PACT (n = 21) Mean male partners' age 36.8 years (SD 5.4) Mean female partners' age 35.9 years (SD 5) Mean no. children 2.7 (SD 1.6)			
Meyers, Miller et al. (2002) *USA*	RCT examining the effectiveness of community reinforcement and family	CRAFT; n = 29 CRAFT + aftercare; n = 30 Al-Nar FT; n = 31	CSO functioning Beck Depression Inventory State-Trait Anxiety Inventory State-Trait anger expression	3 months 6 months 9 months 12 months	• Follow-up rates for the CSOs were consistently at least 96% • CRAFT conditions were significantly more effective than Al-Nar FT in engaging initially unmotivated

	training (CRAFT) vs. CRAFT with additional group aftercare sessions after the completion of the individual sessions vs. Al-Anon and Nar-Anon facilitation therapy for 90 concerned significant others (CSOs) of treatment-refusing illicit drug users		inventory State self-esteem scale Relationship status Dyadic adjustment scale Relationship Happiness Scale Purpose in life scale	18 months	drug users into treatment - CRAFT alone engaged 58.6%, CRAFT _ aftercare engaged 76.7%, and Al-Nar FT engaged 29.0% • No CSO engaged a treatment-refusing loved one once individual sessions had been completed
O'Farrell, Murphy et al. (2007) *USA*	Quasi-experimental, non-randomised controlled outcome study examining the efficacy of a brief family treatment (BFT) intervention vs. treatment as usual (TAU) for substance abusing inpatients in inpatient detoxification to promote aftercare treatment post-detox.	*BFT (n = 14)* Mean age 49.7 years (SD 6.5) 100% male *TAU (n = 14)* Mean age 48.9 years (SD 4.6) 100% male	Drug and Alcohol Program Treatment Inventory Aftercare attendance Timeline Follow-Back Interview	3 months after detox	• BFT group showed a trend toward being more likely to enter an aftercare program and to attend more days of aftercare in the 3 months after detoxification, compared to TAU • Days using alcohol or drugs in the 3 months after detox were lower for BFT group, compared to TAU
O'Farrell, Murphy et al. (2000) *USA*	Uncontrolled outcome study assessing verbal aggression in male alcoholics and their wives before and after a behavioural marital therapy (BMT) alcoholism treatment program	88 male alcoholics, according to Michigan Alcoholism Screening Test, and their wives recruited Mean age of males 42 years	Main outcome: verbal aggression Measures: Conflict Tactics Scale	Interviews every 3 months of 2-year follow-up period	• At 2-year follow-up, both alcoholic men and their wives showed significant and substantial reductions in verbal aggression as compared with the year before BMT • Verbal aggression in the 2 yrs after BMT remained significantly elevated.
Rotunda, O'Farrell et al. (2008) *USA*	Study comparing outcomes after behavioural couples therapy (BCT) for veterans with combat-related post-traumatic stress disorder (PTSD) and	*PTSD group (n = 19)* Mean age of veteran 48.32 years (SD 7.7) Mean age of partner 44.79 years (SD 7.51) *SUD only group (n = 19)*	PTSD Checklist Military Version Mississippi Scale for combat-related PTSD Combat Exposure Scale	12 months	• Good compliance with BCT, attending a high number of BCT sessions, taking Antabuse, and going to AA seen in both groups • Both groups improved from baseline to immediately after and 12 months after BCT • Specific improvements were increased relationship satisfaction and reductions in

	a substance use disorder (SUD) and for a matched comparison group of veterans with SUD only	Mean age of veteran 48.16 years (SD 8.3) Mean age of partner 45.47 years (SD 8.21)			drinking, negative consequences of drinking, male-to-female violence, and psychological distress symptoms • Extent and pattern of improvement over time were similar whether the client had PTSD or not
Smock, Trepper et al. (2008) *USA*	RCT evaluating solution-focused group therapy (SFGT) vs. traditional problem-focused treatment (control group) for level 1 substance abusers	SFGT; n = 19 Control Group; n = 19 Mean age 31 years	Beck Depression Inventory (BDI) Substance Abuse Subtle Screening Inventory (SASSI) Social cost measures Outcome Questionnaire (OQ-45.2) Family Therapist Rating Scale	Not stated	• SFGT group significantly improved on both the BDI and OQ-45.2 • No significant improvements for control group
Trute, Docking et al. (2001) *Canada*	Before-after study/comparative case analysis describing patients' outcomes before and after conjoint couple therapy with women who were survivors of child abuse and are in addiction recovery with their partners	8 couples	Beck Depression Inventory Marital Satisfaction Inventory Emotional Work Scale	8 months	• Brief conjoint therapy was found to assist couples in the specific relationship skill areas of communication and mutual problem solving • The women reported an increase in support from their male partners, and the men reported a decrease in negative emotional atmosphere in the relationship
Trepper, McCollum et al. (2000) *USA*	Before-after study describing the addition of a couples therapy component to inpatient drug and alcohol treatment for women	38 women 21% received systemic couple therapy (SCT) 71% received systemic individual therapy (SIT) 8% started SCT but ended up in SIT because of partner's lack of attendance	McMaster Family Assessment Device (FAD) Dyadic Formation Inventory Kansas Marital Satisfaction Scale Emotional Cut-off Scale Symptom Check List-90-Revised	End of treatment	• On the FAD, 100% of the women improved on the Roles Subscale. • On the Dyadic Formation Inventory, nearly 63% increased on the Dyadic Interaction Subscale, Dyadic Exclusiveness Subscale, and Identification as a Pair Subscale • Over two-thirds of the women (71%) reported an increase in satisfaction with their relationship as measured by the Marital Satisfaction Scale • On average the subjects reported even fewer symptoms of distress and pathology on all subscales and global measures of symptoms at post treatment as measured by the SCL-90-R
Walitzer and Dermen (2004) *USA*	RCT examining the efficacy of treatment for problem drinkers only (PDO), couples alcohol-	64 male problem drinkers and their spouses were recruited	Alcohol Involvement - Timeline Follow-Back, Drinker Inventory of Consequences Spouse Support - Partner	3 months (end of treatment) 6 months 9 months	• Fewer heavy drinking days and more abstinent/light drinking days in the year following treatment for clients whose spouses were included in treatment

	focused treatment (C/AF), or the latter combined with behavioural couples therapy (C/AF + BCT) with alcoholic male clients and their spouses	PDO; n = 22 C/AF; n = 21 C/AF + BCT; n = 21 Mean age of male clients 42 years (SD 11.3) Mean age of spouses 39.3 years (SD 9.6)	Interaction Questionnaire, Significant-Other Behavior Questionnaire Marital satisfaction - Dyadic Adjustment Scale	12 months	• C/AF+BCT showed no better outcomes than alcohol-focused spouse involvement alone • Drinking consequences, spouse behavioural support for drinking reduction, and relationship satisfaction showed no effects of treatment condition
Winters, Fals-Stewart et al. (2002) *USA*	RCT examining the efficacy of behavioural couples therapy condition (BCT) vs. individual-based treatment condition (IBT) for 75 married or co-habiting female drug-abusing patients	75 female patients with substance abuse (DSM-IV) *BCT (n = 37)* Mean age of females 33.1 years (SD 6.9) *IBT (n = 38)* Mean age of females 32.7 years (SD 7.6)	Relationship Adjustment – Dyadic Adjustment Scale, Marital Happiness Scale Substance Use – Timeline Followback Interview, Percentage of Days Abstinent, Addiction Severity Index, Urine Samples Diagnostic Interviews – Axis I modules of the Structured Clinical Interview for DSM-IV Session Compliance Self-Help Meeting Attendance Satisfaction with Treatment Services	12 months	• BCT group reported fewer days of substance use, longer periods of continuous abstinence, lower levels of alcohol, drug, and family problems, and higher relationship satisfaction, compared to IBT group • Differences in relationship satisfaction and number of days of substance use dissipated, and were not significantly different by the end of 1 year
Yandoli, Eisler et al. (2002) *UK*	RCT investigating family therapy vs. two control groups (standard clinic treatment of supportive psychotherapy; low contact intervention) for 119 opiate users. All three groups were in combination with a methadone reduction programme	Family therapy (FT); n = 41 Standard clinic treatment (SCT); n = 38 Low contact (LC); n = 40 All subjects: Mean age 28.2 years (SD 5.1) 63% male	Main outcome – frequency of opiate use Addiction Severity Index Tyrer Brief Anxiety Scale Montgomery and Asberg Depression Rating Scale	6 months 12 months	• Both the FT and LC groups had a significantly higher number of drug-free days at six and twelve months, compared to SCT • Across the treatment groups reduction in drug use was accompanied by improvements in psychosocial functioning

2.19	Fals-Stewart and Clinton-Sherrod (2009) *US*	Randomised study evaluating the effects of Individual Based Treatment (IBT) vs. Partner Involved Behavioural Couples Therapy (BCT) on relationship between substance misuse and intimate partner violence among substance misusing men.	Recruited 207 couples *BCT (n = 103 couples)* Female partners' age 31.6 (SD 6.4) Male partner's age 32.8 (SD 7.1) *IBT (n = 104 couples)* Female partners' age 32.0 (7.0) Male partner's age 33.3 (7.2)	Timeline Followback Interview Structured Clinical Interview for DSM–IV Timeline Followback Interview–Spousal Violence	12 months	• Couples therapy can be effective in reducing important episodes of IPV among substance-abusing couples. • 12 month follow up showed that BCT group reported significantly lower levels of IPV and substance misuse than IBT group with male partners. • BCT group demonstrated lower likelihood of male-to-female IPV on days of substance use than IBT group in which the male partners received IBT
2.20	Fals-Stewart and Lam (2008) *US*	RTC study evaluating efficacy and cost effectiveness of a Brief Version of Behavioral Couples Therapy (B-BCT) vs. standard Behavioral Couples Therapy (BCT) vs. Individual Based Therapy (IBT) vs. Psycho-educational Attention Control Treatment (PACT) for couples in which one of the partners meets the DSM IV criteria for substance misuse disorder.	184 couples recruited *B-BCT (n = 47)* Mean age 29.4 years (SD 4.8) Partners' mean age 28 years (SD 4.5) *BCT (n =46)* Mean age 31 years (SD 5.2) Partners' mean age 27.9 years (SD 5.0) *IBT (n = 46)* Mean age 30.1 years (SD 4.7) Partners' mean age 29.1 years (SD 4.7) *PACT (n = 46)* Mean age 32.7 years (SD 5.0) Partners' mean age 30.2 years (SD 4.5)	The Timeline Followback Interview Structured Clinical Interview for *DSM–IV* The Dyadic Adjustment Scale Global Rating Scales of Adherence and competence The Client Satisfaction Questionnaire	Every 3 months for 1 year	• BCT and B-BCT had equivalent pos treatment and 12-month post treatment substance use outcomes. • The percentage of days abstinent increased from 36.2 at pre treatment to 93.7 at post treatment for B-CBT therapy. • Similar results were obtained for BCT (38.3 vs. 94.1), IBT (37 vs. 88.3) and PACT (34 vs. 89.6) • Participants in the B-BCT condition showed significantly higher dyadic adjustment than those in IBT or PACT • Participants in the B-BCT condition showed significantly reduced substance use frequency when compared to participants in IBT or PACT conditions.

2.21	Fals-Stewart, O'Farrell et al. (2009) *US*	RCT study evaluating effectiveness of Behavioral Couples Therapy (BCT) plus Individual-Based Treatment (IBT) vs. Individual-Based Treatment (IBT) for gay couples in which one of the partners has alcohol use disorder (AUD).	100 gay couples recruited n = 48 females Mean age 27.72 years (SD4.36) Partners' mean age 29.43 years (SD 4.28) n = 52 males Mean age 31.31 years (SD 5.46) Partners' mean age 30 years (SD 4.09)	Timeline Followback Interview (TLFB) Structured Clinical Interview for DSM-IV Dyadic Adjustment Scale (DAS) The Client Satisfaction Questionnaire (CSQ-8)	3 months 6 months 9 months 12 months	• Participants with AUD who received BCT reported significantly lower percentage of days of heavy drinking during the year after treatment than those who received IBT only. • Results were maintained at 1 year follow up. • Couples who received BCT reported higher levels of relationship adjustment at the end of treatment and in the year after treatment than those who received IBT. • Results in the study are consistent with studies conducted with heterosexual couples.
2.22	Lam, Fals –Stewart et al.(2008) *UK*	RCT pilot study investigating the effects of Parent Skills Training with Behavioral Couples Therapy (PSBCT) vs. Beahvioral Couples Therapy vs. Individual Based Treatment (IBT) for men with alcohol use disorder entering outpatient alcohol treatment, their female partners and a child.	n = 30 (father–mother–child triads) 100% male *PSBCT (n = 10)* Patient's mean age 33.4 (SD 5.1) Partner's mean age 33.2 (SD 5.4) Child's mean age 8.9 (SD 2.1) *BCT (n = 10)* Patient's mean age 34.6 (SD 4.9) Partner's mean age 32.8 (SD 5.4) Child's mean age 9 (SD 2) *IBT (n = 10)* Patient's mean age 34.2 (SD 4.4) Partner's mean age 33.1 (5.2) Child's mean age 8.8 (2.2)	Child Behavior Checklist (CBCL) Children's Depression Inventory (CDI) Revised Children's Manifest Anxiety Scale (RCMAS) Timeline Followback Interview (TLFB)	6 months 12 months	• Preliminary results indicate that adding parenting skills to BCT for alcoholism may improve child behaviour. • Reported clinically significant differences favouring PSBCT therapy over BCT and IBT therapies. • Only PSBCT showed significant improvement on all child outcome measures ($p < .05$) throughout the 12 months follow up. • While BCT showed significant improvement on all child outcome measures ($p < .05$), only parent-report of externalizing behaviours were sustained at 6-

						and 12-month follow up.
2.23	Lam, Fals-Stewart et al.(2009) *USA*	Randomised study investigating the effects of Parental Skills with Behavioural Couples Therapy (PSBCT) vs. Behavioural Couples Therapy (BCT) vs. Individual Based Treatment (IBT) for families with fathers with alcohol use disorder.	Recruited 30 couples who had a child between the ages of 8 and 12 years. *PSBCT (n = 10)* Mean age 33.4 (SD 5.1) 100% male Partner's mean age 33.2 (SD 5.4) *BCT (n = 10)* Mean age 34.6 (SD 4.9) 100% male Partner's mean age 32.8 (SD 5.4) *IBT (n = 10)* Mean age 34.2 (SD 4.4) 100% male Partner's mean age 33.1 (SD 5.2)	Timeline Followback Interview (TLFB) Timeline Followback Interview–Spousal Violence (TLFB-SV) Dyadic Adjustment Scale Parenting Scale Parental Monitoring Scale	6 months 12 months	• PSBCT and BCT are equally effective in reducing substance abuse and conflict in family. Both treatments showed clinically meaningful effects when compared to IBT therapy. • All treatment groups reported clinically significant improvements in dyadic adjustments at post tests. However, only PSBCT and BCT groups maintained significant treatment gains at 12 month follow up. • Reported significant changes in parenting in PSBCT and BCT groups. • Both groups showed decreased involvement of Child Protection Services with treatment gains maintained at 12 month follow up.
2.24	McCrady, Epstein et al. (2009) *USA*	RCT study evaluating efficacy of Alcohol Behavioral Couple Therapy (ABCT) vs. Alcohol Behavioral Individual Therapy (ABIT) for females with Alcohol Use Disorder (AUD).	n = 102 women and their male partners *ABCT (n = 50)* Mean age 44.78 (SD 9.14) Partners' mean age 47.96 (SD 9.56) *ABIT (n = 52)* Mean age 45.31 (SD 9.31) Partners' mean age 48.98 (SD 11.08)	Timeline Follow Back Interview (TLFB) Daily Drinking Log (DDL) SCID alcohol and drug use disorders modules MCTS Drinking Patterns Questionnaire (DPQ) DAS MATCH Treatment Rating Scale (modified version)	Every 3 months for 18 months	• Results indicate greater efficacy of couple rather than individual treatment for women with alcohol problems. • Results indicate that women increased their percentage of days abstinent (PDA) and reduced heavy drinking (PDH) with significantly greater improvements in ABCT than in ABIT (d = 0.59 for PDA; d = 0.79 for PDH) • At follow-up, the ABCT group

						had better drinking outcomes than ABIT group. • 36% of women in ABCT condition and 34.6% in ABIT were completely abstinent.. • Over the 12 month follow up 16% of women in ABCT and 15.4% women in ABIT maintained continuous abstinence.
2.25	O'Farrell, Murphy et al.(2008) *USA*	RCT pilot study evaluating the effectiveness of Brief Family Treatment (BFT) vs. Treatment as Usual (TAU) on continuing care attendance for alcohol dependent patients in inpatient detoxification.	n = 45 *BFT (n = 24)* Mean age 48.1 years (SD 7.8) 100% male *TAU (n = 21)* Mean age 47.4 years (SD 9.3) 90.5 % females	Drug and Alcohol Program Treatment Inventory (DAPTI) Timeline followback (TLFB) interview Patients' electronic medical records Patients' DSM-IV assessment Outcomes: Entry to continuing care post detoxification Continuing care attendance	3 months	Results indicate that family involvement in discharge planning may contribute to decreased alcohol use and increased care attendance post detoxification. Alcohol dependent patients in BFT group were more likely to enter a continuing care programme than alcohol dependent patients in TAU group. 92% of participants in BFT group entered a continuing care programme after detoxification in comparison to 62% in TAU group (medium to large effect size) 2/3 of BFT participants had fewer days of alcohol use than TAU participants (small to medium effect size)
2.26	Templeton (2009) *UK*	Before-after study evaluating the impact of a brief structured intervention for family members affected by relatives' substance misuse.	n = 12 8 females 4 males	Four questionnaires, see (Orford et al., 2005b). Primary outcomes: Health (physical and psychological symptoms)	End of treatment	5 step interventions can be successfully integrated into group programmes for family members. Reported significant improvement changes in health of family

				Coping		members (decrease in psychological and physical symptoms) from pre to post tests. Repoted decrease in worrying behaviour and increase in feeling more hopeful about the future. Reported increased use of withdrawal coping strategies which are associated with better
2.27	Vedel, Emmelkamp et al. (2008) *The Netherlands*	RCT study examining the effectiveness of Behavioral Couples Therapy (BCT) vs. individual Cognitive Behavioral Therapy (CBT) for males and females with alcohol disorder and their partners.	*BCT (n = 30)* Mean age 45.4 years (SD 12.34) 26 males *CBT (n = 34)* Mean age 45.6 years (10.56) 29 male	Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) European Addiction Severity Index (EuropASI) Alcohol Use Disorders Identification Test Situational Confidence Questionnaire (SCQ) Maudsley Marital Questionnaire (MMQ) Level of Expressed Emotion Questionnaire (LEE)	6 months	• BCT and CBT are equally effective in changing drinking behaviour after treatment. • Reported reduction in drinking from an average of 45 U per week to an average of 4 U week for CBT and from an average of 41 U per week to and average of 1 U per week for BCT ($p < 0.001$) • However, BCT group reported increased levels of marital satisfaction when compared to CBT group. • Conclusion: both CBT and BCT can be used successfully for treatment of alcohol disorders.
2.28	Schumm, O'Farrell et al. (2009) *USA*	Before and after comparison study examining the effect of Behavioural Couples Therapy (BCT) on partner violence in female alcoholic patients and their partners.	BCT group (n = 103) Mean age 39.96 years (SD 8.10) Male partner's mean age 42.23 years (SD 9.30) Comparison group (n = 103) n = 103 Mean age 39.83 years (SD 8.14) Male partner's mean age 42.21 years (SD 9.52)	In-person interviews (drinking measures) Conflict Tactics Scale (CTS) Timeline Follow-Back interview (TLFB)	1 year 2 years	• BCT therapy is effective in reducing the levels of partner violence. • There was a significant decrease in partner violence from pre (68%) to post (31%) treatment. 1 year after receiving BCT intervention. • 45% of participants demonstrated abstinence or minimal substance uses at 1

						year follow up and 49% at 2 year follow up. • Partner violence in remitted participants (22%) did not significantly differ from partner violence reported in the comparison sample (15%) and was lower than the rate among relapsed patients (38%)
2.29	Li, Armstrong et al.(2007) *Canada*	RCT pilot study investigating the efficacy of BCT (Multiple Couples Treatment or MCT) vs. Individual Couple Treatment (ICT) for couples with substance abuse problems.	*MCT 15 couples (n = 30)* Mean age 43.62 (SD 9.3) Gender of substance abuser 67% male *ICT 12 couples (n = 24)* Mean age 40.36 (SD 8.6) Gender of substance abuser 75% male	Dyadic Adjustment Scale (DA) Brief Symptom Inventory (BSI) Alcohol and Drug Use Information Form Adverse Consequences of Drug Use Scale (ACDU) Client Satisfaction Questionnaire (CSQ)	6 months	Group and Individual BCT treatments can be successfully used as a treatment for couples with substance abuse problems. Male participants in both treatment groups and females in MCT group reported improvement in marital relationships. Participants in ICT and MCT groups demonstrated improvement in emotional functioning. 67% of substance users were able to meet their drug use goals following the treatment.
2.30	Haggerty, Skinner et al. (2008) *USA*	RCT study evaluating efficacy of the Focus on Families (FOF) preventive intervention combined with methadone clinic treatment vs. methadone clinic treatment alone for reducing substance use disorders among children in families in which a	133 families: Parents n = 144 Mean age 35.3 (SD 5.8) 75% mothers Children	Composite International Diagnostic Interview (CIDI)	12 - 15 years	• Intervention and control participants did not differ significantly in risk of developing substance use disorders • However, the impact of the intervention was different for boys and girls. There was significant reduction in the risk

		parent undergoes methadone treatment.	n = 177 Mean age 8.21 (SD 3.9) 56.84% male *FOF (n = 75)* including 82 parents and 95 children (mean age 8.2 years) *Methadone (n = 55)* including 62 parents and 82 children (mean age 8.2 years)			of developing a substance use disorder for intervention group males vs control group males (hazard ratio = 0.53, *P* = 0.03) • FOF may have long -term positive effects on reducing substance use disorders among male children

