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Research Paper

The Effectiveness of Family Therapy Training on Depression and Mental Health of Adolescents with High-Risk Behaviors

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ABSTRACT

Objective: To investigate the effect of family therapy education in promoting mental health and reducing depression in adolescents with high-risk behaviors.

Methods: The present study was semi-experimental with a pre-test-post-test design with a control group. It included all teenage girls in the second year of high school with high-risk behaviors in Ardabil province. In this study, 30 eligible patients were selected and invited purposefully. The researchers randomly divided the participants into two family therapy training groups (15 people) and a control group (15 people). The experimental group was taught the methods and techniques of family therapy education strategies for eight 90-minute sessions. In contrast, during this period, the control group received no psychological training on the mental health and resilience scale. The data were compared using multivariate and univariate analysis of variance. All statistical analyses were performed in SPSS software version 26.

Results: Compared to the control group, the experimental group was able to reduce the depression score and increase the mental health score at the level of $P<0.001$ with the intervention of family therapy training. The most significant effect size ($\eta=0.543$) is related to mental health, which shows that 54% of the variance of the mental health variable between the experimental and control groups is due to the independent variable (family therapy training).

Conclusion: The results showed that family therapy training increases mental health and reduces depression in adolescents with high-risk behaviors. Therefore, family therapy training is recommended for adolescents with high-risk behaviors to increase mental health, reduce depression and improve their quality of life.

1. Introduction

Adolescence is a sensitive period of life characterized by rapid changes and growth. These changes are related to behaviors that affect adolescent health (Nouryghasemabadi & Seydavi, 2021). When adolescents cannot successfully overcome crises and transformational challenges, they will experience psychological distress and significant disruption in the ordinary course of daily life. Moreover, emotional, social, and cognitive aspects will appear, after which their personality will be disturbed (Guo et al., 2023). One of the topics of interest in this period is the occurrence of risky behaviors. High-risk behaviors include lifestyle activities that expose the person and those around him to the risk of many diseases and physical and mental injuries.

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Often, high-risk behaviors begin before the age of 18, including abnormal behaviors, smoking, violence, and sexual behaviors; they include the use of alcohol and drugs (Nouryghasemabadi & Seydavi, 2021). Researchers conducted in Iran indicate the high prevalence of risky behaviors such as smoking, hookah, alcohol, and drugs among teenagers (Marzban, 2022). There are different approaches to finding the root of risky behaviors, generally called four cognitive, social, emotional, environmental, and family factors (Nouryghasemabadi & Seydavi, 2021). Risky behaviors increase harmful and destructive physical, psychological, and social results for the individual, bring a lot of financial and time costs for the family and society, and are considered a social problem (Guo et al., 2023). Research has indicated an association between risky behaviors and mental ill-health. The review of the research background showed that depression could be effective in the occurrence of risky behaviors (Marzban, 2022). The findings of Soleimani et al.'s research (2017)indicate that anxiety and depression, in addition to having smoking friends, suicidal thoughts, and strong suicidal thoughts, positively and significantly predict high-risk behaviors. Another study conducted in India showed that the prevalence of depression, anxiety, and suicidal thoughts in men who had high-risk behaviors is very high, and the reduction of depression and the increase in mental health leads to the reduction of high-risk behaviors (Armstrong et al., 2013). According to the World Health Organization (WHO) (Janalipour Chenarodkhani et al., 2024), severe clinical depression is the primary global cause of the burden of disability and suicide, and high-risk behaviors (Nouryghasemabadi & Seydavi, 2021); in addition, it damages the quality of life. There appears to be a bidirectional relationship between depression and risky behaviors, as each increases the chances of the other (Leersse et al., 2022). Published studies indicate that 69 to 87 percent of people who have high-risk behaviors also have mental illnesses (Bozzini et al., 2020). According to a pooled meta-analysis, depression occurs more in people with high-risk behaviors than in others (Marzban, 2022).