Table 3 ADULT SCHIZOPHRENIA /PSYCHOSIS (23 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
3.1	Garety, Fowler et al. (2008) *UK*	RCT assessing the efficacy of cognitive behavioural therapy vs. family intervention vs. treatment as usual on relapse rates in psychosis	301 patients and 83 caregivers recruited	Primary outcomes – relapse and remission rates Secondary outcomes Psychotic symptoms – PANSS; Psychotic Symptom Rating Scales Measures of affect – Beck Depression Inventory; Beck Anxiety Inventory Social functioning - Social and Occupational Functioning Assessment Scale Measures of therapy process - Scale to Assess Unawareness of Mental Disorder; Illness Perception Questionnaire; Brief Core Schema Scales; Maudsley Assessment of Delusions Schedule; Explanations of Experience Interview Intellectual functioning - Quick Test Carer measures - Camberwell Family Interview; Experience of Care-giving Inventory; General Health Questionnaire–28	12 months 24 months	• The CBT and family intervention had no effects on rates of remission and relapse or on days in hospital at 12 or 24 months • CBT showed a beneficial effect on depression at 24 months and there were no effects for family intervention • In people with carers, CBT significantly improved delusional distress and social functioning • Therapy did not change key psychological processes

3.2	Carra, Montomoli et al. (2007) *Italy*	RCT evaluating the effectiveness of multiple group family treatment for schizophrenia. Patients randomly assigned one of the following groups: information group (IG), information group + support group (IG + SG), treatment as usual (TAU)	*IG (n = 50)* Mean age of patients 29.9 years (SD 8.9) Gender of patients 70% male Mean duration of illness 9.6 years (SD 8.1) *IG + SG (n = 26)* Mean age of patients 29.6 years (SD 5.8) Gender of patients 85% male Mean duration of illness 11.3 years (SD 7.6) *TAU (n = 25)* Mean age of patients 29.9 years (SD 10.6) Gender of patients 64% male Mean duration of illness 10.3 years (SD 9.2)	Diagnosis of schizophrenia – DSM-IV Current satisfactory functioning - Global Assessment Scale Compliance with standard care - specifically designed 3 point scale defining non-compliance as a rating of 3 Consistency of prescribed pharmacological treatment Standardized questionnaire on clinical and social characteristics of patient and family Relatives' EE - Camberwell Family Interview-CFI Hospital admissions Patients' relapse Employment in the past 12 months Objective burden to relatives	12 months 24 months	• Patients' compliance with standard care was greater at 12 months in the IG+SG group, compared to TAU • A reduction in levels of expressed emotion (EE), significantly more frequent in those receiving the additional support programme than just the informative, occurred after treatment completion • No difference in other clinical and family outcomes
3.3	Gutierrez-Maldonado and Caqueo-Urizar (2007) *Chile*	RCT examining the effectiveness of a family psychoeducational intervention vs. standard care (control group) for reducing burden in caregivers of schizophrenic patients	*Psychoeducation group (n = 22)* *Control group (n = 23)*	Zarit Caregiver Burden Scale	Post-treatment 5 months	• Significant decrease in caregiver burden in psychoeducational group • Only slight decrease in scores on Zarit scale in control group • Treatment was especially effective in mothers and caregivers with lower educational levels
3.5	Bertrando, Cecchin et al. (2006) *Italy*	Pilot study of an RCT assessing the efficacy of a systemic family intervention based on the Milan Approach vs. control group in families of people with a diagnosis of	*Family Intervention (n = 10)* Mean age 30.9 years (SD 7.16) 60% male Mean age at onset of schizophrenia 21.1 years (SD 4.15)	Expressed Emotion (EE) Brief Psychiatric Rating Scale CFI	1 year	• Family Intervention group showed a reduction in criticism, while 30% of their members with a diagnosis of schizophrenia relapsed • Families in control group showed no changes in EE

		schizophrenia	*Control Group (n = 8)* Mean age 29.38 years (SD 4.5) 62.5% male Mean age at onset of schizophrenia 22.75 years (SD 6.96)			levels, while 62.5% of their members with a diagnosis of schizophrenia relapsed
3.6	Bradley, Couchman et al. (2006) *Australia*	RCT evaluating the efficacy of multiple-family group treatment (MFGT) vs. case management (Control) in the treatment of schizophrenia	*MFGT (n = 25)* Mean age 33.6 years (SD 6.68) 72% female *Control group (n = 25)* Mean age 34 years (SD 9.6) 68% female	Brief Psychiatric Rating Scale Scale for the Assessment of Negative Symptoms Health of the Nation Outcome Scale Quality of Life Scale Family Burden Scale	18 months	• Significantly reduced rates of relapse after treatment for MFGT group, compared to control group (12% vs. 36%) • Similar story for relapse rates at follow-up (25% vs. 63%) • Significantly reduced BPRS ratings for MFGT group • Improved vocational outcomes for MFGT group
3.7	McDonell, Short et al. (2006) *USA*	RCT examining the effects of multiple-family group treatment (MFGT) on outpatient and inpatient mental health service utilization of 97 persons with schizophrenia	*Treatment group, standard care plus MFGT (n = 53)* Mean age 31.9 years (SD 8.7) 77% male *Control group, standard care (n = 44)* Mean age 33.8 years (SD 10.2) 79% male	Service utilisation Clinical status - Structured Clinical Interview for the DSM-IV, Psychotic Disorders Version, Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962) and the modified Scale for the Assessment of Negative Symptoms	1 year	• MFGT participants demonstrated a significant increase in outpatient utilization as a direct consequence of the intervention. However, when service use was summed across 3 years post-randomization, no group differences were observed • Results suggest that implementation of MFGT in a community mental health setting reduces inpatient service at specific time periods, without significantly increasing outpatient service utilization

3.8	Magliano and al (2006) *Italy*	RCT examining efficacy of psychoeducational family intervention vs. waiting list on patients with schizophrenia and their relatives	*Intervention group (n = 42 patients)* Mean age of patients 36.9 years (SD 8.2) 69% male patients *Waiting list (n = 29 patients)* Mean age of patients 34.1 years (SD 7.8) 83% male patients	Patients: clinical status, personal and social functioning, social network Relatives: burden, social resources, and perception of professional support	Six months	• Significant reduction in number of patients with poor or very poor global personal and social functioning in intervention group from baseline to follow-up • Significant improvement in patients' social relationships, interests in obtaining a job, maintenance of social interests, and management of social conflicts in intervention group • Improvement in social relationships at follow-up for 74% of patients • Significant improvement in family burden for all participants • Significant improvement of relatives' social contacts and perception of professional support in intervention group
3.9	Pitschel-Walz, Bauml et al. (2006)	RCT assessing whether psychoeducational groups vs. routine care is effective in improving outcomes for patients with schizophrenia and their relatives	236 patients recruited	Rehospitalisation rates Compliance	12 months 24 months	• Significant reduction in rehospitalisation rates at both follow-up points in psychoeducational groups, compared to routine care ($p < .05$) • Better compliance seen in psychoeducational group compared to routine care
3.10	Petersen, Jeppesen et al. (2005) *Denmark*	RCT examining the effectiveness of multiple family psychoeducational treatment (integrated treatment) vs. standard treatment in the treatment	547 patients recruited *Integrated treatment (n = 275)* Mean age 26.6 years (SD 6.4)	Global assessment of functioning, function and symptoms Social network schedule Client satisfaction questionnaire	1 year 2 years	• At follow-up, psychotic symptoms changed favourably in favour of integrated treatment • Negative symptoms changed favourably in favour of

		of patient with a first episode of schizophrenia	58% male *Standard treatment (n = 272)* Mean age 26.6 years (SD 6.3) 60% male	Suicide attempts and suicidal ideation Duration of untreated psychosis Main diagnosis and comorbidity based on the schedule for clinical assessment in neuropsychiatry Scale for assessment of positive symptoms (SAPS) and scale for assessment of negative symptoms (SANS) Sociodemographic factors		integrated treatment • At two years' follow-up the estimated mean difference between groups in psychotic symptoms was –0.32and in negative symptoms was –0.45, both in favour of integrated treatment • Patients who received integrated treatment had significantly less co-morbid substance misuse, better adherence to treatment, and more satisfaction with treatment
3.12	Chien and Chan (2004) *Hong Kong*	RCT examining the efficacy of mutual support multiple family group intervention (MS) vs. psychoeducation vs. standard care for family caregivers of patients with schizophrenia	*MS (n = 32)* Mean age of patients 32.3 years (SD 8.1) Gender of patients 38% female *Psychoeducation (n = 33)* Mean age of patients 29.1 years (SD 7.5) Gender of patients 39% female *Standard Care (n = 31)* Mean age of patients 33.8 years (SD 5.8) Gender of patients 29% female	Family Support Services Index Specific Level of Functioning Scale Five items of the Brief Psychiatric Rating Scale	12 months	Multivariate analyses of variance indicated that the MS was associated with consistently greater improvements in patients' functioning and rehospitalisation and stable use of mental health services over the follow-up period compared with the other two interventions
3.13	Hazel, McDonell et al. (2004) *USA*	RCT examining efficacy of multiple-family group treatment (MFGT) vs. standard psychiatric outpatient care in the treatment of patients with	97 patients with schizophrenia and their caregivers recruited Mean age of patients 32.8 years (SD 9.4) Mean age of caregivers 51.3	Caregivers' distress – 14-item Perceived Stress Scale; Anger Expression Scale; Global Distress Index of the Center for Epidemiologic Studies Depression Scale; State-Trait	12 months 24 months	• Caregivers of patients who received MFGT experienced greater reductions in distress, compared to standard care group • No increases in resources in

		schizophrenia or another psychotic disorder	years (SD 12.1) Gender of patients 76% male Gender of caregivers 16% male Mean duration of illness 10 years (SD 8.6) Multiple Family Group Treatment; n = 53 Standard Psychiatric Care; n = 44	Anxiety Inventory Caregivers' resources – 40-item Interpersonal Support Evaluation List; Revised Ways of Coping Checklist Patients' clinical status – Structured Clinical Interview for DSM-IV, Psychotic Disorders Version; Scale for the Assessment of Negative Symptoms		MFGT group compared with standard care group
3.14	Leavey, Gulamhussein et al. (2004) *UK*	RCT evaluating the efficacy of a brief family intervention vs. usual care for caregivers of patients with a first episode of psychosis	106 caregivers recruited	Verona Service Satisfaction Questionnaire (Relatives) Perceived severity of illness Caregiver Strain Index	4 months 9 months	• Low recruitment; intervention had little impact • No differences over time for relatives' satisfaction or number of days spent by patients in hospital over nine months from entry to the trial between the two groups
3.15	Ran, Xiang et al. (2003) *China*	RCT examining the effectiveness of a psychoeducational family intervention plus medication (FIG) vs. medication only (MG) vs. control group (CG; no intervention) in families experiencing schizophrenia	*FIG (n = 132)* Mean age 43.5 years (SD 14.3) 34.9% male *MG (n = 110)* Mean age 42.4 years (SD 14.7) 46.6% male *CG (n = 115)* Mean age 44.8 years (SD 13.8) 37.1% male	Medication compliance Recognition of mental disease Caring attitude towards the patient Relapse rate Patient's working ability Rate of mental disability	9 months	• Patient in FIG showed a gain in knowledge, a change in the relatives' caring attitudes towards the patients, and an increase in treatment compliance • Relapse rate over 9 months in FIG (16.3 %) was half that of the MG (37.8 %), and just over one-quarter of that of CG (61.5 %) (p<0.05) • Antipsychotic drug treatment and families' attitudes towards patients at follow-up were significantly associated with clinical outcome.

3.17	Barrowclough, Haddock et al. (2001) *USA*	RCT comparing the efficacy of routine care vs. routine care combined with motivational interviewing, cognitive behaviour therapy and family/caregiver intervention in the treatment of patients with co-morbid schizophrenia and substance use disorders	36 patient-caregiver dyads recruited Gender of patients - 92% male Mean age of patients 31.1 years (SD 9.69)	Assessment of patients' symptoms and functioning - Global Assessment of Functioning Scale Medication compliance - Drugs Attitude Inventory Patient relapse Patients' substance use – Timeline Followback Interview; Addiction Severity Index; Leeds Dependence Questionnaire; Alcohol Use Scale and the Drug Use Scale of the Clinician Rating Scales	12 months	• The integrated treatment program resulted in significantly greater improvement in patients' general functioning than routine care alone at the end of treatment and at follow-up • Patients in integrated program reported a reduction in positive symptoms and in symptom exacerbations and an increase in the percentage of days of abstinence from drugs or alcohol at follow-up
3.18	Montero, Asencio et al. (2001) *Spain*	RCT comparing relatives group (RG) vs. single-family behavioural family therapy (BFT) on the outcome profile of relevant clinical variables for schizophrenia patients	*BFT (n = 46)* Mean age 27.2 years (SD 6.6) 67.4% male *RG (n = 41)* Mean age 26.4 years (SD 5.9) 65.8% male	Psychiatric Assessment Scale (PAS) Social functioning - Disability Assessment Scale-II Degree of knowledge about schizophrenia - Knowledge About Schizophrenia Inventory Psychological distress in relatives - General Health Questionnaire-28 Items EE in the key relative - Camberwell Family Interview	12 months	• No significant difference in relapse rate • In subjects who suffered a psychotic relapse, the mean time span between entering the program and the relapse being detected was also similar in both groups • No difference was recorded in the length of hospital stay of each group • The global PAS score suggests favourable development in both groups, but the "delusions" and "thought disorder" scores of those in the BFT group had significantly decreased at post-treatment • For BFT patients the mean dosage was significantly lower at post-treatment in comparison with the baseline dosage, while in RG patients the mean dosage remained stable

						• Both groups reduced the family EE level, and improved social adjustment • Knowledge of the nature and treatment of the illness also improved in both groups.
3.19	Dyck, Short et al. (2000) *USA*	RCT examining effects of psychoeducational multiple family group vs. standard care in the treatment of schizophrenia (diagnosed by DSM-IV) in 63 outpatients	*Multiple family group (n = 32)* Mean age 33 years (SD 8) 72% male Mean duration of illness 11 years (SD 8) *Standard care (n = 31)* Mean age 33 years (SD 10) 74% male Mean duration of illness 10 years (SD 8)	Brief Psychiatric Rating Scale Modified Scale for the Assessment of Negative Symptoms	1 year	• Psychoeducational multiple-family group intervention was more effective than standard care in managing negative symptoms over a 12-month period
3.20	Montero, Masanet et al. (2006) *Spain*	Follow-up study to Montero, Asencio et al. (2001) over a 5-year period on 87 patients diagnosed with schizophrenia and their families taking part in a cognitive behavioural therapy, assigned at random either to (a) a family unit including the patient or (b) a group of relatives, to assess whether the clinical and social benefits observed in the short term would be maintained 5 years later.	87 patients of both genders, who had been diagnosed with schizophrenia (DSM-III) and their respective families	Relapse Readmissions	5 years after RCT	• Long-term outcomes for both groups were similar • Survival analysis indicated that there were no significant differences between the two groups with regards to either relapse or readmissions

3.21	Bressi, Manenti et al. (2007) *Italy*	Longitudinal prospective study evaluating the effectiveness of systemic family therapy (SFT) vs. control case sample of routine psychiatric care (PC) in 40 patients with schizophrenia	SFT; n=20 PC; n=20	Hospital readmissions Relapse and pharmacological compliance	12 months Two years	• At follow-up, improved clinical course and a better pharmacological compliance seen in SFT group • 15% of SFT group had relapsed, compared to 65% in PC group (p = 0.03) • No significant difference at 2-year follow-up
3.22	Motlova, Dragomirecka et al. (2006) *Czech Republic*	Non-randomised controlled study examining the effectiveness of a family psychoeducation intervention (site A) vs. no treatment (site B) in schizophrenia management	*Intervention group(n = 53)* Mean age 31.13 years (SD 10.23) 37.7% male *No treatment group (n = 67)* Mean age 32.39 years (SD 9.81) 54% male	Relapse rate Global Assessment Functioning Psychoeducation Outcomes Questionnaire	12 months	• Psychoeducation group had a a shorter average length of rehospitalisation stay at 12-month follow-up, compared to no treatment group • At 12-month follow-up, the probability of rehospitalization higher for patients from no treatment group
3.23	Yamaguchi, Takahashi et al. (2006) *Japan*	Before-after study examining outcomes for short-term multi-family psychoeducation groups for relatives of patients with schizophrenia	37 patients with schizophrenia and 46 of their relatives recruited Mean age of patients 25.1 years Mean age of relatives 52.7 years	Expressed Emotion Anxiety, burden and stress levels in families - Family Burden and Distress Scale; State-Trait Anxiety Inventory	Six months	• Both state and trait anxiety on the State-Trait Anxiety Inventory were significantly lower after intervention compared to before intervention • Subjective burden and distress reported by the family significantly decreased on the subscales for family confusion resulting from a lack of knowledge of the illness and anxiety about the future, subjective burden and depression resulting from the patient's illness, and difficulties in the relatives' relationships with the patient.

3.24	Stanbridge, Burbach et al. (2003) *UK*	Qualitative study involving semi-structured interviews with 15 of the first 22 referrals for psychosis to a Somerset Family Interventions Service	15 families interviewed; 13 interviews were completed	Family satisfaction Clinical outcome/symptoms	N/A	• Family satisfaction – no-one expressed dissatisfaction with the service; 10 families rated themselves as "very satisfied" • Symptoms – six families rated the change in their problems and client's symptoms as "much better" • Seven families felt that the service had helped them "a great deal" in managing their problems effectively
3.25	Gutierrez Maldonado,Caqueo-Urızar et al. (2009) *Chile*	RCT evaluating the effect of Family Psychoeducational Program plus treatment as usual vs. treatment as usual alone on changing attitudes towards schizophrenia and health perceptions of relatives of patients with schizophrenia.	N = 41 caregivers Mean age 54.2 years (SD 15) 31 women *Psychoeductional Intervention (n = 18)* *Control group (n = 23)*	Relatives' Attitudes toward Schizophrenia SF-36 General Health Questionnaire Outcomes: Caregivers' attitudes towards schizophrenia Caregivers' health perceptions	End of treatment	The psychoeducational program is more effective than treatment as usual in reducing negative attitudes of caregivers of patients with schizophrenia. Caregivers in the experimental group demonstrated significantly lower scores on the attitude questionnaire (from pre test at 108.6 to. post test at 83.9). Treatment as usual alone did not have significant impact on modifying negative attitudes in the control group with no significant difference in scores from pre test (105.7) to post test (109.4) Family intervention was more effective among relatives of female patients. Family intervention did not have a significant effect on caregivers' health perceptions.

3.26	Kulhara, Chakrabarti et al.(2008) *India*	RCT study evaluating the impact of Structured Psychoeducational Intervention vs. routine out patient care for caregivers of Indian patients diagnosed with schizophrenia.	Recruited 76 patients with diagnosed schizophrenia and 76 caregivers. *Structured Psychoeducational Intervention (n= 38)* Mean age 31.1 years (SD 11.5) 17 males Caregivers (n = 38) Mean age 47.7 years (SD 13) 32 males *Routine out patient care (n = 38)* Mean age 31.6 years (SD 9.8) 25 males Caregivers n = 38 Mean age 46.3 years (SD 13) 25 males	Structured Clinical Interview for DSM-IV axis I disorders – Clinician Version Positive and Negative Syndrome Scale (PANSS) WHO Disability Assessment Scale Schedule for Assessment of Psychiatric Disability Social Support Scale Patient Satisfaction Questionnaire Family Burden Interview Schedule of Pai and Kapoor coping checklist	End of treatment	• Structured Psychoeducational Intervention was significantly better than routine out-patient care among Indian out-patients with schizophrenia and their caregivers. • Structured Psychoeducational Intervention was more effective in reducing psychopathology, and disability levels when compared to routine out patient treatment. • Structured Psychoeducational Intervention showed better outcomes in perception of social support and satisfaction with treatment among caregivers when compared to standard treatment. • However, Structured Psychoeducational Intervention did not significantly reduce drop-out, relapse and caregiver-burden, or improve caregiver-coping.