Another study in Elman showed a relationship between high-risk behaviors and mental illnesses, including depression (Cobb-Clark et al., 2022). Finally, another study showed that adolescents with depression carry a double burden: depression and an increased risk of engaging in risky behaviors. This combination may lead to more mental and physical problems and reduced mental health that persists throughout life and may burden society as a whole (Pozuelo et al., 2022). Reducing high-risk behaviors is challenging because it is related to mental illnesses such as depression. Depression and mental health in adolescents with high-risk behaviors are important because these problems are common and lead to more problems (Oppenheimer et al., 2018). Despite the high prevalence and deleterious impact, mental health problems are often underdiagnosed and undertreated in individuals with high-risk behaviors due to poor recognition of distress, lack of evidence to guide interventions, and a dearth of behavioral treatments that are appealing to a population that does not see itself as needing mental health care (Bozzini et al., 2020). This represents a missed opportunity, as depression and Low mental health are modifiable problems (Guo et al., 2023). It is well known that people with high-risk behaviors have a two-fold increase in the risk of developing an anxiety disorder, which indicates a high comorbidity of depression and anxiety disorders with high-risk behaviors (Cobb-Clark et al., 2022).

Depression treatment and mental health promotion methods for children and adolescents vary based on severity, as for adults. For mild to moderate depression, psychoeducation, family education, and psychotherapy may be used, while for more severe depression, medication may be needed. Psychoeducation is important for patients and their families so everyone understands the treatment plan and its goals. Increased adherence to treatment is achieved when education is provided. Depression psychoeducation may include signs and symptoms, course of illness, risk of relapse, treatment options, and counseling for parents (Mullen, 2018). Family therapy is: “any psychotherapeutic approach that explicitly focuses on altering interactions between or among family members and seeks to improve the functioning of the family as a unit and the functioning of the individual members of the family” (Waraan et al., 2022). Although many studies have investigated the effectiveness of family therapy on positive and negative psychological characteristics (Amirfakhrayi et al., 2019; (Cobb-Clark et al., 2022); Katsuki et al., 2022), So far, there has not been a study on the effectiveness of family therapy on depression and mental health of adolescents with high-risk behaviors, so it is necessary to conduct more research in this regard. Based on this, this research aimed to determine the effect of family therapy on depression and the mental health of adolescents with high-risk behaviors.

2. Materials and Methods

The present research method was a semi-experimental type with a pre-test-post-test. The statistical population of the research included all teenage girls in the second year of high school who had high-risk behaviors in Ardebil province. Based on the results of the previous study, the mean difference was 8, the standard deviation was 2.40, the power was 0.8, the probability of type one error was 0.05, and the attrition rate was 10%. A total of 30 samples were calculated. The criteria for entering the study included female gender, having the age range of 16-18 years, attending the second secondary course, obtaining a high score in the high-risk behavior questionnaire (one standard deviation above the average), not using psychiatric drugs, and willingness to participate in the study. Also, the criteria for withdrawing from the research included having more than two absent sessions, non-cooperation and not doing the specified tasks, unwillingness to continue participating in the research process, and the occurrence of an unwanted incident that could cause disruption.