Table 4 ADULT EATING DISORDERS (3 articles)

	Study	Study Type	Participants	and Outcome Measures	Follow-Up	Findings
5.2	Dare, Eisler et al. (2001) *UK*	RCT comparing efficacy of family therapy vs. focal psychoanalytic psychotherapy vs. cognitive-analytic therapy (CAT) vs. routine therapy in treating adult outpatients with anorexia nervosa	84 patients recruited Mean age 26.3 years (SD 6.7) 98% female Mean BMI 15.4 (SD 1.6)	Morgan-Russell Interview	12 months	• Modest improvement in symptoms seen in all patients at follow-up • Psychoanalytic psychotherapy and family therapy significantly superior to routine therapy
5.3	Schaffner and Buchanan, (2008) *USA*	Before-after study examining the effectiveness of a day treatment program (CBT combined with multimodal interventions and clinical experience based on individual needs) for women diagnosed with eating disorders.	n = 77 Mean age 21.4 years (SD = 6.7) 100% women 11% received Partial Hospitalisation Programme (PHP) 55.8% received intensive outpatient hospitalisation (IOP) 31.2% received a combination of PHP and IOP treatment.	Eating Disorder Inventory-Second Edition (EDI-2) Eating Disorder Inventory-Symptom Checklist (EDI-SC) Beck Depression Inventory-Second Edition (BDI-II) Sheehan Patient Rated Anxiety Scale (SPRAS) Outcomes: eating disorder attitudes, personality characteristics, and symptoms, as well as depressive symptoms and anxiety symptoms	End of treatment	• Integrating CBT with clinical experience and additional interventions can be successfully for treatment of eating disorders. • There was a significant decrease in symptoms of eating disorders from pre (8.07, SD 3.76) to post (3.05, SD 2.8) treatment. Patients also reported a significantly lower number of eating disordered attitudes at post treatment • Reported significant reduction in depressive and anxiety symptoms at post treatment.
5.4	Colahan and Robinson (2002) *UK*	Survey assessing patient satisfaction with a multi-family group for patients aged 17-20 years with eating disorders	4 patients recruited	Patients satisfaction – feedback questionnaire	3 months	Ratings made by participants indicated that families viewed the treatment favourably

Table 5 ADULTS OTHER PSYCHIATRIC: INCLUDES PTSD, CSA, and DEMENTIA (14 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
6.1	Lau and Kristensen (2007) *Denmark*	RCT examining the efficacy of analytic vs. systemic group psychotherapy for 151 adults with intrafamilial child sexual abuse	n = 151 Analytic (n = 77) Systemic (n = 74) 100% female	DSM-IV and ICD-10 personality questionnaire Child sexual abuse questionnaire Flashback registration Global assessment of functioning Symptom checklist-90-R Registration chart questionnaire Global life quality Patients expectation to therapy and patient-rated change	Not stated; long-term outcomes to be reported in a later study	Both therapies led to the improved quality of life, fewer psychopathological symptoms, and better overall functioning, but overall the outcome of systemic was significantly better than the outcome of analytic
6.2	MacIntosh and Johnson (2008) *Canada*	Case study replication examining Emotional Focused Therapy (EFT) for couples in which one of the partner s reported Childhood Sexual Abuse (CSA))and met diagnostic criteria for Post-Traumatic Stress Disorder (PTSD)	10 couples recruited, all of the CSA survivors in the sample were females EFT (n = 20) Mean age of male partners 43 years Mean age of female partners 40.5 years	The Dyadic Adjustment Scale The Trauma Symptom Inventory CAPS structured clinical interview to assess PTSD	End of treatment (19 sessions)	• Half of the CSA survivors reported clinically significant improvement from pre to post treatment. • The mean Trauma Symptom Inventory scores for CSA survivors were at 66 pre treatment and at 58 post treatment. (improvement of 8 points for the total sample) • Eight of the CSA survivors no longer

						met criteria for PTSD with the mean CAPS scores at 83 pre treatment and 46 at post treatment (mean improvement of 2 SD) • Overall, half of the couples reported clinically significant increases in relationship satisfaction.
7.1	Pollio, North et al. (2002) *USA*	Pilot RCT examining the outcomes of psychoeducation responsive to family model (PERF) vs. usual services in families with an adult member with a mental illness	PERF Model (n = 9) Usual Services (n = 10)	North-Sacher Family Life Questionnaire	3 months 6 months 12 months	• Significant post-intervention improvements in four of five variables seen in PERF group • Significant greater improvement seen for one variable in PERF group, compared to usual services
7.2	Sherman (2006) *USA*	Longitudinal study reporting on 5-year outcomes from a family psychoeducational intervention for serious mental illness (Support and Family Education Program – S.A.F.E.)	170 family members attended at least one workshop 80% female Diagnoses: PTSD 40% Major depression 20% Schizophrenia 17% Bipolar disorder 15%	Participant satisfaction with program	5 years	• Positive evaluation data - high levels of participant retention and satisfaction • Program attendance is positively correlated with understanding of mental illness, and ability to engage in self-care activities • Program

						attendance is inversely correlated with caregiver distress.
7.3	Stam and Cuijpers (2001) *Netherlands*	Quasi-experimental pilot study evaluating the effects of psychoeducational family support groups vs. once-only informational meetings on relatives' burden with psychiatric patients	Psychoeducation group; 119 participants from 19 family support groups Mean age of relative 49.9 years (SD 12.4) Gender of relative 33.6% male Informational meetings; 45 participants Mean age of relative 52.6 years (SD 12.6) Gender of relative 25% male	Burnout - an adapted version of the Maslach Burnout Inventory Psychosomatic symptoms of relatives Objective burden - Involvement Evaluation Questionnaire	12 months	• Significant effects of family support groups were found on elements of burnout and burden.
7.4	Wang, Zhu et al. (2008) *China*	A non-randomised open study evaluating Family Behavior Therapy for individuals diagnosed with Antisocial and Narcissistic Personality Disorders and their families.	Antisocial Personality Group (n = 22) Mean age 26.5 (SD 6.5) 4 women Narcissistic Personality Group (n = 14) Mean age 23.8 (SD 5.6) 6 women Comparison group (n = 30) Mean age 26.9 years (S.D 6) 20 women	Visual Analogue Scale (VAS) Plutchik-Van Praag Depression Inventory (PVP) Parker Personality Measure (PERM)	End of treatment	• Short-session family behaviour therapy is effective in reducing Axis I symptoms in the antisocial and narcissistic groups. • Family Behavior Threapy family was especially effective in treating eating and sleep problems • Most self-reported symptoms and PVP scores were significantly lowered in antisocial and narcissistic groups • After treatment, PERM antisocial T score in the antisocial group and the PERM

						narcissistic T-score in the narcissistic group were significantly decreased when compared to pre treatment.
7.5	Hoffmann, Fruzzetti et al.(2005) *USA*	Before/after study assessing changes in family members who participated in Family Connections (FC), a 12-week multiple-family Program based on Dialectical Behavior Therapy (DBT) , for relatives of individuals with borderline personality disorder (BPD)	34 Families Recruited *FC (n = 44)* Mean age 55.5 (SD 10.0) Sample included: 27 mothers 61.4% 12 fathers 27.3% 4 were spouses 9.1% 1 sibling 2.3 % 80% completed follow up	Burden Assessment Scale Perceived Burden Scale Revised Center for Epidemiologic Studies Depression Scale (CES-D) Grief Scale Mastery Scale	2 weeks 6 months	• Family members reported lower levels of burden at post (48.35) when compared to pre (51.41) FC programme. • Reported lower levels of grief at post tests (47.62) vs pre tests (52.41) • Family members reported increased levels of mastery following the completion of the FC programme • Changes were maintained 3 months after treatment • However, there was no change in the mean family unit depression from pre to post FC programme t (28)= .1.42, p>.05.
7.6	Kirby and Baucom, (2007) *USA*	A couple-based intervention integrating Dialectical Behaviour Therapy (DBT) and Cognitive Behavioural Couple Therapy (CBT) for couples in which	Sample included DBT graduates and their romantic partners. All DBT graduates (n = 10)	Structured Clinical Interview for DSM-IV Axis I and Axis II Disorders.	Post treatment and 6 months	• Partners reported increased relationship satisfaction but no

		one of the partners experienced emotional dysregulation and participated in a year long Dialectical Behaviour Therapy (DBT) .	were receiving individual therapy when recruited. *10 couples (n = 20)* Age range 25 to 53 years Mean age 40 years	Dyadic Adjustment Scale Beck Depression Inventory-II State-Trait Anger Expression Inventory – Revised Difficulties in Emotion Regulation Scale Difficulties in Emotion Regulation Scale – partner version Positive and Negative Affect Schedule Efficacy Questionnaire Client Satisfaction Questionnaire		change was reported for DBT graduates (even after 6 month follow up) • DBT graduates reported significantly less depression and the effect was maintained at 6 month follow up. • Treatment had no effect on anxiety in DBT graduates • Decreased positive and negative affect at post treatment in DBT graduates • Reported increased affect regulation abilities in DBT graduates
7.7	Marriott, Donaldson et al. (2000) *UK*	RCT evaluating the efficacy of family intervention vs. two control groups (interview control group and no interview control group) in reducing the subjective burden of care in caregivers of patients with Alzheimer's Disease and producing clinical benefits in patients	Family Intervention (n = 13) Mean age of carers 69.6 years (SD 15.2) Mean age of patients 76.6 years (SD 9.3) Carer gender 30.8% male Patient gender 23% male Interview Control Group (n = 14) Mean age of carers 63.0 years (SD 14.0) Mean age of patients 76.3 years (SD 10.6)	Caregiver assessments – General Health Questionnaire and Beck Depression Inventory Knowledge about dementia Patient assessments – Mini-Mental State Examination, Cornell Scale for Depression in Dementia, MOUSEPAD, Clinical Dementia Rating.	Post-treatment, 9 months after trial entry 3 month follow-up, 12 months after entry into trial	• Significant reductions in distress and depression in the intervention group compared with control groups at post-treatment and follow-up • Significant reductions in behavioural disturbance at post-treatment and an increase in activities at 3 mo in patients in the intervention

			Carer gender 35.7% male Patient gender 28.6% male No Interview Control Group (n = 13) Mean age of carers 58.1 years (SD 16.7) Mean age of patients 77.7 years (SD 6.8) Carer gender 15.4% male Patient gender 23.1% male			group
32.3	MacDonald (2005) UK	Outcomes from a solution-focused brief therapy outpatient clinic in adult mental health are described.	Seventy-five clients were referred, of whom fifty-three were seen and forty-one traced at follow-up	Patient Satisfaction	A questionnaire was sent to clients and their family doctors one year after they ceased to attend	good outcome was found in thirty-one cases (76%), while ten clients (24%) reported no improvement A good outcome was reported in twelve of the sixteen clients with anxiety or tension, seven out of seven who wanted 'something new in their lives', six of the eight with relationship difficulties, three of the five with depressive complaints and the two with problems involving violence

14.1	Sytema and Bout (2006) *The Netherlands*	Cohort study of 173 couples looking at the outcomes of an inpatient group treatment programme for couples with complicated problems that require intensive therapy	Mean age of males 51.7years (SD 9.6) Mean age of females 49.1 years (SD 9.5)	ICD-10 Symptom Check List (SCL-90) Interactional Problem Solving Inventory	Post-treatment 6 months 18 months	Outcomes indicate that clinical group therapy for these couples is effective
14.3	Weine,Kulauzovic et al.(2008) *USA*	RCT study evaluating the effects of family focused intervention (Coffee and Families Education and Support - CAFES) vs. control group on increasing access to mental health for refugees with Post-traumatic Stress Disorder (PTSD).	Recruited 197 Bosnian refugees with PTSD and their relatives *CAFES (n = 110)* Mean age 38.5 years (SD 10.4) 45.5 % males *Control (n = 87)* Mean age 36.7 (SD 9.0) 54.5% males Family member Mean age 35.5 (SD 9.8) 60% females	PTSD Symptoms Scale Center for Epidemiological Studies Depression Scale Knowledge regarding trauma mental health (questionnaire) Scale assessing family comfort (discussing trauma mental geaklth) Outcomes: Severity of depression Family comfort discussing trauma mental health Severity of PTSD symptoms Traumatic events Knowledge about trauma mental health	6 months 12 months 18 months	Multiple family group intervention (CAFES) is effective in increasing access to mental health services for refugees diagnosed with PTSD. CAFES intervention group reported significantly higher number of mental health visits than control group. By contrast, PTSD symptoms do not account for the number of mental health visits in both CAFES and control groups. Similarly, knowledge about trauma mental health did not seem to facilitate access to mental health services. Reported that depression scores and family comfort with discussing trauma mediated the effect of the intervention.
14.4	Anderson, Huff et al. (2008) *USA*	Qualitative study using grounded theory approach to examine the process of conducting Medical Family Therapy (MedFT) in an inpatient psychiatric system. The	Recruited patients, their families, Referring providers and family therapists.	Interviews	n/a	• Results provide support for integrating MedFT into treatment at psychiatric inpatient settings. • Patients, family members,

		analysis is based on 15 case studies.	n = 15 (patients) 40% female 60% male n = 21 (family/support members) n = 9 (referring providers) n = 6 (family therapists)			and referring providers all found many benefits in including the MedFT family session • MedFT helps patients and their families to initiate systemic changes in order to reduce further hospitalisations. • MedFT is also effective in dealing with complex family dynamics, related to hospitalisation. • Results indicate that high levels of collaboration with the patient, family members and referring providers make MedFT especially effective.
14.5	Sautter, Glynn, et al. (2009) *USA*	Before/after study investigating the efficacy of Strategic Approach Therapy (SAT) for couples in which one of the partners experienced avoidance symptoms of Post Traumatic Stress Disorder (PTSD)	Recruited 6 couples *SAT (n = 12)* Mean age of male partners 59.2 Mean age of female partners 53.1 Partners experiencing PTSD 100% males	Structured Clinical Interview for DSM IV Post Traumatic Stress Disorder Scale (CAPS) Post Traumatic Stress Disorder Checklist (PCL)	10 weeks	• Results indicate that 10 sessions of SAT were associated with significant reduction in avoidance and emotional numbness symptoms of PTSD • Reported significant reductions in overall PTSD severity

Table 7 ADULT PHYSICAL HEALTH: CHRONIC PAIN, HIV and CANCER (7 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
8.1	Lemmens, Eisler et al. (2005) *Belgium*	Uncontrolled outcome pilot study, examining the benefits of multiple family group therapy for patients with chronic pain and their relatives	19 patients with chronic pain as defined by DSM-IV and 41 relatives Mean age of patients 34.6 years (SD 15.3) 11% male (patients) 58.5% male (relatives)	Symptom Checklist (SCL-90) Multidimensional Pain Inventory (MPI) Family Climate Scale (GKS-II) Group Evaluation Questionnaire	Not stated	• Patients showed a significant increase in life control and social activities, and a significant decrease in affective distress on the MPI-DLV • Significant reduction in depression and feeling on insufficiency on the SCL-90 • On the GKS-II, family members showed a positive change for measures of organisation and control • On the Group Evaluation Questionnaire, 87.5% of patients found the treatment to be helpful for themselves, whereas 81.2% of patients found the treatment to be helpful for family members
9.1	Szapocznik, Feaster et al. (2004) USA	RCT assessing the efficacy of structural ecosystems therapy (SET) vs. attention-comparison person-centred condition vs. community control group for HIV-positive African-American women	209 HIV-positive females recruited Mean age of total sample 36 years (SD 8)	Psychological distress - Global Severity Index from the Brief Symptom Inventory Family hassles - The Hassles Scale Family support - Social Support Questionnaire	3 months 6 months 9 months 18 months	• Growth curve analyses over 5 time points revealed that SET was more efficacious than either of the control conditions in reducing psychological distress and family-related hassles • SET was not more efficacious in increasing family support • Latent growth mixture modelling analyses indicated that SET was most efficacious for women who, on average, were at or near the clinical threshold for psychological distress and for women with high levels of family hassles

10.1	Kissane, McKenzie et al. (2006) *Australia*	RCT examining the efficacy of family-focused grief therapy vs. control group for families of patients dying of cancer	Family-focused grief therapy (53 families, 233 individuals) Control group (28 families, 130 individuals)	Family Environment Scale – measure of family functioning Family Assessment Device Brief Symptom Inventory Beck Depression Inventory – short form Social Adjustment Scale Bereavement Phenomenology Questionnaire	6 months 13 months	• Small overall impact of family focused grief therapy - reduction in distress at 13 months • Significant improvements in distress and depression occurred among individuals with high baseline scores on the Brief Symptom Inventory and Beck Depression Inventory • Global family functioning did not change
10.2	Hudson, Aranda et al. (2005) *Australia*	RCT evaluating effectiveness of standard palliative care plus psychoeducational intervention vs. standard palliative care for family caregivers of patients dying of cancer at home	106 caregivers recruited 65.1% female Mean age of caregivers 60.78 years (SD 13.98) Intervention group; n = 54 Standard palliative care; n = 52	Preparedness for Caregiving Scale Caregiver Competence Scale Rewards of Caregiving Scale Hospital Anxiety and Depression Scale	Time 1 – start of intervention Time 2 - 5 weeks Time 3 - 8 weeks following patient death	• No intervention effects seen with respect to preparedness to care, self-efficacy, competence, and anxiety • Intervention group reported a significantly more positive caregiver experience than those who received standard care at both Times 2 and 3
10.3	Manne, Ostroff et al. (2005) *USA*	RCT evaluating efficacy of a couple-focused group intervention (treatment group) vs. usual care (control group) on psychological adaptation of women with early stage breast cancer	*Treatment group (n = 120)* Mean age 49.25 years (SD 10.4) 100% female *Control group (n = 118)* Mean age 49.76 (SD 10.5) 100% female	General distress - Mental Health Inventory—18 Cancer-specific distress - Impact of Event Scale Partner unsupportive behaviours – Partner Unsupportive Behaviors Scale Physical impairment - Functional Status subscale of the Cancer Rehabilitation Evaluation System Treatment expectancy - A modified Expectancy Rating Form Treatment evaluation - A 20-item expanded version of Borkovec and Nau's (1972) scale Psychosocial care use Medical variables	Time 2 - 1 week post-intervention Time 3 - 6 months post-intervention	• Intent-to-treat analyses indicated that the treatment group reported lower depressive symptoms • Subgroup analyses showed that women in the treatment group had significantly less distress than did women receiving usual care and women who dropped out of the intervention

10.4	Shields and Rousseau (2004) *USA*	Non-randomised three-group controlled study, examining intervention for couples coping with breast cancer	*2-session intervention (n = 12)* Mean age of patient 46.2 years (SD 16.7) Mean age of partner 54.5 years (SD 11.7) *1-session intervention (n = 21)* Mean age of patient 58.9 years (SD 9.6) Mean age of partner 60.8 years (SD 9.5) *Non-experimental control group (n = 15)* Mean age of patient 62.1 years (SD 8.8) Mean age of partner 66.6 years (SD 7.9)	Mental Health Summary Score of the SF-12 Impact of Events Scale Dyadic Adjustment scale	Post-intervention 3 months	• 2-session workshop may result in increases in mental health score on the SF-12 • Patients in the 2-Session group reported lower avoidance at 3 months
10.5	McLean, Jones et al. (2008) *Canada*	A non-randomised pilot study intervention evaluating the effectiveness of modified Emotionally Focused Couple Therapy (EFCT) in improving martial functioning in cancer patients and their spouses.	Recruited 16 couples n = 16 Patient's mean age 48.1 (SD 11.65) 7 males	Medical and demographic data Revised Dyadic Adjustment Scale (RDAS) Beck Depression Inventory-II Beck Hopelessness Scale (BHS) Satisfaction and Benefit Questionnaire (SBQ) Outcomes: Marital functioning Psychosocial distress	3 months	• Reported significant improvements in marital functioning with 87.5% of couples showing improvement. • Levels of martial non-distress were reported in 68.8% of couples. 60% of couples maintained treatment gains at 3 month follow up. • There was a significant improvement in symptoms of depression in all participants. Improvement was more significant in cancer patients.