In this research, after obtaining permission from the Department of Education and Culture of Ardebil Province, by referring to girls' schools in the second year of high school in Ardebil Province, a questionnaire of high-risk behaviors was distributed among the students of these schools. After collecting and scoring the questionnaires and removing incomplete and distorted questionnaires, the students who scored higher than the cutoff score of the high-risk behaviors questionnaire were identified (one standard deviation above the mean) in the last step. Thirty people were selected through purposive sampling and randomly allocated to two experimental and control groups. Each participant received an envelope containing a number and an identifier randomly chosen to determine whether they were in the experimental group (Moloudi et al., 2022). Participants were informed about the research project. To protect the privacy of patient data, the researchers assured them that their data would be confidential. In the next step, the people of the experimental group received Family therapy training during eight sessions of 90 minutes once a week for two and a half months, while the control group continued their everyday lives and was on the waiting list. Finally, after collecting the data, the training was given to them in brochure format. The educational protocol of family therapy included the following: awareness about the major depressive disorder, initial symptoms, predisposing and revealing factors, and the family's responsibility in dealing with symptoms, therapeutic solutions to prevent a recurrence, reducing stress in the family environment by clarifying the role of the family in creating or reducing stress, the role of stress in increasing the recurrence of disease, identifying the sources of stress in the family and how to deal with these stresses, communication, and recognition in the family, self-worth, and communication in the family and conflict resolution in interpersonal relationships. At the beginning of each meeting, summaries of the previous meeting were presented, and after the discussion, the group members reviewed and evaluated the homework (Saeedi., 2024). Both groups received post-test evaluations following these sessions. It is noteworthy that researchers answered participants' questions and alleviated any concerns they may have had throughout the procedure. This study met all the standards of ethical behavior in research.

Questionnaire of high-risk behaviors of Iranian teenagers (2009): This questionnaire was created by Zadeh Mohammadi and Ahmad Abadi in 2009, based on the adolescent risk-taking questionnaire and considering the Iranian society's cultural conditions and social limitations (Zadeh Mohammadi & Ahmad Abadi, 2009). This scale has 38 items to measure the vulnerability of teenagers against seven categories of high-risk behaviors (dangerous driving, violence, smoking, drug use, alcohol consumption, orientation towards the opposite sex, and sexual relations). The respondents express their agreement or disagreement with these items on a scale of 5 from completely agree = (5) to disagree = (1) completely. Zadeh Mohammadi and his colleagues confirmed the validity of the risk-taking questionnaire of Iranian teenagers by using the construct validity of the exploratory factor analysis method, as well as the Cronbach's alpha scale of this questionnaire for dangerous driving, 0.74 for cigarettes, 0.93 for narcotic drugs, and 0.90 for psychotropic substances. Friendship with the opposite sex was 0.90, and sexual relationship and behavior were 0.87. The reliability of the questionnaire in this study using Cronbach's alpha was calculated at 0.89.

Beck Depression Inventory-II (BDI-II): The BDI-II, a self-reporting tool, is used to evaluate depressive disorders. The list consists of 21 statements describing various types of depression (Beck et al., 1996). Compared to its first version, the changed version (BDI-II) is more adaptable to DSM IV and covers all elements of depressive disorders. Like the first edition, the second one consists of 21 items with four response choices indicating depression. The items are scaled from zero to 3, which makes a comprehensive range of 0-63. As far as no depression is concerned, the

inventory does not predict a cut-off point. The cut-off points suggested for this inventory are scores of 0-13, indicating minor depression; 14-19, suggesting mild depression; 20-28, showing moderate depression; and the score range of 29 to 63, which demonstrates severe depression. Cronbach's alpha was 0.86, and the internal consistency coefficient was 0.92 among the U.S. people (Beck et al., 1996) and 0.91 and 0.94 among Iranian people, respectively (Moloudi et al., 2022).

The general health questionnaire: The general health questionnaire (GHQ) is frequently used to gauge one's mental state, particularly for identifying emotional problems like distress. This questionnaire was created in 1949 by Goldberg and Hiller. This questionnaire has 28 questions, four components of physical symptoms (questions 1 to 7), anxiety and sleep disorder (questions 8 to 14), physical perception disorder (questions 15 to 21), and depression (questions 22 to 28). In each part of the scale, a score of 6 and above and a total score of 22 indicates pathological symptoms. At first, a raw score is obtained for each subscale, then converted to a standard score between 0 and 100. A higher score indicates a higher quality of life (Goldberg& Hillier, 1979). The reliability coefficients of (Moloudi et al., 2022) in the questionnaire range from 0.78 to 0.95. (Goldberg, D. P. 1988). In Iran, Palahang et al. (Palahang, H. et al. 1996) and Yaghobi (Overbeek et al., 2023). reported the reliability coefficients as 0.91 and 0.88 for anxiety and depression, respectively.