Table 7 ADULTS RELATIONSHIPS & DOMESTIC VIOLENCE (13 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
11.1	Christensen, Atkins et al. (2006) *USA*	Long term follow-up outcomes for 130 of 134 couples who received TBCT or IBCT in an RCT (see Christensen, Atkins et al. (2004) for details)	130 couples	See Christensen, Atkins et al. (2004) for full details of outcomes and outcome measure Additional outcome - Activities promoted by therapy - Marital Activities Questionnaire, measures how often clients continue to do the activities they presumably learned in therapy	Every 6 months up to 2.5 years following the pre-treatment assessment	• At 2 years follow-up, clinically significant improvement similar in both groups • Both treatments showed a "hockey-stick" pattern of change in which satisfaction dropped immediately after treatment termination but then increased for most of follow-up. The break point when couples reversed courses and gained in satisfaction occurred sooner for IBCT than TBCT couples, and those couples who stayed together generally fared better in IBCT than in TBCT • Some evidence of greater stability during follow-up in IBCT than in TBCT couples.
11.2	Lundblad and Hansson (2006) *Sweden*	Multi-centre non-randomized single group clinical study investigating the differences between before couple therapy treatment and after treatment and at two-year follow-up	317 couples recruited	Marital satisfaction Family climate Expressed emotion The Dyadic Adjustment Scale Questions about Family Members The Family Climate Scale The Symptom Check List The Sense of Coherence	End of treatment 2 years	• Significant improvement in marital satisfaction, sense of coherence, family climate and expressed emotion after treatment for both genders after treatment and at 2-year follow-up • Psychiatric symptoms (SCL-90) - At post-test and at long-term follow-up, there were statistically significant improvements for both sexes compared to before treatment
11.3	Christensen, Atkins et al. (2004) *USA*	RCT examining efficacy of traditional behavioural couple therapy (TBCT) vs. integrative behavioural couple therapy (IBCT) for 134 seriously and chronically distressed married couples	TBCT; n = 68 IBCT; n = 66 Mean age of husbands 43.49 years (SD 8.74) Mean age of wives 41.62 years (SD 8.59)	Marital Adjustment Test Conflict Tactics Scale—Revised Structured Clinical Interview for DSM–IV Relationship satisfaction - Dyadic Adjustment Scale; Global Distress Scale of the Marital Satisfaction Inventory—Revised Relationship stability – Marital Status Inventory Communication - problem solving communication	Post-treatment; long-term follow-up outcomes discussed in a later article	• Couples in IBCT made steady improvements in satisfaction throughout the course of treatment • Both treatments produced similar levels of clinically significant improvement by the end of treatment • Measures of communication also showed improvement for both groups • Measures of individual functioning improved as marital satisfaction improved

				(PSC) and affective communication (AFC) subscales on the Marital Satisfaction Inventory—Revised Individual functioning - Compass Outpatient Treatment Assessment System, Mental Health Index Therapeutic bond - Short Therapeutic Bond Scale Client evaluation of services - Client Evaluation of Services Questionnaire		
11.4	Denton, Burleson et al. (2000) *USA*	RCT examining efficacy of emotion-focused therapy vs. waitlist (control group) on marital satisfaction	Treatment Group; n = 22 Control Group; n = 14 Mean age 36 years (range 23-59 years)	Marital adjustment – Dyadic Adjustment Scale Amount of positive affect towards a spouse – Positive Feeling Questionnaire Emotional, social, sexual, intellectual and recreational intimacy – Personal Assessment of Intimacy in Relationships Interpersonal cognitive complexity – Role Category Questionnaire Religiosity – Religiosity Questionnaire Client satisfaction with mental health services – Client Satisfaction Questionnaire	Post-treatment No long-term follow-up	• For treatment group, significantly higher levels of marital satisfaction after 8 weeks than wait-list participants • Participants were largely satisfied with their therapeutic experience
11.5	Larson, Vatter et al. (2007) USA	RCT evaluating participant satisfaction with two interpretation formats and the effects of taking the RELATionship Evaluation (RELATE) on single young	39 couples recruited Mean age 22 years (SD 1.95)	Relationship survey (RS) RELATE Satisfaction Survey (RSS) - assessed the participants' satisfaction with RELATE in general and with the two interpretation formats	Not stated	• Taking RELATE with therapist assistance had a significant positive effect on perceived relationship satisfaction, commitment, opinions about marriage, feelings about marriage, readiness for marriage • Taking RELATE without therapist assistance produced a small initial drop in relationship satisfaction followed by a marked improvement over time

		adults' premarital relationships using an experimental design format. Couples were assigned to one of three groups: (a) those who took RELATE and interpreted the results themselves, (b) those who took RELATE and participated in an interpretation session with a therapist, or (c) a control group				
11.6	Stith, Rosen et al. (2004) *USA*	RCT examining efficacy of multi-couple group treatment vs. individual couple treatment vs. comparison group (no treatment) for domestic violence	*Multi-Couple Group (n = 22)* Mean age for males 39.6 years Mean age for females 39.5 years *Individual Couple Group (n = 20)* Mean age for males 37.6 years Mean age for females 38 years *Comparison Group (n = 9)* Mean age for males 31.4 years Mean age for females 31.4 years	Conflict Tactics Scale Revised Kansas Marital Satisfaction Scale The Inventory of Beliefs about Wife Beating Recidivism rates	6 months 2 years	• Male violence recidivism rates 6 months after treatment were significantly lower for the multi-couple group compared to the comparison group • Significant increaser in marital satisfaction, and significant reductions in marital aggression and acceptance of wife battering in multi-couple group therapy group- these results not seen in individual couple therapy or the comparison group

11.8	Jacobson, Christensen et al. (2000) *USA*	Pilot clinical trial for couple discord – 21 couples were randomly assigned to TBCT or IBCT	*10 couples in IBCT* Mean age husbands 44 years (SD 10.34) Mean age wives 41.2 years (SD 8.98) *11 couples in TBCT* Mean age husbands 41.09 years (SD 8.95) Mean age wives 39 years (SD 11.86)	Pre- to post-treatment changes in marital satisfaction using the GDS of the MSI and the Dyadic Adjustment Scale Global Distress Scale	Not stated	• Greater increases in marital satisfaction in husbands and wives receiving IBCT compared to couples receiving TBCT • IBCT resulted in a greater percentage of couples who either improved or recovered on the basis of clinical significance data
11.10	Bodenmann, Charvoz et al. (2001) *Switzerland*	Non-randomised longitudinal study assessing the efficacy of Couples Coping Enhancement Training (CCET) vs. untreated group (control) on stress and individual and dyadic coping skills in couples	73 couples in CCET group 70 couples in control group	Partnership Questionnaire Separation scale Item measuring the partnership as problematic Questionnaire evaluating subjective changes	6 months 1 year	Significant increase in marital quality in substantial improvement in appraisal of relationship for couples in CCET group
11.12	Anker,Duncan et al.(2009) *Norway*	RCT study investigating the efficacy of client feedback vs. treatment as usual (TAU) on couple therapy outcomes.	Recruited 205 couples *Feedback 102 couples (n = 204)* *TAU 103 couples (n = 206)* Mean age 37.83 (SD 8.48) Age range 20 – 71 years	Outcome Rating Scale ORS The Locke-Wallace (LW) Marital Adjustment Test Outcomes: Improving relationships Clarifying future of relationships	6 months	• Results demonstrate that feedback is significantly superior to TAU at post treatment and follow up. • Couples in feedback group showed significantly greater relationship improvement with lower rates of separation or divorce (18.4%) than TAU group (34.2%) • On average, the feedback group scored 5 points higher than TAU group at post treatment measures.

11.13	Cummings, Faircloth et al. (2008) *USA*	Randomised study investigating the effectiveness of a brief psychoeducational program for improving marital conflict in three treatment groups: a parent-only group (PO) vs. a parent–child group (PC) vs. self-study control group for couples with children 4–8 years of age.	Recruited 90 couples Children (n = 90) Mean age (*M* =5.9; *SD* 1.4) 46 boys *PO group (n = 24 couples)* *PC group (n = 33 couples)* *Self study control group* *(n = 33 couples)*	Child Behavior Checklist (CBCL) Parents' Knowledge of Marital Conflict Parenting Scale Short Marital Adjustment Test Marital conflict behaviour task Outcomes Marital conflict Marital satisfaction Parenting and child adjustment	6 months 12 months	• Results indicate that brief psychoeducational interventions can be successful in improving marital conflict. • There were no significant differences between PO and PC treatment groups. • When compared to the control group, both PC and PO groups showed significant improvement in terms of support behaviour and positive emotionality. • PC and PO groups' demonstrated more constructive and less destructive marital conflict when compared to the control group. These improvements were related to improvements in other family processes.
11.14	Sevier, Eldridge et al.(2008) *USA*	Randomised study comparing the effects of Traditional Behavioral Couple Therapy (TBCT) vs. Integrative Behevioral Couple Therapy on changes in communication in distressed couples.	Recruited 134 chronically distressed couples. Males Mean age 43.49 years (SD 8.79) Females Mean age 41.62 years (SD 8.59)	Dyadic Adjustment Scale (DAS) Global Distress Scale of the Marital Satisfaction Inventory–Revised (GDS) Couple Interaction Rating System (CIRS) Social Support Interaction Rating System (SSIRS) Outcomes: Changes in communication behaviours and marital satisfaction.	End of treatment (~26 weeks)	• Reported improvements in communication behaviours across both treatment groups. • In relationship problem discussions couples showed significant increase in positivity and problem solving. • In personal problem discussions couples demonstrated reductions in • in negativity but also increase in withdrawal • TBCT treatment group showed greater improvement in communication behaviours than IBCT group. • In relationship problem discussion, TBCT group demonstrated greater reductions in negativity and reported greater positivity than IBCT group. • In personal problem discussions, TBCT group demonstrated greater reduction in negativity.

11.15	Simpson, Atkins et al. (2008) *USA*	Randomised comparison study evaluating the efficacy of non-aggression focused Behavioral Couples Therapy for couples with and without history of aggression.	Recruited 134 couples n = 27 (less frequent aggression) n = 33 (more frequent aggression) n = 74 (no physical aggression Females Mean age 41.5 years (SD 8.6) Males Mean age 43.4 years (SD 8.8)	Dyadic Adjustment Scale (DAS) COMPASS-OP (overall Mental Health Index) Conflict Tactics Scale, Revised (CTS-2) Frequency and Acceptability of Partner Behavior Inventory (FAPB	6 months 12 months 18 months 24 months	• Behavioural couple therapy may be beneficial for couples with a history of mild aggression. There was no increase in psychological aggression during or after the therapy. • Behavioural Therapy did not increase the risk for aggression; however, it did not eliminate physical aggression either. • Results indicate that couples maintained low levels of physical aggression during and after treatment. • Psychological aggression decreased once couples achieved satisfaction in their relationship and improvement in individual functioning.
11.16	Cowan, Cowan et al.(2006) *USA*	RCT study investigating the effectiveness of Supporting Father Involvement (SFI) intervention programme for couples or fathers only groups vs a 3-hour information workshop for families whose relationships are at risk because of economic and social hardships. .	Recruited 257 families with at least one child between birth and 7 years. *SFI (n = 257 families)* Mean age not reported	Details of the assessment instruments have not been provided in the article but are available from the authors. Assessment focused on: Marital Satisfaction Depression Anxiety Parenting Stress Father Involvement	9 months (n = 160) 18 months (n = 57)	• Preliminary statistical analyses demonstrate significant positive outcomes for the couples group • Reported small positive gains in father group • No changes reported in control group: reported no gains or increased distressed in the group

Table 8 CHILD MOOD DISORDERS: BIPOLAR AND DEPRESSION (9 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
15.1	Trowell, Joffe et al. (2007) *UK*	RCT examining the efficacy of individual psychodynamic psychotherapy vs. family therapy in treating depression in adolescents	*Individual Therapy; IT (n = 35)* Mean age 11.57 years (SD 1.17) 74% male *Family Therapy; FT (n = 37)* Mean age 11.97 years (SD 1.52) 51% male	The Demography Interview The Kiddie-SADS The Childhood Depression Inventory Moods & Feelings Questionnaire The Children's Global Assessment Scale	6 months	• Significant reductions in disorder rates for IT and FT groups • Overall and persistent reduction in co-morbid conditions across the study • At follow up, 100% of cases in the IT group, and 81% of cases in the FT group were no longer clinically depressed
15.2	Sanford, Boyle et al. (2006)	Pilot RCT evaluating family psychoeducation plus usual treatment (intervention) vs. usual treatment only (control) in treating adolescent major depressive disorder	41 adolescents recruited Age range 13-18 years	Social functioning Adolescent-parent relationships Satisfaction with treatment Adherence with treatment	Post-treatment 3 months	• Good adherence with treatment in intervention group • Compared to control group, intervention group showed greater improvement in social functioning and adolescent-parent relationships, and parents reported greater satisfaction with treatment
15.3	Diamond, Reis et al. (2002) *USA*	RCT examining attachment-based family therapy (ABFT) vs. waitlist control group in the treatment of adolescent depression	32 adolescents with major depressive disorder (MDD) recruited 22% male	Improvement in depressive symptoms KSADS-P Hamilton Depression Rating Scale BDI Self-report of family functioning Suicidal ideation questionnaire Youth self-report	6 months	• At post-treatment, 81% of the patients treated with ABFT no longer met criteria for MDD, in contrast with 47% of patients in the waitlist group • Compared with the waitlist group, patients treated with ABFT showed a significantly greater reduction in both depressive and anxiety symptoms and family conflict
15.4	Birmaher, Brent et al. (2000) *USA*	RCT evaluating the efficacy of cognitive behavioural therapy (CBT) vs. systemic behavioural family therapy (SBFT) vs. non-directive supportive	*CBT (n = 37)* Mean age 15.7 years (SD 1.3) 24% male *SBFT (n = 35)* Mean age 15.4 years (SD 1.4) 23% male	Severity of Depression - Kiddie Schedule for Affective Disorders and Schizophrenia (Dep-13); Beck Depression Inventory Cognitive Distortion - Children's Negative Cognitive Error Questionnaire; Beck	Every 3 months for first 12 months 24 months	• CBT group showed a more rapid and complete symptomatic relief of depression • During the follow-up period, there were no significant differences in the clinical outcome variables across the 3

		therapy (ST) for 107 children with depression	*ST (n = 35)* Mean age 15.7 years (SD 1.5) 26% male	Hopelessness Scale Functional Status - Children's Global Assessment Scale Family Environment - Conflict Behavior Questionnaire; Areas of Change Questionnaire; Family Assessment Device Parents' current and lifetime psychiatric disorders - Schedule for Affective Disorders and Schizophrenia–Lifetime version; BDI		psychotherapy groups
15.5	Kolko, Brent et al. (2000) *USA*	RCT evaluating the efficacy of cognitive behavioural therapy (CBT) vs. systemic-behavioural family therapy (SBFT) vs. non-directive supportive therapy (NST) with adolescents with depression	107 adolescents with depression recruited Mean age 15.6 years (SD 1.4) 75% female	Psychiatric symptoms - Schedule for Affective Disorders and Schizophrenia for School-Age Children--Present and Lifetime Versions Cognitive functioning - Beck Hopelessness Scale; Children's Negative Cognitive Errors Questionnaire Family environment - Conflict Behavior Questionnaire; ACQ; Family Assessment Device; Locke-Wallace Marital-Adjustment Test	3 months 6 months 9 months 12 months 24 months	• At 2-year follow-up, SBFT was found to impact family conflict and parent-child relationship problems more than CBT • NST and CBT tended to show a greater reduction in anxiety symptoms than SBFT
15.6	Tompson, Pierre et al. (2007) *USA*	Case series on 9 children with depression who underwent a 12-week family-focused treatment	Mean age of children 11.43 years (SD 1.67) 55.6% male	Schedule for Affective Disorders and Schizophrenia for School-aged Children Global Assessment of Functioning Scale 48-item Children's Attributional Style Questionnaire Children's Negative Cognitive Error Questionnaire Family Environment Scale 5-min speech sample measure of expressed emotions.	9 months	• After completing treatment, 66% of children had recovered from their depressive episodes • At 9-month follow-up, 77% had recovered from depression • Significant improvements in global functioning • No relapses in the follow-up period • No instances of suicidal behaviour • Mothers' and fathers' Child Behavior Checklist reports and children's self reports indicated significant symptom reductions

20.1	Pavuluri (2004) *USA*	Exploratory study examining the feasibility of Child- and Family-Focused Cognitive-Behavioural Therapy (CFF-CBT) for paediatric bipolar disorder (PBD)	34 children and adolescents recruited Mean age 11.33 years (SD 3.06) 70.6% male	Treatment integrity Adherence to treatment Reduction in symptoms Consumer satisfaction Clinical Global Impressions Scale for Bipolar Disorder Children's Global Assessment Scale SW contact with the family	Not stated	On completion of therapy, patients with PBD showed significant reductions in severity scores on all CGI-BP scales and significantly higher CGAS scores compared to pretreatment results. High levels of treatment integrity, adherence, and satisfaction were achieved
20.3	Miklowitz,. Axelson et al.(2008) *USA*	RCT study investigating the effectiveness of Family-Focused Treatment for Adolescents (FFT-A) and protocol pharmacotherapy vs. Enhanced Care (EC) and protocol pharmacotherapy for adolescents with bipolar disorder.	N = 58 Mean age 14.5 years (SD 1.6) FFT-A (n = 30) EC (n = 28)	Adolescent Longitudinal Interval Follow-up Evaluation K-SADS DRS and MRS interviews Adolescent Longitudinal Interval Follow-up Evaluation Psychiatric Status Rating scales (PSR)	18 months 24 months	• No group differences in rates of recovery from the index episode • However, FFT-A recovered from their baseline depressive symptoms faster than patients in EC (hazard ratio, 1.85; 95%confidence interval, 1.04-3.29; *P*=.04).
21.0	Cloutier, Manion et al. (2002) *Canada*	Follow-up study describing long-term outcomes from an RCT evaluating the efficacy of Emotionally Focused Therapy (EFT) in decreasing marital distress in a sample of couples with a chronically ill child	13 couples participated in follow-up study (81% of couples in treatment group in original RCT) Mean age of husbands 37.7 years (SD 5.1) Mean age of wives 35.0 years (SD 4.8) Mean age of chronically ill child 6.1 years (SD 3.0) Mean duration of child's illness 4.4 years (SD 2.1)	Marital adjustment - Dyadic Adjustment Scale Intimacy in interpersonal relationships – Miller Social Intimacy Scale Stress outside the parent-child relationship experienced by parent – Parent Stress Index	5 months 2 years	Improvements in marital functioning were not only maintained but, in some cases, enhanced at the 2-year follow-up

Table 9 CHILD AND ADOLESCENT SUBSTANCE MISUSE (20 articles)

Hierarchy of evidence	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
16.1	Robbins, Szapocznik et al. (2008) *USA*	RCT examining the efficacy of family-based ecological, structural ecosystems therapy (SET) vs. family process-only (FAM) vs. community services control (CS) for drug use in adolescents	*SET (n = 57)* *FAM (n = 67)* *CS (n = 66)*	Demographics – client information form The Diagnostic Interview Schedule for Children, Substance Abuse/Dependence Modules Diagnostic Interview Schedule for Children—Predictive Scales The Time line Follow-Back – adolescent drug use The Adolescent Drug Abuse Diagnosis Primary dependent variable: Past 30-day drug use	3, 6, 12 and 18 months post-randomisation	• SET was significantly more effective than FAM and CS in reducing adolescent drug use • These improvements were limited to Hispanic adolescents
16.2	Connell, Dishion et al. 2007) *USA*	RCT examining the effects of a family-centred intervention vs. control group on the rates of substance use and anti-social behaviour among students aged 11-17 in public schools	998 adolescents and their families recruited Family-centred intervention; n = 500 Control group; n = 498 52.7% male	Adolescent substance use and problem behaviour Teacher report of sixth grade risk behaviour Deviant peer involvement in sixth grade Family conflict in sixth grade Arrest records Engagement status Lifetime substance abuse diagnoses. The Composite International Diagnostic Interview; ICD-10; DSM-IV	Followed-up to age 18/19 years	• Compared to control group, adolescents whose parents partook in the Family Check-Up exhibited less growth in alcohol, tobacco, and marijuana use and problem behaviour during ages 11 through 17 • Also decreased risk for substance use diagnoses and police records of arrests by age 18 for adolescents in intervention group
16.3	Slesnick and Prestopnik (2005) *USA*	RCT examining ecologically based family therapy (EBFT) vs. service as usual (SAU) through a shelter for 124 runaway adolescents with substance abuse	*EBFT* Mean age 14.8 years (SD 1.5) 46% male *SAU* Mean age 14.9 years (SD 1.3) 36% male	Form 90 - quantity and frequency of drug and alcohol use Urine toxicology screens Health Risk Questionnaire – HIV/AIDS behaviours Beck Depression Inventory National Youth Survey Delinquency Scale Family Environment Scale, Conflict Tactic Scale – family functioning Computerized Diagnostic Interview Schedule for Children	Post-treatment 6 months 12 months	• EBFT group reported greater reductions in overall substance abuse compared to youth assigned to SAU • Other problem areas improved in both groups