Statistical analysis: In this study, descriptive and inferential statistics were used to analyze data. The mean and standard deviation and the covariance analysis test (to control pre-test scores) were used for inferential statistics in descriptive statistics. Normal distribution was assessed using Kolmogorov-Smirnov's test. Multivariate analysis of variance (MANOVA) was used to assess the effect of an intervention on two dependent variables. Then, univariate analysis of covariance was used to separately assess the effect of an intervention on dependent variables adjusted for baseline values. The variance homogeneity assumption was assessed using Levene's test. The multivariate equality of covariance matrices was evaluated using Box's M. All statistical analysis was performed in SPSS version 26.

3. Results

Figure 1 shows the flow diagram of participation in the study. The age range of participants was 15 to 18 years in experimental (Mean = 16.43, SD = 1.25) and control (Mean= 16.39; SD = 1.12) groups. The female gender only participated in this study as an inclusion criterion. Most individuals were in ten (n=8, 26.6%) school grades and eleven (n=12, 40%). Table 2 shows the pretest and posttest values of depression and Mental health scores for the experimental and control groups. There was no significant difference between the two groups in pretest values in terms of depression and mental health.

Figure 1. Flow Diagram

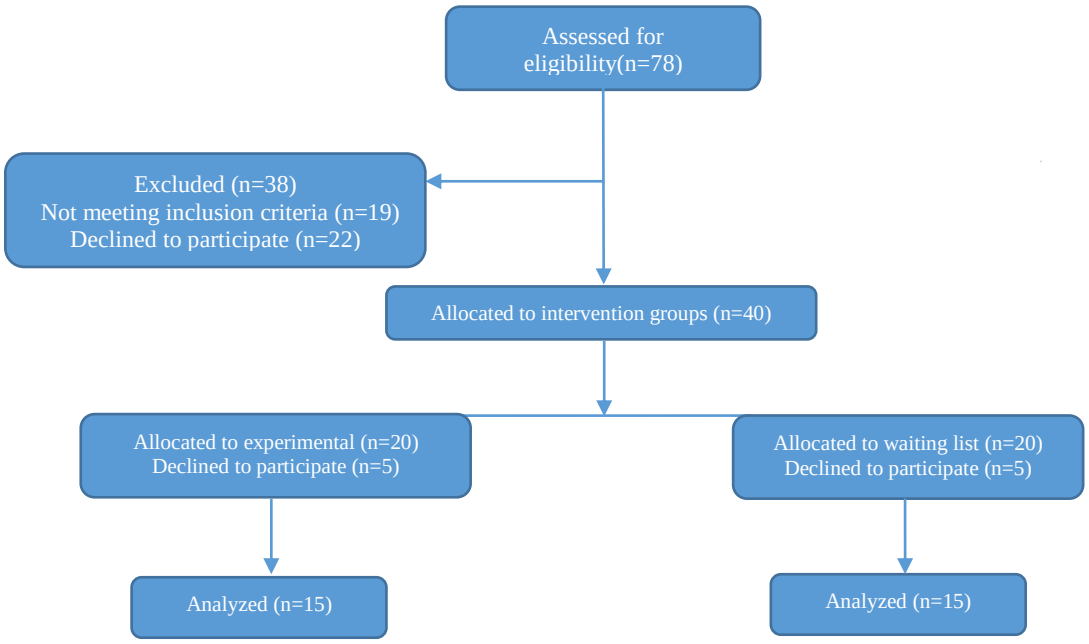

Table 1. Mean and standard deviation of variables in experimental and control groups

Variable	groups	Statistical index	Mean ±SD
depression	Pre-test	Control	56.18±7.02
		examination Group	55.31±7.93
	Post-test	Control	55.39±6.71
		examination Group	41.24±5.29
mental health	Pre-test	Control	59.61±7.67
		examination Group	58.34±8.52
	Post-test	Control	60.83±8.03
		examination Group	75.91±8.20