16.4	Dennis, Godley et al. (2004) *USA*	Two inter-related RCTs, conducted at four sites, examining the effectiveness and cost-effectiveness of five short-term outpatient interventions for adolescents with cannabis use disorders. Trial 1 compared Motivational Enhancement Therapy plus Cognitive Behavioral Therapy (MET/CBT) with MET and CBT (MET/CBT12) and another that included family education and therapy components (Family Support Network [FSN]). Trial II compared MET/CBT with the Adolescent Community Reinforcement Approach (ACRA) and Multidimensional Family Therapy (MDFT)	600 participants in total	Two clinical outcomes: days of abstinence between the randomization date and the 12-month follow-up interview; whether the adolescent was in recovery at the end of the study Cost-effectiveness	3 months 6 months 9 months 12 months	• All five CYT interventions demonstrated significant pre-post treatment improvements at follow-up for the two clinical outcomes • Clinical outcomes were very similar across sites and conditions; however, after controlling for initial severity, the most cost-effective interventions were MET/CBT5 and MET/CBT12 in Trial 1 and ACRA and MET/CBT5 in Trial 2.
16.5	Liddle, Dakof et al. (2001) *USA*	RCT evaluating the effectiveness of the outpatient treatments for adolescent drug abuse: multidimensional family therapy (MDFT), adolescent group therapy (AGT), and multifamily educational intervention (MEI)	MDFT n = 47 MEI n = 52 AGT n = 53 *Total sample* Mean age 15.9 years (SD 1.4) 80% male 51% polydrug users 49% alcohol and marijuana users only	Attrition Drug use Problem behaviours - Acting Out Behaviors Scale derived from the Devereux Adolescent Behavior Rating Scale School performance - grade point average Family functioning - Global Health Pathology Scale of the Beavers Interactional Competence Scales.	Termination of treatment 6 and 12 months after termination	• Adolescents in all three groups improved, with most improvement in MDFT group • MDFT effective in significantly reducing adolescent drug abuse and facilitating adaptive and protective developmental processes
16.6	Spoth, Redmond et al. (2001) *USA*	RCT examining 5-session Preparing for the Drug Free Years Program (PDFY) vs. 7-session Iowa Strengthening Families Program (ISFP) vs. minimal contact control group, reporting long-	*PDFY (n = 124)* Mean age of children 11.4 years (SE 0.03) Gender of children 51.1% female *ISFP (n = 117)* Mean age of children 11.3 years (SE 0.03)	Substance use - multiple measures of initiation and current use of alcohol, tobacco, and marijuana Initial Questionnaire Interview	4 years (10th grade)	Significant intervention-control differences in initiation and current use were found for both interventions

		term substance abuse outcomes for 6th graders and their families from 33 public schools	Gender of children 51.9% female *Control (n = 208)* Mean age of children 11.3 years (SE 0.03) Gender of children 52.4% female			
16.7	Waldron, Slesnick et al. (2001) *USA*	RCT evaluating individual cognitive-behavioural therapy (CBT), family therapy, combined individual and family therapy, and a group intervention for 114 substance-abusing adolescents	*FFT (n = 30)* Mean age 15.43 years (SD 1.01) 80% male *CBT (n = 31)* Mean age 15.71 years (SD 1.16) 80.6% male *Joint (n = 29)* Mean age 15.79 years (SD0.86) 75.9% male *Group (n = 30)* Mean age 15.5 years (SD 1.04) 83.3% male	Percentage of days marijuana was used Percentage of youths achieving minimal use CBCL POSIT Time Line Follow back Interview Urine Sample Self & others report	4 months 7 months	• From baseline to 4 months, significantly fewer days of substance use were found for the family therapy alone and the combined interventions • Significantly more youths had achieved minimal use levels in the family and combined conditions and in CBT • From baseline to 7 months, reductions in percentage of days of use were significant for the combined and group interventions, and changes in minimal use levels were significant for the family, combined, and group interventions.
16.8	Smith, Hall et al. (2006) *USA*	RCT examining Strengths Oriented Family Therapy (SOFT) vs. The Seven Challenges Reg. (7C) for adolescents with substance use in an outpatient setting	98 adolescents recruited Mean age 15.8 years 71% male Lifetime data – 90% of sample with substance abuse, 47% with substance dependence SOFT n = 58 7C n = 40	Frequency of substance use Symptom severity Global Appraisal of Individual Needs (GAIN) Substance Frequency Scale (SFS) Substance Problem Scale (SPS) Urine sampling for presence of drugs	3 months 6 months 9 months 12 months	• Significant reductions in substance use and related problems in both groups, but treatments did not differ at 3 and 6 months following baseline • Both groups effective with adolescents with substance abuse, as participants in both conditions were significantly more likely to be in symptom remission or abstinent at follow-up interviews compared to baseline
16.9	Liddle, Rowe et al. (2004) *USA*	RCT evaluating family-based therapy vs. peer group therapy for adolescents with substance abuse and behavioural problems	80 participants, aged 11 to 15 years, randomly assigned to MDFT or group therapy	Substance abuse Time Line Follow back Scale The adolescents interview Family environment scale The National Youth Survey Peer Delinquency Scale	Six weeks Discharge	• MDFT was significantly more effective than peer group therapy in reducing risk and promoting protective processes in the individual, family, peer, and school domains • MDFT more effective in reducing substance use over the course of treatment.

16.10	Henggeler, Clingempeel et al. (2002) *US*	Follow-up study examining four-year outcomes of RCT examining multisystemic therapy (MST) vs. usual community services in the treatment substance-abusing juvenile offenders	80 of 118 original participants MST; n = 43 Usual services; n = 37	Criminal behaviour: Self-Report Delinquency scale Illicit drug use: Young Adult Self-Report; Addiction Severity Index; Youth Risk Behavior Survey Psychiatric symptoms: Substance use Criminal Behaviour Urine and head hair samples	4 years	• Significant long-term treatment effects for aggressive criminal activity, but not for property crimes • Biological measures showed significantly higher rates of marijuana abstinence for MST group • No long term treatment effects for psychiatric symptoms
16.11	Latimer, Winters et al. (2003) *USA*	RCT evaluating the efficacy of Integrated Family and Cognitive-Behavioral Therapy (IFCBT) vs. a Drugs Harm Psychoeducation curriculum (DHPE – control group) in 43 adolescents meeting DSM-IV criteria for one or more psychoactive substance use disorders	*IFCBT (n = 21)* Mean age 16.05 years (SD 1.28) 76.2% male Alcohol abuse/dependence 85.7% Marijuana abuse/dependence 95.2% *DHPE (n = 22)* Mean age 16.09 years (SD 0.97) 77.3% male Alcohol abuse/dependence 86.4% Marijuana abuse/dependence 100%	Pre-treatment substance use problem severity, cognitive-behavioural skills, family functioning Post-treatment outcome measures included parent and youth versions of diagnostic interviews and self-report inventories Social Problem Solving Inventory The Motivated Strategies for Learning Questionnaire	Adolescents and parents assessed at baseline and at 1, 3 and 6-month post-treatment points	• Throughout the 6-month post-treatment period, adolescents in the IFCBT group consumed alcohol significantly less frequently than those is the DHPE groups • The same is true for marijuana use • Adolescents in the IFCBT group exhibited significantly higher levels of rational problem solving strategy skills, (F(1, 36)_ 5.41, PB 0.05), and significantly lower levels of problem avoidance compared to the DHPE group
16.12	Azrin, Donohue et al. (2001) *US*	RCT evaluating the effectiveness of individual cognitive therapy vs. family behavioural therapy in the treatment of adolescents with conduct and substance use disorders	56 adolescents recruited	Improvements in conduct Reductions in substance use Parent Version Child Assessment Schedule (P-CAS) Urine Drug Screen Time Followback interview Child Behavior Checklist Social problem-solving inventory revised Parent Happiness w/Youth Scale Youth Happiness w /Parent scale	6 months	• Significant improvements in conduct and use of illicit drugs at post-treatment and at follow-up for both interventions • No significant differences were found in conduct or reductions of illicit drug use between subjects in the two intervention conditions at post-treatment, or at 6-month follow-up

16.13	Bamberg, Toumbourou et al.(2008) *Australia*	Pilot study evaluating Best Plus Intervention for families (parents and siblings) with a drug using child aged between 12 years and 25 years.	Recruited 21 families Substance using child (n = 21) Age range 12 -25 years 67% male Parents (n = 34) 62% mothers Siblings (n = 15) 78% females	Professional Observations Activity Disruptions Measure Stress Symptoms Measure Kansas Family Satisfaction Scale Satisfaction with Child of concern Support form spouse/partner Support from siblings	Post test	• Results indicate that Best Plus programme has positive therapeutic effects on families. • 79% of parents reported positive changes including increased family satisfaction (pre tests 5.53 vs. post test 6.39, p< .001), reduction in activity disruptions (2.25 at pre treatment vs . 1.99 at post treatment) and reduction in stress symptoms. • 73% of siblings reported positive changes • 62% of substance users reported positive changes.
16.15	Lodging, Wold et al .(2008) *Norway*	Before-after study evaluating the effectiveness of a group intervention in improving communication between adolescents with type I diabetes and their parents.	n = 19 Age range 13 to 17 52.6% females *Group intervention (n = 11)* (10 sessions) *Control group (n = 8)* (6 sessions) Note: the only difference between the group intervention and the control group was the number of attended session.	Diabetes Quality-of-Life Questionnaire (DQOL) HbA1c values Outcomes: HbA1c values Parent-adolescent communication Co-operation between parents and adolescents	24 months	• Group intervention may be beneficial in treatment of adolescents with type I diabetes. • Reported significant decrease in the mean value of HbA1c in girls from 9.4% to 8.4 % (from baseline to 24 month follow up). In addition, the process of deterioration stopped in boys and girls. • There were no significant differences in HbA1c levels between the control group and the group intervention. • Reported improvement in parent-adolescent relationship.
16.16	Slesnick and Prestopnik, (2009) *USA*	RCT study evaluating home based Ecologically Based Family Therapy (EBFT), vs. office based Functional Family Therapy vs. Service as Usual (SAS) for young people with primary	n = 119 Mean age 15.13 45% male EBFT (n = 37) Mean age 15.1 years (SD 1.44) 41% male	Form 90 Problem Oriented Screening Instrument for Teenagers (POSI) Adolescent Drinking Index (ADI) Youth Self-Report of the Child Behavior Checklist Beck Depression Inventory Outcomes:	3 months 9 months 15 months	• Family therapy had a significant post treatment effect on reducing the number of days of alcohol use and the number of standard drinks consumed on a drinking day. • Participants in EBFT treatment group showed 97% decline in days of alcohol use in comparison to 83% for

		alcohol problems and their families. Note: computerised randomisation balanced groups on a priori categorical variable. Not sure if it still counts as RCT	FFT (n =40) Mean age 14.83 years (SD 1.34) 40% male SAU (n =42) Mean age 15.40 years (SD 1.29) 55% male	Substance use Psychological functioning Family functioning National Youth Survey Delinquency Scale (NYSDS) Computerised Diagnostic Interview Schedule for Children Family Environment Scale Conflict Tactic Scale (CTS) Parental bonding instrument		FFT treatment group and 59% for participants in SAS group. • EBFT participants demonstrated 77% reduction in a number of drinks consumed on a standard drinking day in comparison to 64% for FFT. • There was no significant change in a number of drinks consumed for the SAS treatment group. • Improvements in family functioning (verbal aggression, conflict) and psychological functioning (externalising problems, delinquent behaviour) were noted across the three treatment groups.
16.17	Flicker, Barrett Wallron et al. (2008) *USA*	Comparison study examining whether ethnic matching of client and therapist impacts the outcome of Functional Family Therapy (FFT) for adolescents with substance misuse or dependence.	n=86 Mean age 15.7 years 84% male Hispanic T and Hispanic A (*n* = 13) Anglo T and Hispanic A (*n* = 29) Hispanic T and Anglo A (*n* = 15) Anglo T and Anglo A (*n* = 29) T – therapist A – Adolescent	Ethic match Timeline Follow-Back interview Comparability of composite substance measure across ethnic groups Urine screen Child Behavior Checklist	4 months	Both Hispanic and Anglo adolescents demonstrated significant reduction in substance use (% days used) following FFT therapy. Hispanic adolescents who were ethically matched with therapists demonstrated longer maintenance of treatment gains at 4 month follow up than Anglo adolescents who showed signs of relapse. By contrast, ethnic matching did not influence treatment outcomes in Anglo adolescents. Conclusion: Ethnic matching between clients and therapists can improve treatment outcomes for Hispanic adolescents with substance misuse problems.

16.18	Liddle,Rowe et al. (2009) *USA*	RCT study comparing the effects of Multidimensional Family Therapy (MDFT) vs. a peer group intervention for adolescents drug users and their families.	n = 83 Mean age 13.73 years 74% male *MDFT (n= 40)* Mean age *Peer Group Intervention (n = 43)* Mean age	Global Appraisal of Individual Needs (GAIN) Parent and Adolescent Interviews Retrospective reports of daily substance use Problem Oriented Screening Instrument for Teenagers (POSIT) National Youth Survey Self-Report Delinquency Scale (SRD) Adolescent Daily Interview GAIN General Mental Distress Index National Youth Survey Peer Delinquency Scale	6 months 12 months	12 months follow up demonstrates significant reduction in substance use, delinquency and reduced risk for future problems in MDFT. MDFT group showed significant improvement in internalised distress, family and school functioning. Both MDFT and group treatment treatments demonstrated high treatment retention Rates (97% for MDFT and 72% for group treatment).
16.19	Liddle, Dakof et al.(2008) *USA*	RCT evaluating the effectiveness of individual Cognitive Behavioral Therapy (CBT) vs. Multidimensional Family Therapy (MDFT) for adolescent drug abuse.	n= 224 Mean age 15.4 (SD 1.23) 81% male *MDFT (n =112)* Mean age 15.3 (SD 1.25) 82% male *CBT (n =112)* Mean age 15.5 (SD 1.21) 80% male	Diagnostic Interview for Children (DISC) Personal experience inventory (PEI) Time-line follow-back method (TLFB) Reports of Substance use Outcomes substance use problem severity 30-day frequency of cannabis use 30-day frequency of alcohol use 30-day frequency of other drug use 30-day abstinence.	6 months 12 months	Both CBT and MDFT treatments can be successfully used in treating adolescent substance abuse. CBT and MDFT showed equivalent reductions in frequency of cannabis use from pre tests (10.41, SD 11.38 and 11.89, SD 11) to 6 month follow up (4.30 and 6.61) MDFT was more effective in reducing severity of drug abuse when compared to CBT
16.20	French, Zavala et al. (2008) USA	A cost-effectiveness analysis of four interventions, including family-based, individual, and group cognitive behavioral approaches, for adolescents with a substance use disorder	114 adolescents recruited, aged 13-17 years 80% male	Percentage of days of marijuana use and days of any drug use - Timeline Follow-Back Interview Cost effectiveness - adolescent marijuana use and delinquency scores	4 months 7 months	• Variation in treatment costs according to intervention • At 4-month follow-up, significantly improved substance use outcomes in family therapy group compared to group treatment • At 7-month follow-up, substance use outcomes similar for all interventions • At 4- and 7-month follow-up, delinquency outcomes similar for all interventions • Results suggest that group

						intervention, the least expensive intervention, was the most cost-effective • Difficulties encountered in calculating economic evaluation.
28.30	Hogue,Henderson et al.(2008) *USA*	Controlled study evaluating the effectiveness of Cognitive– Behavioral Therapy (CBT) vs. Multidimensional Family Therapy (MDFT) on treatment adherence, competences and outcome in adolescents with substance use and related behaviour problems.	CBT(n = 62) MDFT (n = 74) Mean age 15.5 years (SD 1.3) 81% male Therapists (n = 9) Mean age 40 years	Timeline follow-back Personal Experience Inventory (PEI) Child Behavior Checklist (CBCL) Youth Self-Report (YSR) Therapist Behavior Rating Scale— Competence (TBRS–C) Outcomes: Adherence to treatment Therapist's Competence	6 months	• Treatment adherence is important in predicting outcomes in behavioural interventions for adolescents with substance abuse. • There was a significant effect for adherence in CBT treatment group with greater levels of adherence predicting greater decrease in marijuana use. • In both CBT and MDFT groups, better adherence to treatment predicted significant reductions in parent reports of externalizing behaviours. • Therapist competence was not related to outcomes in CBT and MDFT groups.

Table 10 CHILD AND ADOLESCENT PSYCHIATRIC/ANXIETY AND POST TRAUMATIC STRESS DISORDER (PTSD) (14 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
17.1	Rapee, Abbott et al. (2006) *Australia*	RCT evaluating standard group therapy (FT) vs. waitlist vs. bibliotherapy version of treatment for parents of 267 children with anxiety (DSM-IV)	*Group Treatment (n = 90)* Mean age of child 113.7 months (SD 20.4) 53.3% female *Bibliotherapy (n = 90)* Mean age of child 114.7 months (SD 18.1) 35.6% female *Waitlist (n = 87)* Mean age of child 114.1 months (SD 19.1) 29.9% female	Structured Interview – ADIS-CP Child Reports – Spence Children's Anxiety Scale (SCAS), Children's Automatic Thoughts Scale Parent Reports – parent version of SCAS, Child Behavior Checklist	Post-treatment 12 weeks 24 weeks	• Bibliotherapy benefited children compared to waitlist, but was not as effective as FT • Compared to waitlist, use of written materials for parents with no therapist contact resulted in around 15% more children being free of an anxiety disorder diagnosis after 12 and 24 weeks
17.2	Kazak, Alderfer et al. (2004) *USA*	Randomised wait-list control trial of a newly developed 4-session, 1-day intervention (FT) aimed at reducing PTSS in childhood cancer survivors	N = 150 Mean age 14.64 years (SD 2.37) 48% male	Impact of Events Scale—Revised Post-Traumatic Stress Disorder Reaction Index State–Trait Anxiety Inventory Revised Children's Manifest Anxiety Scale		Significant reductions in intrusive thoughts among fathers and in arousal among survivors in treatment group
17.3	de Groot, Cobham et al. (2007)	RCT evaluating effectiveness of group (GCBT) vs. individual (ICBT) formats of family-focused CBT in 29 clinically anxious children and their families	All children aged 7-12 years	Spence Children's Anxiety Scale – Child Version Strengths and Difficulties Questionnaire - Extended Version	3 months 6 months	• Post-treatment, 57% of ICBT children no longer anxious, compared to 47% in GCBT • At 3 month follow up, these improvements largely maintained • At 6 month follow up, 50% of children in ICBT, compared to 53% of children in GCBT were not anxious • No significant differences between groups at any follow-up points • Significant reduction over time in anxiety symptoms.

17.4	Wood, Piacentini et al. (2006) *USA*	RCT examining efficacy of family- or child-focused cognitive-behavioral therapy (CBT) for child anxiety	40 adolescents with a clinical diagnosis of anxiety recruited	Child anxiety symptoms Anxiety Disorders Interview Schedule The Clinical Global Impression Improvement Scale Multidimensional Anxiety Scale for Children	Post-treatment	Compared with child-focused CBT, family CBT demonstrated greater improvement on independent evaluators' ratings and parent reports of child anxiety--but not children's self-reports--at post-treatment
17.5	Lieberman, Van Horn et al. (2005) *USA*	RCT evaluating the efficacy of Child-Parent Psychotherapy (CPP) vs. case management plus treatment as usual in the community for preschool children exposed to marital violence	75 preschool mother dyads	Child Behavior Checklist Structured Clinical Interview for DC:0-3 - assess children's emotional and behavioral problems and posttraumatic stress disorder (PTSD) symptoms Symptom Checklist-90 and the Clinician Administered PTSD Scale interview to assess their general psychiatric and PTSD symptoms	Not stated	Repeated-measures analysis of variance showed the efficacy of CPP with significant group x time interactions on children's total behaviour problems, traumatic stress symptoms, and diagnostic status, and mothers' avoidance symptoms and trends toward significant group x time interactions on mothers' PTSD symptoms and general distress
17.6	Barrett, Duffy et al. (2001) *Australia*	Long-term follow-up of participants in an RCT examining the efficacy of wait-list cognitive behavioural therapy (CBT vs. CBT plus family management (CBT+FM) in the treatment of childhood anxiety disorders	52 study participants aged 14-21 years Mean age 16.08 years (SD 2.26) CBT only (n = 31) CBT + FM (n = 21)	Anxiety Interview Disorder Schedule for Children Revised Children's Manifest Anxiety Scale Fear Survey Schedule for Children – Revised Children's Depression Inventory Child Behavior Checklist	6 years	• 85.7% of participants no longer had anxiety, according to diagnostic criteria • On most other measures, gains made at 12-month follow-up were maintained • CBT and CBT+FM were equally effective at long-term follow-up
17.7	Toren, Wolmer et al. (2000) *Israel*	Case series reporting on a brief parent–child group therapy program for children with anxiety disorders	24 consecutive children and their 40 parents Mean age of children 9.6 years (SD 1.7) 41.7% girls	Schedule for Affective Disorders and Schizophrenia for School-Age Children Revised Children's Manifest Anxiety Scale Children's Depression Inventory Schedule for Affective Disorders and Schizophrenia-Lifetime version State-Trait Anxiety Inventory Global Assessment of Relational Functioning scale	Post-treatment 12 months 36 months	• Anxiety symptoms decreased significantly during the treatment and follow-up periods • Depressive symptoms changed only during the follow-up period • The percentage of children with no current anxiety disorder was 71% at post-treat4ment and 91% at 36 months

						• Children of mothers with an anxiety disorder improved more than children of non-anxious mothers, whereas the anxiety level of anxious mothers remained stable
17.8	Ginsburg, (2009) *USA*	Study evaluating the effectiveness of Coping and Promoting Strength Program group (CAPS) vs. Wait list group (WL) in reducing anxiety symptoms and preventing the onset of anxiety disorders in children of parents with anxiety disorders.	Recruited 40 children and their parents. *CAPS group (n = 20)* Child's mean age 9.20 (1.91) 50% females Parent's mean age 41.42 (7.36) *WL group (n =20)* Child's mean age 8.68 (1.81) 40% females Parent's mean age 40.65 (4.28)	Anxiety Disorders Interview Schedule for DSM–IV Anxiety Disorders Interview Schedule for DSM–IV-Child version Screen for Child Anxiety Related Emotional Disorders—Parent and Child Versions (SCARED) Demographic information questionnaire	6 months 12 months	CAPS intervention is effective in preventing the onset of anxiety disorders in children. 1 year follow up showed that 30% of the children in the WL group developed an anxiety disorder vs. 0% in the CAPS group. Parents in CAPS group reported significantly lower levels of anxiety from pre to post intervention when compared to parents in WL group.
17.9	Suveg, Hudson et al.(2009) *USA*	RCT study evaluating Individual Cognitive Behavioral Therapy (ICBT) vs. Family Based Cognitive Behavioral Therapy vs. Family based Education, Support and Attention therapy (FESA) for young people with anxiety disorders.	n = 161 Mean age 10.7 years ICBT (n = 55) FCBT (n = 56) FESA (n = 50)	Anxiety Disorders Interview Schedule for Children (ADIS-C/P) Children's Depression Inventory (CDI) Child Behavior Checklist (CBCL) Teacher's Report Form (TRF) Outcomes: Changes in children's self-reported negative affectivity statements, children's self-reported depressive symptoms, externalizing symptoms (parent and teacher reports) and adaptive functioning.	12 months	• ICBT, FCBT and FRSA showed to be equally effective in treating factors and adaptive functioning deficits associated with anxiety. • Reported significant reduction of depressive symptoms at post-treatment. ICBT (pre 10.88 vs.7.27 post-treatment), FCBT (pre 10.86 vs.7.98 post -treatment) and FESA (pre 9.92 vs. 6.95 post-treatments). • CBT and child focused therapy

						also contributed to improvement in externalising behaviour and adaptive functioning of young people. • Improvements were maintained at 12 month follow-up
19.1	Storch, Geffken et al. (2007)	RCT assessing effectiveness of weekly vs. intensive family-based cognitive behavioural therapy in adolescents with obsessive-compulsive disorder	40 children and adolescents with OCD recruited Age range 7-17 years Intensive CBT; n = 20 Weekly CBT; n = 20	Children's Yale-Brown Obsessive-Compulsive Scale Remission status Clinical Global Impression-Severity Clinical Global Improvement Child Obsessive Compulsive Impact Scale-Parent Rated Children's Depression Inventory Multidimensional Anxiety Scale for Children Family Accommodation Scale	Post-treatment 3 months	• Intensive CBT was as effective as weekly treatment with some advantages present immediately after treatment • No group differences were found at follow-up, with gains being largely maintained over time • At posttreatment, 75% of youths in the intensive group and 50% in the weekly group met remission status criteria • 90% of youths in the intensive group and 65% in the weekly group were considered treatment responders on the Clinical Global Improvement
19.2	Barrett, Farrell et al. (2005) *Australia*	Study examining long-term follow-up to Barrett, Healy-Farrell et al. (2004)	48 participants followed-up Mean age 13.85 years (SD 2.57)	Multidimensional Anxiety Scale for Children National Institute of Mental Health Global Obsessive-Compulsive Scale Anxiety Disorders Interview Schedule for Children-Parent Version	18 months	• Treatment gains were maintained, with a total of 70% of participants in individual therapy and 84% in group therapy diagnosis free at follow-up • No significant differences between the individual or group conditions across measures. •
19.3	Barrett, Healy-Farrell et al. (2004) *Australia*	RCT assessing efficacy of individual cognitive behavioural family-based therapy (CBFT) vs.	77 adolescents with OCD recruited	Diagnostic interviews Symptom severity interviews Self-report measures Parental distress	End of treatment 3 months 6 months	• Significant change in OCD diagnostic status and severity from pre- to post-treatment in both groups, with no

		group CBFT vs. waitlist control group in the treatment of childhood OCD		Family functioning Sibling distress Levels of accommodation to OCD demands		significant differences in improvement ratings between groups • No significant changes across measures for the waitlist group • Treatment gains were maintained up to 6 month follow-up
19.4	Freeman,Garcia et al .(2008) *USA*	Randomised study investigating the efficacy of family-based cognitive-behavioral therapy (CBT) vs. family-based Relaxation Treatment (RT) for children with obsessive-compulsive disorder (OCD).	n = 42 Mean age 7.11 (SD 1.26) 57% females *Family-based CBT (n = 22)* *Family-based RT (n = 20)*	Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version (KSADS-PL) Children's Yale-Brown Obsessive Compulsive Scale Clinical Global Impressions (CGI)-Improvement scale National Institute of Mental Health (NIMH) Global Rating Scale Conners Parent Rating Scale-Revised (Long Version) Beck Depression Inventory Obsessive-Compulsive Inventory Screen for Child Anxiety-Related Emotional Disorders Brief Symptom Inventory Outcomes: OCD symptom reduction Clinical remission	Post treatment	Family based CBT intervention is effective in treating children with early onset of OCD. CBT is associated with reducing symptoms of OCD and achieving clinical remission *Intent-to-treat sample:* 50% of children in the CBT group achieved remission as compared to 20% in the RT group. There were no significant differences between the two treatment groups. *Completer sample:* 69% of children in the CBT group achieved remission as compared to 20% in the RT group. CBT group was significantly more effective than RT group.

19.5	Mc Hugh O'Leary and Barrett et al. (2009) *Australia/Norway*	A 7 year follow up study evaluating treatment effects of individual and group Cognitive Behavioural Family based Therapy (CBFT) for childhood obsessive compulsive disorder (OCD).	*Individual CBFT (n=19)* Mean age 17.6 (SD 2.75) Age range: 13 to 22 47% male *Group CBFT (n = 19)* Mean age 19.2 (SD 2.81) Age range: 15 to 24 58% male	Anxiety Disorders Interview Schedule – Child Version. National Institute of Mental Health Global Obsessive-Compulsive Scale Yale Brown Obsessive Compulsive Scale-SR. Multidimensional Anxiety Scale for Children. The Multidimensional Anxiety Scale–Obsessive Compulsive Screen Beck Depression Inventory-II McMaster Family Assessment Device Depression Anxiety Stress Scale-21 Outcomes: Symptom severity of OCD, depression and anxiety	7 years post-treatment (see the original study by Barrett et al. 2004)	~ 87 percent of the sample was diagnosis free 7 years post-treatment. Results indicate that treatment effect of CBFT for obsessive-compulsive disorder has long term durability. There were no significant differences between treatment conditions. While there were no significant differences between the two groups, participants who received Individual CBFT were more likely to report symptoms of depression than group participants.

Table 11 CHILD AND ADOLESCENT EATING DISORDERS (16 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
18.1	Rhodes, Baillee et al. (2008) *Australia*	Preliminary RCT evaluating parent-to-parent consultations as a potential augmentation to the Maudsley model of family-based treatment (intervention) for anorexia vs. standard treatment	20 girls aged 12-16 years recruited, all with a DSM-IV-TR diagnosis of anorexia nervosa *Intervention (n = 10)* Mean age of patient 13.7 years *Standard Treatment (n =10)* Mean age of patient 14.3 years	Parent Efficacy - Parents versus Anorexia Scale Patient distress - Depression Anxiety and Stress Scale Weight - percentage ideal body weight using Morgan–Russell outcome categories	Not stated	• Significant treatment effect seen • Parent-to-parent consultations led to a small increase in the rate of weight restoration.
18.2	Eisler, Simic et al. (2007) *UK*	Follow-up study to RCT assessing conjoint family therapy (CFT) vs. separated family therapy (SFT) for adolescents with anorexia nervosa	38 participants (out of 40) reassessed See Eisler, Dare et al. (2000) for full details of participants	See Eisler, Dare et al. (2000) for details of outcomes and outcome measures	5 years	• Little difference between two treatments at 5 years, with more than 75% of subjects having no eating disorder symptoms • No deaths in the cohort and only 8% of those who had achieved a healthy weight by the end of treatment reported any kind of relapse. •
18.3	Schmidt, Lee et al. (2007) *UK*	RCT examining efficacy and cost-effectiveness of family therapy vs. cognitive behaviour therapy guided self-care in adolescents with bulimia nervosa	*Family Therapy (n = 41)* Mean age 17.9 years (SD 1.6) 100% female *Guided Self Care (n = 44)* Mean age 17.4 years (SD 1.8) 95.5% female	Primary outcome – abstinence from binge eating and vomiting BMI EATATE interview for lifetime eating disorder history, Longitudinal Interval Follow-Up Evaluation Short Evaluation of Eating Disorders Oxford, England, Risk Factor Interview Health Economic Assessment	6 months (end of treatment) 12 months	• At 6 months, bingeing had undergone a significantly greater reduction in the guided self-care group than in the family therapy group; however, this difference disappeared at 12 months • No other differences between groups in behavioural or attitudinal eating disorder symptoms • Direct cost of treatment was lower for guided self-care than for family therapy. No differences in other cost categories.
18.4	le Grange, Crosby et al. (2007) *USA*	RCT evaluating the relative efficacy of family-based treatment (FBT) and supportive psychotherapy (SPT) for adolescents with bulimia nervosa	Eighty patients, aged 12 to 19 years, with a DSM-IV diagnosis of bulimia nervosa or a strict definition of partial bulimia nervosa *Treatment group (FBT, n = 41)* Mean age16.0 years (SD 1.7)	Abstinence from binge-and-purge episodes as measured by the Eating Disorder Examination. Secondary outcome measures were Eating Disorder Examination binge-and-purge frequency and	Follow-up assessment at post-treatment and at 6 months Treatment	• Remission rates significantly higher for treatment group at post-treatment and at 6-month follow-up • Significantly more patients receiving FBT were binge-and-purge abstinent compared with those receiving SPT • Fewer patients were abstinent at the 6-

			98% female Mean BMI 21.8 (SD 2.5) *Control group (SPT, n = 39)* Mean age 16.1 years (SD 1.6) 97% female Mean BMI 22.4 (SD 3.4)	Eating Disorder Examination subscale scores Beck Depression Inventory Rosenberg Self esteem scale	group – 7 lost to follow-up Control group – 5 lost to follow-up	month follow-up; but the difference was statistically in favour of FBT vs SPT • Secondary outcome assessment showed main effects in favour of FBT on all measures of eating pathological features
18.5	Lock, Couturier et al. (2006)	Study presenting outcomes from long-term follow-up from a previous RCT Lock, Agras et al. (2005)	86 adolescents aged 12-18 years recruited; 83% participated in long-term follow-up	Psychological functioning Psychosocial functioning Eating Disorder Examination	Mean length of follow-up 3.96 years	• No statistically significant differences between the two groups on any measure at long-term follow-up • Short term family therapy is as effective as long-term family therapy at follow-up
18.6	Lock, Agras et al. (2005)	RCT examining the efficacy of short term family therapy vs. long-term family therapy in the treatment of adolescents with anorexia nervosa	86 adolescents aged 12-18 years recruited	Eating Disorder Examination BMI	12 months	• No significant differences between the two groups (intent to treat analysis)
18.7	Ball and Mitchell (2004) *Australia*	RCT examining the effectiveness of cognitive behavioural therapy (CBT) vs. behavioural family therapy (BFT) in the treatment of 25 adolescents with anorexia nervosa	*CBT (n = 13)* Mean age 18.45 years (SD 2.57) Mean BMI 16.06 (SD 1.58) *BFT (n = 12)* Mean age 17.58 years (SD 3.37) Mean BMI 16.45 (SD 0.85)	Good outcomes: body weight increased to within 10% of the patient's average body weight; no bulimic symptoms; a minimum weight gain of 4 kilograms; and menstrual cycle resumed Intermediate outcomes: body weight increased to within 10% of the patient's average body weight; amenorrhoea occurred; bulimic symptoms present but occurring less than once per week; minimum weight gain of 4 kilograms Poor outcomes: body weight less than 15% of the patient's average body weight; bulimic symptoms occurred at least once per week	Post-treatment 6 months	• 60% of total sample and 72% of treatment completers had "good" outcome at post-treatment and at six months follow-up • No significant differences between treatment groups were found and the majority of patients did not reach symptomatic recovery

				Overall functioning: Morgan-Russell Assessment Schedule Beck Depression Inventory State Self Esteem Scale Eating Conflict subscale of the Interaction Behavior Code.		
18.8	Eisler, Dare et al. (2000) *UK*	RCT assessing the efficacy of two outpatient family interventions, conjoint family therapy (CFT) vs. separated family therapy (SFT), for adolescents with anorexia nervosa	*CFT (n = 19)* Mean age 15.5 years Mean duration of illness 13.9 months *SFT (n = 21)* Mean age 15.5 years Mean duration of illness 12.0 months	*Individual Assessment Measures* Mood – Short Mood and Feeling Questionnaires Self-esteem – Rosenberg Self Esteem Inventory Obsessional phenomena – Maudsley Obsessional Compulsive Index Eating disturbance – Eating Attitude Test; Eating Disorder Inventory Weight *Family Measures* Family Adaptability and Cohesion Evaluation Scales Standardized Clinical Family Interview	3 months 6 months End of treatment	• Considerable improvement in nutritional and psychological state in both groups • On global measure of outcome, the 2 forms of therapy were associated with equivalent end of treatment results. However, for those patients with high levels of maternal criticism towards the patient, the SFT was shown to be superior to the CFT • Symptomatic change was more marked in the SFT whereas there was considerably more psychological change in the CFT group. There were significant changes in family measures of Expressed Emotion. Critical comments between parents and patient were significantly reduced and that between parents was also diminished. Warmth between parents increased
18.9	Geist, Heinmaa et al. (2000)	RCT examining efficacy of family therapy vs. family psychoeducation on 25 females aged 12-17.3 years with newly diagnosed restrictive eating disorders requiring hospitalisation	25 females recruited Mean age = 14.3	Medical outcomes – body weight Psychosocial outcomes – specific and non-specific eating disorder psychopathology Family Assessment measure Diagnostic Interview for Children & Adults Eating disorders inventory Children's Development	Every 2 weeks until 4 months after end of treatment	• Significant time effect seen for both groups for restoration of body weight • Time effect also seen on the Family Assessment Measure - both groups reported more family psychopathology at the end of treatment • No significant group differences were found on any of the self-report measures of specific and non-specific eating disorder pathology • Weight restoration reported at 4-month

				Inventory Brief Symptoms Inventory		follow-up in both groups, but no significant change was reported in psychological functioning by either adolescents or parents
18.10	Loeb, Walsh et al. (2007) *USA*	Uncontrolled outcome study assessing the effectiveness of family-based treatment (FBT; Maudsley model) for adolescents with anorexia nervosa	20 adolescents (age range 12-17 years)	Percentage of ideal body weight Menstrual status Eating Disorder Examination (EDE) subscales scores Children's Depression Rating Scale-Revised		• 75% completed FBT • Intent-to-treat analyses showed significant improvement over time in all outcomes, apart from EDE Shape Concern or Weight Concern subscales or Children's Depression Rating Scale-Revised
18.11	Rhodes and Madden (2005) *Australia*	Uncontrolled outcome study describing the introduction of the Maudsley model of family-based treatment for anorexia in the Eating Disorders program at a children's hospital over 18-month period.	Data on cohort not stated	Readmissions Weight	Not stated	• Data on a year-by-year basis suggests improved outcomes • Significant reduction in readmissions in the two years prior to introduction of Maudsley Model to two years after introduction of model
18.12	Scholz and Asen (2001)	Uncontrolled outcome study - description of 18 month follow-up data on 28 adolescents with eating disorders and their families who have received a multi-family approach therapy		Recovery Rates of readmissions Satisfaction Subjcetive Family Picture Test	18 months	• Treatment is acceptable to patients and families • Significant positive changes in the patients' symptomatology and recovery rates
18.13	Fleminger (2005) *Netherlands*	Case series describing the outcomes from multi family group treatment for adolescents with eating disorders	5 cases reported	Improvement in symptoms Eating disorders inventiory Food intake Weight	Not stated	Most cases improved with respect to eating disorder symptoms, with increase in food intake and weight
18.14	Lock, Grange et al. (2006) *USA*	Retrospective case review reporting on the use of family-based treatment (FBT) with children with anorexia nervosa	32 children Mean age 11.9 years (range 9-12.9 years)	Weight Eating Disorder Examination Child self-report scores	After treatment	• Statistically and clinically significant weight gain and eating disordered thinking in children who participated in FBT

18.16	Krautter and Lock (2004) *USA*	Survey assessing the satisfaction and perspectives of families who completed treatment using a manual-driven family-based treatment for anorexia nervosa	34 families who had completed treatment recruited – adolescents with anorexia nervosa and their parents or guardians Mean age of adolescents 14.6 years	Patient satisfaction at the end of treatment Outpatient effectiveness Inventory	N/A	• The overall effectiveness was rated from 3.97 (adolescent rating) to 4.40 (maternal rating) • Adolescents scored therapeutic alliance, psychoeducation about anorexia nervosa, including the whole family in treatment, and separation of the illness from the patient as highly effective • Qualitative results - 78% of participants felt highly positive about family treatment • 84% of participants perceived a change in their family after treatment • 84% of participants would recommend this treatment to others
18.17	Paulson-Karlsson, Nevonen et al. (2006) *Sweden*	Survey examining patient satisfaction with family-based treatment for anorexia nervosa in adolescents aged 13-18 years	32 patients, 41 parents	Treatment satisfaction self-report questionnaire	Questionnaire sent to families at 18-month follow-up	The results show that 73 per cent of the patients and 83 per cent of the parents felt that their pretreatment expectations had been fulfilled. The majority agreed that individual patient sessions and parental sessions were of great help, while the patients valued family therapy sessions as being less helpful than did parents. In overall terms, parents were more pleased with the therapists than were the patients.

Table 12 CHILD & ADOLESCENT PHYSICAL ILNESS: CANCER, OBESITY, HIV, EPILEPSY, ASTHMA and DIABETES (20 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
21.1	Kazak, Simms et al. (2005) *USA*	RCT evaluating the effectiveness of a new intervention, Surviving Cancer Completely Intervention Program – Newly Diagnosed (SCCIP-ND) vs. treatment as usual for caregivers of children newly diagnosed with cancer	*SCCIP-ND (n = 9 families)* Median age of patient 5.00 years Patient gender 44.4% male *Treatment as usual (n = 10 families)* Median age of patient 4.50 years Patient gender 60% male	Acute Stress Disorder Scale Impact of Events Scale - Revised State-Trait Anxiety Inventory	2 months	Preliminary outcome data show changes in the desired direction [e.g., reduced anxiety and parental posttraumatic stress symptoms (PTSS)]

22.1	Kalavainen, Korppi et al. (2007) *Finland*	RCT examining the effectiveness of family-based group treatment vs. routine counselling in promoting a healthy lifestyle in treating childhood obesity	*Family treatment (n = 35)* Mean age 8.1 years (SD 0.9) 46% male *Routine counselling (n = 35)* Mean age 8 years (SD 0.8) 34% male	Body Mass Index Satisfaction	6 months	• Children in family treatment lost more weight for height than children receiving routine counselling • Both group and routine programs were feasible with a high, 87–99%, participation rate in sessions and appointments and very low, 3% or less, attrition rate from the programs • At follow-up, beneficial effects were partly lost, but for changes in weight for height and BMI, the differences between the two treatment programs still were significant, and for BMI-SDS, there was a trend
22.2	Jiang, Xia et al. (2005) *China*	RCT evaluating impact of family-based behavioural treatment on obese children	Treatment group N= 33 Mean age 13.3 years (SD 0.6) 61% male Control group N = 35 Mean age 13.2 years (SD 0.7) 60% male	Height and weight measured every six months Blood pressure, cholesterol, and triglyceride levels were measured at baseline and after two years Body mass index		• BMI significantly reduced in the treatment group but not in the control group • Total cholesterol decreased 5.5% and triglycerides 9.7% in the treatment group; no significant changes in plasma lipids in control group • Blood pressure values decreased significantly in the treatment, but not the control group
22.3	Nowicka, Pietrobelli et al. (2007) *Sweden*	Case series reporting on the use of low-intensity solution-focused family therapy with obese children	54 children Age range 6-17 years	Self-esteem - ‘‘I Think I Am’’ scale Family dynamics – Family Climate Scale Body Mass Index	Not stated	• Intervention resulted in a mean decrease in BMI z-score of 0.12 • Self-esteem on the global scale improved after intervention • Family Climate Scale showed improvement in the sub-scales for Expressiveness and Chaos

23.0	Mazzone, Battaglia et al. (2009) *Italy*	Comparison study examining the effectiveness of Cognitive-Behavioural Family Therapy (CBFT) for children with β-thalassaemia major and their caregivers.	CBT (n = 28) Age range 12.79 (± 3.57 years) Comparison group (n= 28) Age range 12.52 (± 3.48 years)	Wechsler Intelligence Scale for Children (WISC-IV) Child Behaviour Checklist (CBCL) Multidimensional Anxiety Scale for Children (MASC) Children's Depression Inventory (CDI) Emotionality Activity Sociability and Shyness (EAS) Scale World Health Organization Quality Of Life (WHOQOL) Outcomes: compliance to treatment, lessening the emotional burden of disease improving the quality of life of caregivers	Post treatment	• Majority of β-Thalassaemic children showed good compliance with chelation therapy. • On average, Thalassemic patients showed more somatic complaints and separation panic (58.29, 53.36 respectively) when compared to healthy children (53.32,48.18) • B-Thalassaemic children and their mothers also showed high emotionality and low sociability. • CBFT can be successfully used to improve the compliance with chelation therapy; however, it does not improve the quality of life of caregivers.
23.1	Prado, Pantin et al. (2007) *USA*	RCT evaluating the efficacy of Familias Unidas + Parent-Preadolescent Training for HIV Prevention (PATH), a Hispanic-specific, parent-centered intervention, in preventing adolescent substance use and unsafe sexual behaviour	*Familias Unidas + PATH (n = 91)* Mean age 13.36 years (SD 0.67) 43% male *ESOL + PATH (n = 84)* Mean age 13.40 years (SD 0.72) 50% male *ESOL + HEART (n = 91)* Mean age 13.49 years (SD 0.66) 52% male	Demographics Acculturation. The Bicultural Involvement Questionnaire Family functioning Substance use Sexual risk behaviours	6, 12, 24 and 36 months post-treatment	• Familias Unidas + PATH effective in preventing and reducing cigarette use, compared to control groups • Familias Unidas + PATH effective in reducing substance use compared to ESOL + HEART • Familias Unidas + PATH effective in reducing sexual risk behaviour, compared to ESOL + PATH
23.2	McKay, Chasse et al. (2004) *USA*	A quasi-experimental comparison study evaluating the effectiveness of a family-based CHAMP intervention (Chicago HIV prevention and Adolescent Mental health	Recruited 4th and 5th graders and their care givers. *CHAMP group (n = 201)* 40% males	Family Decision Making Questionnaire Issues Checklist Parent interview (adapted from Pittsburgh Youth Study	Week 2 – pre-test Week 11 – post-test	• Participating in CHAMP may be associated with strengthening parental decision making, increasing comfort in family, communication regarding sensitive topics, and increasing parental HIV/AIDS knowledge • Compared to comparison group, parent in CHAMP

		Project) on preventing HIV infections among young people living in neighbourhoods with high rates of HIV infection.	*Comparison group (n = 264)* 43% males	and Chicago Youth Development Study)		group more likely to make decisions within the family • CHAMP group significantly related to improvements in parental monitoring, family communication, and comfort related to family communication
23.3	Ellis, Naar-King et al. (2006)	Retrospective case review examining whether multi-systemic therapy (MST) improves regimen adherence and health outcomes in children with perinatally acquired HIV	19 children participated in program	Regimen adherence Health outcomes	3 months	• Significant improvement in caregivers' general knowledge of HIV • No significant change in caregiver-reported adherence • From referral to end of MST treatment, significant reduction in viral loads • Most children in study maintained these improvements at 3-month follow-up
24.1	Glueckauf, Liss et al. (2002) *USA*	RCT examining the efficacy of issue-specific single-family counselling (IFCM) vs.multi-family psychoeducational group (PE) in adolescents with epilepsy and their parents	19 adolescents completed study Mean age 13.9 years (SD 1.37) Mean age of mothers 41 years (SD 5.13) IFCM; n = 9 PE; n = 10	Adolescent and Parent Background Seizure-Related Information Current Medications Forms Working Alliance Inventory 6-point Issue Severity Scale Issue Change Scale Issue Frequency Scale Family Therapy Outcome Index	Not stated	• No overall differences in alliance between the two groups • Significantly stronger alliance in IFCM, compared to PE Alliance positively correlated with therapy outcome for adolescents, but not for mothers
25.1	Bruzzese, Unikel et al. (2008) *USA*	RCT assessing the efficacy of "It's a Family Affair", a school-based intervention for adolescents with asthma and their caregivers vs. control group (no treatment)	Mean age of children 12.9 years (SD 0.81) 54% male Intervention; n =12 Control; n = 12	Asthma management - Asthma Responsibility Questionnaire Asthma symptom severity Caregiver-child interactions - Parent-Adolescent Relationship Questionnaire Delivery of intervention Program evaluation form Satisfaction	Post-treatment 2 months	• At two-month follow-up, caregivers in intervention group showed improved problem-solving with children, compared to control group • Intervention group participants more responsible for carrying medication, took more prevention steps, and woke fewer nights from asthma • The intervention resulted in positive short-term changes in family relations, asthma management by students, and health status

25.2	Ng, Li et al. (2008) *China*	RCT (randomised waitlist-controlled crossover design) evaluating asthma psychoeducation program incorporating family therapy	46 patients recruited (9 dropped out) *Intervention (n = 20)* Mean age of patients 9.15 years (SD 1.6) Gender of patients 60% male Mean duration of asthma 5.55 years (SD 2.61) Mean age of parents 40.95 years (SD 6.13) Gender of parents 5% male *Control (n = 17)* Mean age of patients 9.35 years (SD 1.37) Gender of patients 76.5% male Duration of asthma 5.88 years (SD 2.23) Mean age of parents 38.59 years (SD 3.14) Gender of parents 0% male	For patients: exhaled nitric oxide (eNO), spirometry, and adjustment to asthma For parents: perceived efficacy in asthma management, Hospital Anxiety and Depression Scale anxiety subscale, Body Mind Spirit Well-being Inventory emotion subscale, and Short Form 12 health-related quality of life scale	Short follow-up	• Significant reduction in airway inflammation, as indicated in intervention group • In increase in patient's adjustment to asthma and parents' perceived efficacy in asthma management. In intervention group • Most psychosocial measures continued to improve steadily after intervention
26.1	Naar-King, Ellis et al. (2007) *USA*	RCT examining the effectiveness of multisystemic therapy vs. standard multidisciplinary care in decreasing parental overestimation of adolescents' responsibility for completion of diabetes care	Mean age 13.23 years (SD 1.95) 49% male MST; n = 64 SC; n = 63	Diabetes Family Responsibility Questionnaire Metabolic control – haemoglobin A1c	12 months	An intensive home based family therapy decreased parental overestimation of adolescent care completion among urban adolescents with chronically poorly controlled type 1 diabetes
26.5	Wysocki, Harris et al. (2006) *USA*	RCT examining the efficacy of Behavioral Family Systems Therapy for Diabetes(BFST-D) vs. multifamily educational support group (ES) vs. standard care (SC) in 104 families of adolescents with inadequate control of type I diabetes	*BFST-D (n = 36)* Mean age 13.9 years (SD 1.9) 58% male Mean duration of diabetes 5.1 years (SD 3) *ES (n = 36)* Mean age 14.4 years (SD 1.9)	A1C - improvement in glycemic control Hollingshead Index of Social Status Diabetes Self-Management Profile The Diabetes Responsibility and Conflict Scale	6 months (end of treatment) 12 months 18 months	• Significant improvement on effects on A1C in BFST-D group, compared to SC and ES. • No significant differences on treatment adherence and family conflict • Improvement in A1C appeared to be mediated by improvement in treatment adherence. A significantly higher percentage of BFST-D youth achieved moderate or greater improvement (>0.5 SD) in treatment adherence compared with the SC group at each follow-up and the ES group at 6 and 18

			56% male Mean duration of diabetes 5.5 years (SD 3.2) *SC (n = 32)* Mean age 14.2 years (SD 1.9) 50% male Mean duration of diabetes 5.9 years (SD 4)			months • Change in treatment adherence correlated significantly with change in A1C at each follow-up
26.2	Ellis, Templin et al. (2007) *USA*	RCT examining efficacy of multisystemic therapy (MST) vs. standard care in adolescents with 127 chronically poorly controlled type 1 diabetes	See Ellis, Frey et al. (2005) for details of participants	Adherence to medical regimen – frequency of blood glucose testing Metabolic control – HbA1c, a retrospective measure of average blood glucose over the previous 2-3 months Rates of diabetic ketoacidosis (DKA) admissions – medical records	6 months	• Intent-to-treat analyses revealed a main effect of MST on DKA admissions was at end of treatment and 6-month follow-up • Improvements in HbA1c for the MST group at treatment termination were lost at follow-up. Results show that intensive, home-based psychotherapy created stable reductions in serious lapses in adherence, as indexed by episodes of DKA, among youth with poorly controlled diabetes
26.3	Ellis, Yopp et al. (2006) *USA*	RCT examining efficacy of multisystemic therapy (MST) vs. standard care in adolescents with 127 chronically poorly controlled type 1 diabetes	See Ellis, Frey et al. (2005) for details of participants	Changes in general family relationships – Diabetes Family Behavior Checklist; Family Relationship Index of the Family Environment Scale Caregiver support for diabetes care Adherence – blood glucose meter Metabolic control – HbA1c	7 months	• MST increased support for diabetes care from both primary and secondary caregivers in two-parent but not in single-parent families. • MST had the strongest effects on BGT and metabolic control in single-parent families.
26.6	Ellis, Frey et al. (2005) *USA*	RCT examining efficacy of multisystemic therapy (MST) vs. standard care in adolescents with 127 chronically poorly controlled	*MST (n = 64)* Mean age of adolescent 13.4 years (SD 1.9) Mean age of parent 39.7 years (SD 7.7)	A1C adherence Metabolic control Hospital utilisation Twenty-Four Hour Recall Interview	7 months	• Intent-to-treat analyses – significant improvements in the frequency of blood glucose testing in MST group • Number of inpatient admissions decreased in MST group, and increased in control group

		type 1 diabetes	Mean duration of diabetes 5.3 years (SD 3.9) *Standard Care (n = 63)* Mean age of adolescent 13.1 years (SD 2) Mean age of parent 37.9 years (SD 5.9) Mean duration of diabetes 5.2 years (SD 4.8)	Frequency of blood glucose testing, a specific adherence behaviour, was also obtained directly from the adolescent's blood glucose meter		• Per protocol analyses revealed a significant improvement in metabolic control for MST group compared with control group
26.8	Wysocki, Harris et al. (2000) *USA*	RCT examining the efficacy of Behavioral Family Systems Therapy (BFST) vs. education and support group (ES) vs. current therapy (CT) with 119 families of adolescents with diabetes	*BFST (n = 38)* Mean age 14.5 years (SD 1.2) 39% male Mean duration of IDDM 5.4 years (SD 3.8) *ES (n = 40)* Mean age 14.1 years (SD 1.4) 38% male Mean duration of IDDM 4.5 years (SD 3.7) *CT (n = 41)* Mean age 14.3 years (SD 1.4) 49% male Mean duration of IDDM 5.2 years (SD 3.8)	Demographic factors Parent-adolescent relationships – Parent-Adolescent Relationship Questionnaire, Issues Checklist, Conflict Behavior Questionnaire IDDM-Specific Psychological Adjustment – Teen Adjustment to Diabetes Scale, Diabetes Responsibility and Conflict Scale IDDM Treatment Adherence – Self-Care Inventory Health status – blood sample for glycated haemoglobin assays to index recent diabetic control	3 months (end of treatment, reported in this study) 6 months 12 months	• BFST was more effective in improving parent-adolescent relationships and reducing diabetes-specific conflict, compared to CT and ES • N effects on treatment adherence • Some improvement in parent-adolescent relationships in BFST group – effects on diabetes outcomes depended on the adolescent's age and gender
26.9	Viner, Christie et al. (2003) *UK*	Non-randomised controlled study examining effects of a motivational and solution-focused therapy group intervention in adolescents with poorly controlled diabetes	*Intervention (n = 21)* Mean age 13.0 years 72% female *Control (n = 20)* Mean age 13.3 years 40% female	Glycaemic control – HbA1C	4-6 months 7-12 months	• Significant improvement of 1.5% in HbA1c in intervention group at 4–6 months post intervention compared with no change in controls • Improvement was partly maintained at 7–12 months post-intervention
26.10	Harris ,Freeman et al. (2009) *USA*	Before-after comparison study evaluating the effectiveness of home-based Behavioral Family Systems Therapy (BFST) on	*BFST group (n=18)* Mean age 16 years (SD 0.9) 33% female *Comparison group (n = 40)*	Diabetes Responsibility and Conflict Scale (DRC) Conflict Behavior Questionnaire (CBQ) HbA1c test	Post treatment	• Home-based BFST is effective in reducing diabetes–specific conflicts between adolescents and their parents. • BFST is also effective in reducing parent-

		improvements in parent – adolescent conflict in adolescents with poorly controlled diabetes.	Mean age 15.2 (SD 1.5) 55% females Note: Authors used comparison group from a previous study. Please see (Wysocki et al., 2006, 2007)	Outcomes: Parent-adolescent conflict		reported general conflicts between young people and their parents. • Correlations between HbA1c levels and measures of family conflict at pre and post treatment were non-significant.
26.12	Wysocki, Harris et al.(2008) *USA*	RCT study evaluating Behavioral Family SYSTEMS Therapy for Diabetes (BFST-D) vs. 6 months of an educational support group (ES) vs. Standard Care (SC) for families of adolescents experiencing problematic management of Type 1 diabetes.	104 adolescents 102 mothers 87 fathers *BFST-D (n = 36)* Mean age 13.9 years (SD 1.9) 58% male *ES (n =36)* Mean age 14.4 years (SD 1.9) 56% male *SC (n = 32)* Mean age 14.2±1.9 50% male	Glycosylated hemoglobin (HbA1C) Diabetes Responsibility and Conflict Scale(DRC) Diabetes Self Management Profile (DSMP) Family problem-solving discussions (Interaction Behavior Code) Outcomes: Changes in family communication	12 months 18 months	• BFST-D groups showed significantly improvement family interaction compared to SC and ES. • BFST-D had a positive effect on individual communication. Adolescents and their mothers in BFST-D groups demonstrated significantly reduction in negative communication from pre tests (3.5, 3.8) to 6 month post tests (2.1, 2.5) respectively when compared to ES and SC groups. However, there were no statistically significant effects for fathers. • Study reports possible link between changes in family communication, changes in glycemic control and treatment adherence.

Table 13 CHILD AND ADOLESCENT LEARNING DIFFICULTIES (2 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
27.1	Russell (2004)	RCT examining the efficacy of multimodal adaptive behaviour training plus interactive group psycho-education (intervention group) vs. multimodal adaptive behaviour training plus didactic lectures (control group) for changing attitude in parents of children with intellectual disabilities	57 parent-child dyads recruited Intervention group; n = 29 Control group; n = 28	Adaptive behaviour - Vineland Social Maturity Scale Binet–Kamat Scale of Intelligence Gesell Developmental Schedule Parental Attitude Scale towards Management of Intellectual Disability		• Intention to treat analysis revealed that 22 of 29 children in the intervention group compared with four of 28 children in the control group showed a significant improvement in the acquisition of adaptive behaviour • Meaningful clinical benefits on various measures were found for the intervention group after training
27.2	Bagner and Eyberg (2007) *USA*	RCT assessing the effectiveness of Parent-Child Interaction Therapy (PCIT) vs. waiting list (WL) for children who are behaviourally disruptive and have mental retardation	*PCIT (n=15)* Mean age of child 52.4 months (SD 8.81) Children 20% female *WL (n = 15)* Mean age of child 55.87 months (SD 11.38) Children 26.67% female	Main outcome – child and parenting functioning Child Behavior Checklist for 1 and a Half Year Olds Eyberg Child Behavior Inventory Parenting Stress Index–Short Form Dyadic Parent–Child Interaction Coding System Therapy Attitude Inventory	Not stated	• More positive interaction between mothers and children after treatment in PCIT group, compared to WL mothers • Children in PCIT group more compliant after treatment • Parent-report measures indicated that PCIT group reported fewer disruptive behaviours at home and lower parenting stress related to difficult child behaviour following treatment, compared to mothers in WL group

Table 14 CHILD & ADOLESCENT BEHAVIOURAL PROBLEMS (29 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
28.1	Shaw, Dishion et al. (2006)	RCT examining effects of Family Check-Up in modifying child disruptive behaviour in 120 at-risk toddlers vs. control group (no treatment)	129 mother-son dyads recruited Mean age of children 24.1 months (SD 2.8) Mean age of mothers 27.2 years (SD 6.1) *Family Check Up (n = 60)* *Control Group (N = 60)*	Maternal Involvement Preventing exacerbation of child conduct problems Beck Depression Inventory Demographics Questionnaire Child Inhibition Primary outcome measure: Child Behavior Check List (CBCL) 2–3 and 4–18 Secondary outcome measure: Home Observation for Measurement of the Environment (HOME)	1 year 2 years	• Reductions in disruptive behaviour and greater maternal involvement in the Family Check Up group • Particularly effective for children at greater risk for a persistent trajectory of conduct problems
28.2	Schaeffer and Borduin (2005) *USA*	Follow-up study to RCT (multisystemic therapy (MST) vs. individual therapy (IT)) assessing long-term criminal activity of 176 adolescents	MST n = 92 IT n = 84	Criminal activity	Participants had received therapy 11.8 –15.2 years previously (mean 13.7 years)	• Significantly lower recidivism rates for MST group at follow-up, compared to IT group (50% vs. 81%, respectively) • 54% fewer arrests and 57% fewer days of confinement in adult detention facilities for MST group
28.3	Ogden and Halliday-Boykins (2004) *Norway*	RCT looking at the effectiveness of multisystemic therapy (MST) vs. usual Child Welfare Services (CS) in the treatment of antisocial behaviour in adolescents	100 adolescents recruited MST; n = 60 CS; n = 40 Total sample: Mean age 14.95 years (SD 1.87) 63% male	Child Behaviour Checklist – assessed by caregiver, adolescent and teacher Self-Report Delinquency Scale Social Competence with Peers Questionnaire - assessed by caregiver, adolescent and teacher Social Skills Ratings	6 months	• MST was more effective than CS at reducing youth internalising and externalising behaviours and out-of-home placements, as well as increasing youth social competence and family satisfaction with treatment

				System Family Adaptability and Cohesion Evaluation Scales-III Out-of-Home Placement Family Satisfaction Survey		
28.4	Santisteban, Coatsworth et al. (2003) *USA*	RCT examining efficacy of brief strategic family therapy (BSFT) vs. group treatment control (GC) for behavioural problems and drug use in Hispanic adolescents	BSFT n = 80 GC n = 46	Adolescent behaviour problems – parent-reported Conduct Disorder and Socialized Aggression subscales taken from the RBPC Adolescent Substance Use – Addiction Severity Index (ASI) Family Functioning – Structural Family Systems SFSR)	Post-intervention	For BSFT group, significant improvement from pre- to post-intervention in parent reports of adolescent conduct problems and delinquency, adolescent reports of marijuana use, and observer ratings and self reports of family functioning, compared to GC cases
28.5	Sanders, Markie-Dadds et al. (2000) *Australia*	RCT assessing efficacy of behavioural family intervention (BFI) program known as Triple P in 305 preschool children at high risk of developing conduct problems using the four following treatment groups: enhanced BFI (EBFI), standard BFI (SBFI), self-directed BFI (SDBFI) and wait list (WL)	*EBFI (n = 76)* Mean age of child 40.57 months (SD 3.66) Mean age of mother 30.68 years (SD 5.61) Mean age of father 34.47 years (SD 6.65) *SBFI (n = 77)* Mean age of child 40.29 months (SD 3.47) Mean age of mother 31.88 years (SD 4.88) Mean age of father 35.94 years (SD 8.01) *SDBFI (n = 75)* Mean age of child 40.93 months (SD 3.6) Mean age of mother 31.39 years (SD 5.26) Mean age of father	Family Background Interview Observation of mother and child behaviour - Revised Family Observation Schedule Parent-Report Measures – BDI, CAP, ECBI, Parent Daily Report, Parenting Scale, Parenting Sense of Competency Scale, Parent Problem Checklist, Abbreviated Dyadic Adjustment Scale, Depression Anxiety Stress Scales, Client Satisfaction Questionnaire	Post-intervention I year	For EBFI and SBFI groups, reduced levels of parent-reported disruptive child behaviour, lower levels of dysfunctional parenting, greater parental competence, and higher consumer satisfaction, were seen compared to the SDBFI and WL groups

			33.03 years (SD 6.8) *WL (n = 77)* Mean age of child 41.74 months (SD 3.66) Mean age of mother 30.48 years (SD 5.82) Mean age of father 33.82 years (SD 7)			
28.6	Schoenwald, Ward et al. (2000) *USA*	RCT examining short outcomes in psychiatric hospitalisation vs. multisystemic therapy (MST) for 113 adolescents with serious behavioural and emotional difficulties and their families	113 adolescents recruited Mean age 13 years 65% male MST n = 57 Hospitalisation n = 56	School attendance Family cohesion and adaptability Adolescent externalising symptoms Monthly Service Utilization Survey Restrictiveness of Living Environments Scale	Discharge from hospital 3-4 months	• Compared to hospitalisation, MST was more effective in decreasing youth externalizing symptoms, improving family cohesion and adaptability, increasing school attendance, and promoting consumer satisfaction • The reduction in use and length of hospitalization was not offset by increased use of other placement options, as MST reduced days in other out-of-home placements by 49%
28.8	Nickel, Muehlbacher et al. (2006) *Germany*	RCT evaluating the efficacy of a 12-week brief strategic family therapy (BSFT) vs. control group (no treatment) on outcomes in adolescent boys with bullying behaviour	All boys aged between 14-15 years, 100% male BSFT (n = 36) Control (n = 36)	Health-related quality of life (QoL) Salivary cortisol concentration 15 to 30 minutes after awakening Changes on the subscales of the State-Trait Anger Expression Inventory (STAXI) and the Health Survey (SF-36).		• Significant reduction in bullying behaviour in the BSFT group and in the mean values for salivary cortisol concentration • Significant greater change in BSFR group compared to control group on the STAXI subscales State-Anger, Trait-Anger, Anger-Out, and Anger-Control • Significant improvement on the SF-36 subscales for Vitality, Social Functioning, Role-Emotional and Mental Health in BSFT group
28.9	Nickel, Luley et al. (2006) *Germany*	RCT examining the effectiveness of brief strategic family therapy (BSFT) vs. control group for bullying-related behaviour in girls	100% girls BSFT; n =20 Control group; n =20	Adolescents' Risk-taking Behavior Scale (ARBS) State-Trait Anger Expression Inventory (STAXI) Inventory of Interpersonal Problems (MP-D) SF-36 Health Survey (SF-36)	12 months	• Intent to treat analyses indicated a significant reduction in bullying behaviour in the BSFT, compared to the control group • Also, statistically significant changes in all risk-taking behaviours (ARBS), on most STAXI, MP-D, and SF-36 scales were seen for BSFT group • Reduction in expressive aggression (Anger-Out scale of the STAXI) correlated with the reduction on several scales of the ARBS, IIP-D, and SF-36 • Positive results maintained at follow-up

28.10	Timmons-Mitchell, Bender et al. (2006) *USA*	RCT evaluating the efficacy of multisystemic treatment (MST) vs. treatment as usual (TAU) in the treatment of 93 juvenile adolescents who had appeared before a family court	MST; n = 48 TAU; n = 45 Mean age 15.1 years (SD 1.25)	Recidivism Child functioning - Child and Adolescent Functional Assessment Scale	6 months 12 months 18 months	• The hypotheses, that MST would be superior to treatment as usual in (a) reducing rearrest and (b) improving functioning during the time of treatment and at follow-up were partially supported • Specifically, MST resulted in decreased recidivism compared with the effects of usual court services
28.11	Nickel, Krawczyk et al. (2005) *Germany*	RCT evaluating the efficacy of a 6-month family therapy program vs. placebo intervention program for bullying behaviour in boys	All boys aged between 14-16 years, 100% male *FT (n = 22)* *Placebo (n = 22)*	Adolescents Risky-Behavior Scale (ARBS), the State-Trait Anger Expression Inventory (STAXI), the Inventory of Interpersonal Problems (IIP-D), and the SF-36 Health Survey (SF-36)	12 months after treatment	• Reduction in bullying behaviour in family therapy group compared to control group • At 6-month follow-up, significant changes on all ARBS scales and on the STAXI scales State-Anger, Trait-Anger, Anger-Out, and Anger-Control for family therapy group • Significant differences on the following IIP-D scales: overly autocratic, overly competitive, overly introverted, overly expressive, and exploitable/compliant • Significant differences on the following SF-36 scales: general health perceptions, vitality, social functioning, role-emotional, and mental health • The reduction in expression of anger correlated with a reduction in several scales of the ARBS, IIP-D, and SF-36. • Treatment effects maintained at 1-year follow-up
28.12	Nickel, Nickel et al. (2005) *Germany*	RCT evaluating the efficacy of family psychotherapy (FT) vs. control group (no treatment) in treating anger and aggression in females aged 14-16 years	*FT (n = 13)* *Control Group (n = 12)*	Aggression and change in aggression were measured using the State-Trait Anger Expression Inventory (STAXI).	6 months post-treatment	Significant changes on all five scales of STAXI for FT group compared to control group
28.13	Rowland, Halliday-Boykins et al. (2005) *USA*	RCT examining the effectiveness of multisystemic therapy (MST) vs. usual services in 31 adolescents with serious emotional disturbance	MST; n = 15 Usual services; n = 16 Mean age 14.5 years 58% male	Child Behaviour Checklist Youth Risk Behavior Survey Substance use - Personal Experience Inventory Criminal activity – Self-Report Delinquency Scale School placement	6 months	• Compared to usual services, MST condition reported significant reductions in externalizing symptoms, internalizing symptoms, and minor criminal activity; their caregivers reported near significant increases in social support; and archival records showed that MST youths experienced significantly fewer days in out-of-home placement
28.14	Brotman, Dawson-McClure et al. (2005) *USA*	RCT assessing the efficacy of a family-based preventive intervention for conduct problems in pre-school age siblings of adjudicated adolescents	47 families recruited Intervention; n =26 Control; n = 21	Main outcomes: children's antisocial behaviour and peer relations New York Parent Rating Scale New York Teacher	Post-intervention 8 months	• At eight-month follow-up, significant effects for adolescent siblings on parent-reported antisocial behaviour and positive peer relations • Teacher reports confirmed group differences for antisocial behaviour immediately after intervention

				Rating Scale Oppositional subscale of the Conners' Parent Report Scale—Revised: Short Form Conners' Teacher Report Scale—Revised: Long Form		
28.15	Leung, Sanders et al. (2003) *China/Hong Kong*	RCT assessing the efficacy of the Positive Parenting Program (Triple P) with a sample of Chinese parents of children with early onset conduct-related problems. Participants were randomly assigned to the intervention and a waitlist control group	91 parents attending Maternal' and Child Health Centers and Child Assessment Centers, with children aged 3-7 years with conduct problems 95.7% of sample were the biological mothers Mean age of fathers 39.36 years (SD 4.48) Mean age of mothers 35.7 years (SD 4.63)	Questionnaires completed at pre- and post-intervention: Parent Daily Report Eyberg Child Behaoior Inventory Strength and Difficulty Scale Parenting Scale Parenting Sense of Competence Scale Parent Problem Checklist Relationship Quality Index Client Satisfaction Questionnaire	Post-intervention	For Triple-P group, significantly reduced levels of child behaviour problems, lower dysfunctional parenting styles and higher parent sense of competence, compared to the control group
28.16	Stambaugh, Mustillo et al. (2007) *USA*	Longitudinal study examining the effectiveness of wraparound-only therapy (WA) vs. multisystemic therapy only (MST)vs. wraparound plus MST (WA+MST) in adolescents with serious emotional disorders	*WA (n = 213)* Mean age 11.5 years (SD 0.23) Gender 78% male *MST (n = 54)* Mean age 14.4 years (SD 0.24) Gender 57% male *WA+MST (n = 53)* Mean age 12.1 years (SD 0.39) Gender 70% male	Child Behavior Checklist Child and Adolescent Functional Assessment Scale Multisector Service Contact Questionnaire	18 months	• Improvement in all three groups over the study period • More clinical improvement observed in MST-only group, compared to other two groups • No significant differences in functional outcomes between groups • Adolescents in WA+MST group had higher baseline severity and experienced less clinical and functional change than the other two groups, despite more mental health service use

28.17	Corcoran (2006)	Non-randomised controlled, quasi experimental study examining outcomes for solution-focused therapy (SFT) vs. treatment-as-usual (TAU) in children with behavioural problems	239 children recruited	Conners Parent Rating Scale Feelings, Attitudes, and Behaviors Scale for Children	Not stated	• Better treatment engagement in SFT group • No statistically significant differences between groups on perceptions of child behaviours from either parents or child reports • Similar improvements over time for both groups, according to parent reports
28.18	Quinn and Van Dyke (2004) *USA*	Non-randomised controlled outcome study evaluating a multiple-family group-intervention program (Family Solutions Program (FSP)) for first-time juvenile offenders vs. controls group (probation only; no FSP)	455 recruited *FSP completers (n = 267)* Mean age at first offence 13.80 years (SD 1.7) 58% male *FSP dropouts (n = 93)* Age at first offence 13.72 years (SD 1.6) 52% male *Probation (n = 95)* Mean age at first offence 14.2 years (SD 1.8) 64% male	Recidivism (re-offences) - police arrest, court reports, and probation reports		• Compared to FSP completers, probation group more likely to re-offend by 9.3 times • Compared to FSP completers, FSP dropouts were 4.4 times more likely to re-offend • Compared to combined group of FSP completers and FSP dropouts, adolescents in probation group were 8.1 times more likely to re-offend • Recidivism outcomes were significant for males and females
28.19	Caldwell, Horne et al. (2007) *USA*	Non-randomised one-group study investigating the extent to which parental stress was reduced by participation in an established multiple group family intervention, the Family Solutions Program, developed to reduce recidivism among juvenile offenders	181 parents recruited Mean age of adjudicated adolescents 14.07 years (range 9 to 17 years) Adjudicated adolescents 57% male	Parental Stress Scale Family functioning - Family APGAR Communication – Parent-Adolescent Communication Scale	3 months	• Parental stress did diminish in response to intervention, but not until follow-up to intervention completion • Open communication between juvenile first offenders and their parents improved significantly in response to the intervention both at post-intervention and at follow-up
28.20	Matos, Torres et al. (2006) *Puerto Rico*	Uncontrolled outcome study using quantitative and qualitative techniques to assess how parent-child interaction therapy (PCIT) was adapted for Puerto Rican parents of children aged 4-6 with	Treatment was applied to 9 families Mean age of children 4 years 9 months Gender of children 77% males	Child's behaviour, family stress, parenting practices, and treatment Disruptive Behavior Scale for Children	Post-Treatment 3 months	• Mothers reported a high level of satisfaction on the TAI • Significant improvements from pre-treatment to post-treatment seen for all outcome measures • Treatment effects maintained at 3-month follow-up • Qualitative analysis of interview responses suggests that both parents and psychologists considered PCIT an acceptable and effective treatment for younger children

		hyperactivity and other significant behaviour problems	Mean age of fathers 32.86 years (SD 5.34) Mean age of mothers 31.89 years (SD 6.31) In-depth interviews were = conducted with parents (n = 15) and clinical psychologists (n = 5)	Subscales of hyperactivity and aggression of the Behavioral Assessment System for Children-Parent Rating Scales The Peabody Picture Vocabulary Test NIMH Diagnostic Interview Schedule for Children IVFParent Version Children's Global Assessment Scale–Spanish Eyberg Child Behavior Inventory Child Behavior Checklist Family Experiences Inventory Parent Practices Inventory Treatment and Evaluation Survey The Therapy Attitude Inventory Treatment format		with hyperactivity and other significant behaviour problems
28.22	Keiley (2007) *USA*	Uncontrolled outcome study evaluating Multiple-Family Group Intervention (MFGI) in two Indiana juvenile correctional institutions	Adolescents, n = 73 Mean age 15.6 years (SD 1.45) 59% male Caregivers, n = 67 Mean age 43.6 years (SD 10.4) 22% male	Child Behavior Checklist Youth Self-Report Coping Inventory for Stressful Situations Parental Bonding Instrument Inventory of Parent and Peer Attachment		• Recidivism rate of no greater than 44% for participants in MFGI psychoeducational group at 6-month follow-up, compared to national average of 65-85%
28.23	Rogers, Cann et al. (2003) *Australia*	Before/after study evaluating outcomes from Victorian Parenting Centre Family Intervention Service (Triple P) for families of children with ADHD	Families of 83 children recruited Mean age of children 5 years (age range 2-15 years) 67% male	Eyberg Child Behavior Inventory Depression Anxiety Stress Scale The Parenting Scale Parent Sense of Competence Scale	Post-intervention	• After the intervention, a reduction in problem behaviour scores of children perceived to have a high frequency of behaviours typical of ADHD was reported • Mothers reported reduced depression, anxiety and stress, increased feelings of satisfaction and competency in parenting, less negative parenting behaviour, and reduction in parental conflict

				The Parenting Problem Checklist		• High level of satisfaction with the program
28.25	Conoley, Graham et al. (2003) *USA*	Non-randomised one-group/N = 1 multiple-baseline design to examine efficacy of Solution-Focused Therapy	3 families recruited, all with children aged 8-9 years with a DSM-IV diagnosis of Oppositional Defiant Disorder	Child's behaviour – Parent Daily Report; Behavior Assessment System for Children	Post-treatment 3 months	• Evidence from outcomes suggests that Solution-Focused Therapy is effective for children who are oppositional and aggressive
28.26	Franklin, Biever et al. (2001) *USA*	Case series examining outcomes of solution-focused therapy (SFT) with seven children with behavioural difficulties	7 children and their families described Mean age 11.14 years 42.9% male	Teacher Rating Scale–39 Feelings, Attitudes and Behavior Scale for Children	One month	• SFT was associated with positive changes on a range of behavioural problems in children undergoing therapy
28.27	Robbins, Szapocznik et al. (2008) *USA*	This study compared the immediate impact of therapist reframing, reflection, and elicit-structure interventions on family-member defensive communications in the initial session of family therapy with a delinquent adolescent	Participants were 37 two-parent families with a delinquent adolescent (26 boys and 11 girls) between the ages of 12 and 17 (modal age = 15)	Impact of Therapist Interventions on Defensive Behaviour*S*	N/A	Results indicated that therapist refraining is more effective than other therapist interventions in reducing family-members' defensive statements. Moreover, adolescents responded more favourably to reframes than did fathers.
28.28	Dishion, Shaw et al.(2008) *USA*	RCT study evaluating Family Check-Up (FCU) intervention group vs. control group for families with socioeconomic, family, and/or child risk factors for future behaviour problems.	731 mother-child dyads Children's mean age 29.9 months (SD 3.2) *FCU (n = 367)* *Control (n =364)*	Demographics questionnaire Center for Epidemiological Studies on Depression Scale (CES –D) Child Behavior Checklist (CBCL) Eyberg Child Behavior Inventory	1 year 2 years	• FCU participants demonstrated significant decrease in behaviour problems (assessed at 2, 3 and 4 years of age) when compared to control group. • FCU treatment group demonstrated improvement in caregivers positive behaviour support at child ages 2 and 3. • Caregivers positive behaviour practices have been associated with increased levels of early childhood problem behaviour. • Effect sizes for the impact of the intervention were in the small to moderate range (d = 5 .33 for positive behaviour support; d= 5.23 for problem behaviour)

28.29	Gardner, Connell et al(2009) *USA*	RCT study examining moderators of outcome in Family Check-Up (FCU) intervention group vs. no intervention group. The study focused on low-income families with children at risk of developing behavioural problems in early childhood.	n = 731 mother -child dyads Children's age 2 years	Eyberg Child Behavior Inventory (ECBI) Child Behavior Checklist (CBCL) Demographics questionnaire Parent substance use questionnaire Center for Epidemiological Studies on Depression Scale (CES-D) Parenting Daily Hassles (PDH) Marital Adjustment Test	1 year 2 years	• Results demonstrate improvement in child problem behaviour from age 2 to age 4 in response to FCU intervention. • Reported 2 moderators of intervention effectiveness. • (1) Mothers with the lowest educational levels were more responsive to the family-centred intervention. • (2) 2-parent families were more responsive to the FCU intervention. • However, single parent status, on the other hand, predicted lesser improvement following intervention (see Eyberg outcome)
28.31	Axberg, Hansson et al. (2006) *Sweden*	A nonrandomised study evaluating a Marte Meo (MM) and Coordination Meetings (CM) school-based intervention vs treatment as usual in 49 children with externalising behaviour problems including antisocial behaviour, hyperactivity, aggression and defiance.	*MM – CM (n = 34)* Age range 4 - 12 years Males 26 Females 8 *Treatment as usual (n = 16)* Age range 4 - 12 years Males 14 Females 2	The Child Behavior Checklist (CBCL) The Teacher's Report Form (TRF) Conners' Parents Rating Scale (CPRS) Conners' Teacher Rating Scale (CTRS)	2 years	• Intervention group demonstrated significant • Reported decrease in post –test ratings of externalising behaviour in school and at home. • 50% of participants in the intervention group demonstrated clinically significant reduction in externalising behaviours (internalizing p = .02, externalizing p = .01) • Control group did not report significant changes in externalising behaviours. (internalizing p = .97, externalizing p = .70) with only 23% of participants showing clinically significant reduction in symptoms.
28.32	Matos, Bauermeister, et al. (2009) *Puerto Rico*	RCT pilot study examining the initial efficacy of the Parent-Child Interaction Therapy (PCIT) vs a 3.5-month waiting-list condition for children with diagnosed attention	32 preschool children and their families recruited, all children had a diagnosis of ADHD (combined or	Disruptive Behavior Scale for Children-Spanish Hyperactivity and Aggression Subscales of the Behavioral	3.5 months	• Significant differences between PCIT and WL conditions at post treatment evaluation. • PCIT group reported significant reduction in children's hyperactivity-impulsivity, inattention, and oppositional defiant and aggressive behaviour problems

		deficit/hyperactivity disorder (ADHD) and conduct behaviour problems.	hyperactive-impulsive) *PCIT intervention (n = 20)* Age range 4-6 years old 19 families completed measures 17 families completed the follow-up assessment *Control Group (n = 12)* Age range 4-6 years old	Assessment System for Children-Parent Rating Scale (BASC-PRS-Spanish) The Peabody Picture Vocabulary Test (Hispanic American Adaptation) (PPVT-HAA) NIMH Diagnostic Interview Schedule for Children IV Parent Version Children's Global Assessment Scale Spanish Eyberg Child Behavior Inventory Family Experiences Inventory Parent Practices Inventory Beck Depression Inventory Spanish Treatment Evaluation Scale Therapy Attitude Inventory		• Reported large treatment effect sizes (1.37–2.04) indicating significant behaviour changes • The mean percent of treated children with clinically significant changes was 62.5 at post treatment and 55 at follow-up • Treatment gains of PCIT intervention were clinically significant and were maintained at the 3.5-month follow-up.

Table 15 CHILD & ADOLESCENT: OTHER MIXED PRESENTATIONS (4 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
31.0	Copping, Warling et al. (2001) *Canada*	Non-randomised one-group study evaluating the efficacy of a trauma treatment model for children aged 3-17 years who had experienced at least one traumatic event and their caregivers	27 families recruited who completed the program	Standardised Client Information System, including measures on Conduct Disorder, Oppositionality, Attention Deficit Disorder, Separation Anxiety Disorder, Depression, Anxiety, and Social Relationship Problems for the child, and Caretaker Depression and Family Functioning relating to the caregiver	1 year	• Significant reductions in conduct disorder, problems in social relationships, and caregiver depression at 1-year follow-up
31.1	Henggeler, Rowland et al. (2003) *USA*	1-year follow-up to RCT assessing efficacy of home-based multisystemic therapy (MST) vs. inpatient hospitalisation followed by usual services in the treatment of 156 children and adolescents approved for emergency psychiatric hospitalisation	Mean age 12.9 years 65% male	Adolescent symptomatology: Global Severity of Index of the Brief Symptom Inventory (completed by adolescent); Child Behavior Checklist (completed by caregiver) Adolescent self-esteem: Self-Esteem sub-scale of Family Friends and Self Scale Days in out-of-home placement: Service Utilisation Survey (completed by caregiver) School attendance	12 months	• According to placement and youth-report outcomes measures, MST was initially more effective than emergency hospitalisation and usual services at decreasing adolescents' symptoms and out-of-home placements and increasing school attendance and family structure • These differences were generally not maintained at 1-year follow-up • Hospitalisation resulted in a rapid, short-lived decrease in externalising symptoms based on caregiver reports

31.2	Coatsworth, Santisteban et al. (2001) *USA*	RCT looking at the effectiveness of Brief Strategic Family Therapy (BSFT) vs. Community Comparison (CC) in engaging and retaining families and adolescents in treatment	104 families recruited, with a 12-14 adolescent Mean age of adolescent 13.1 years (SD 1.1) 75% male	Adolescent behaviour problems – Conduct Disorder and Anxiety Withdrawal from Revised Behavior Problem Checklist Engagement and retention in treatment	Post-treatment	BSFT group had significantly higher rates of engagement and retention, compared to CC
31.4	Lee and Greene et al.(2009) *USA*	Before -after intervention examining the feasibility of Integrated Family and Systems Treatment (I-FAST) for 77 families with children at risk of out-of-home placement.	Recruited 77 families with children at risk. 41.3% of children had been in out-of-home placement before receiving I-FAST *I-FAST (n = 77)* Mean age 11.8 years (SD 3.3) 64.9 % Male 35.1% Female	I-FAST Checklist Problem Severity and Functioning subscales of The Ohio Scale - Short Form FACESII – Family Functioning Parental Efficacy Scale Family Participation Measure Child's placement status (the location and frequency of out-of-home placement)	6 months	• Significant decrease in problem severity from pre to post treatment • Significant increase in the level of functioning from pre- to post treatment as reported by parents, youth and I-FAST case managers. • Improvement in functioning maintained at 6-month follow up • Increase in the level of family cohesion and adaptability (families more connected, less rigid,) • Significant decrease in the number of children in out-of-home placement post treatment (5.3 % post treatment vs 41.3% pre treatment) • 6 month follow up revealed more children in out of home placements (15.3%) than at the time post treatment (5.3%)

Table 16 COST-EFFECTIVENESS AND HEALTH CARE UTILISATION (2 articles)

	Study	Study Type	Participants	Outcomes and Outcome Measures	Follow-Up	Findings
33.2	Law and Crane (2000) *USA*	Retrospective study, assessing whether marriage and family therapy leads to a reduction in health care utilisation. Medical records randomly selected from those who had received individual, marital or family therapy at the Family Health Program, Utah	292 participants *Individual therapy (n = 60)* Mean age for males 30.23 years (SD 16.02) Mean age for females 33.77 years (SD 15.83) 50% male *Marital therapy (n = 52)* Mean age for males 36.43 years (SD 9.91) Mean age for females 38.32 years (SD 11.83) 58% male *Family therapy (n = 60)* Majority of identified patients (IP) were children or adolescents Mean age for male IPs 10.63 years (SD 4) Mean age for female IPs 12.8 years (SD 8.97) 50% male	Health care utilisation	N/A	Study participants who had received marriage and family therapy significantly decreased their use of health care after treatment by 21.5% - demonstrates an offset effect for marriage and family therapy
33.3	Law, Crane et al. (2003) *USA*	Retrospective study, assessing whether individual, marriage and family therapy in high utilisers leads to a reduction in health care utilisation. Medical records of participants who had received therapy randomly selected, and examined for 6 months before, during and after therapy.	65 participants	Health care utilisation	N/A	Persons who received individual, marital, or family therapy all reduced their health care use after therapy, with the largest reductions coming from those participants who had some form of conjoint therapy

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