Table 2. Results of multivariate analysis of covariance on variables

Test Statistic	Value	F	Df	df error	P-value	Effect size	Eta
Pillai's Trace	0.752	46.12	2	28	0.001	0.513	1
Wilks' Lambda	0.361	46.12	2	28	0.001	0.513	1
Hotelling's Trace	7.93	46.12	2	28	0.001	0.513	1
Roy's Largest Root	8.27	46.12	2	28	0.001	0.513	1

Considering dependent variables, Table 3 shows a significant difference between the test and control groups at a P ≤0.001. As a result, at least one of the dependent variables differs significantly between the two groups (depression and mental health). In Mancova's text, two covariance analyses were conducted to determine this difference. In the experimental and control groups, 51% of the variances are explained by the independent variable based on the calculated effect size. A test with a statistical power 1.00 rejects the null hypothesis with 100% power.

Table 3. Results of analysis of covariance in the MANCOVA context

Dependent Variable	SS	DF	MS	F	P-value	Effect size
depression	3216.34	1	3216.34	28.49	0.001	0.496
mental health	1983.48	1	1983.48	33.26	0.001	0.543

According to Table 4, the findings of Act-based group therapy had a favorable and substantial impact on depression (P 0.001, F=28.49) and mental health (P 0.001, F=33.26) in migraine sufferers. In addition, it can be seen that the most significant effect size is related to the mental health variable (0.543), which shows that 54% of the total variances of the experimental and control groups in the mental health variable are caused by the effect of the independent variable and the smallest effect size is related to the depression (0.496), which shows that 49% of the total variances of the experimental and control groups in the variable of the depression of the patients with migraine caused by the effect of the independent variable.

4. Discussion and Conclusion

The present study aimed to determine the effectiveness of family therapy training on depression and the mental health of adolescents with high-risk behaviors. The results show a significant difference in depression and mental health between the experimental and control groups. Many studies' (Hogue et al., 2022; Miklowitz et al., 2020; Carr, 2019; Ibrahim et al., 2022) results align with these study findings. Hogue et al., 2022 showed that systemic family therapy is well-established as an independent treatment. It can significantly reduce depression and improve mental health in people with high-risk behaviors. Miklowitz et al. (2020) conducted a trial of family-based treatment programs for depression in children and adolescents. Researchers used several formats in these studies, including joint family sessions, interpersonal therapy sessions with some family or parent sessions, and concurrent parent-child group training sessions (e.g., adolescent depression programs). They concluded that family-based treatments for child and adolescent depression were as effective as established treatments such as individual CBT or interpersonal therapy. (Zhou et al., 2015), which resulted in improvement in two-thirds to three-quarters of cases at six-month follow-up, and maintenance of improvement after treatment was more effective than individual therapy. Key features of effective family interventions include psychological - Education about depression, relational reframing of depression, maintaining family interaction patterns, facilitating clear communication between parents and children, promoting systematic family resolution, disrupting negative critical interactions between parents and children, promoting secure parent-child attachment, and teaching to How children cope with negative moods and change pessimistic beliefs (Carr, 2018).

Carr (2019) reviewed the trials conducted in family therapy to examine the effectiveness of systemic interventions for families of children and adolescents with mental health problems. In this context, systemic interventions include family therapy and other family-based approaches such as parent training or parent-implemented behavioral programs. The evidence supports systemic interventions' effectiveness alone or as part of multimodal programs for sleep, feeding, and attachment problems in adolescents. These findings are consistent with the findings of Ibrahim et al. (2022). In family therapy, positive qualities can be strengthened to increase hope. When a person recognizes those positive features, it creates internal reinforcement. Therefore, external reinforcement and hope by the therapist are enhanced by internal reinforcement. The therapist uses solution-focused questions to cause increased hope) (Ibrahim et al., 2022).

The family therapy intervention may assist families in gaining knowledge about MDD, developing coping strategies for daily life problems, and enhancing communication between family members and patients. Appropriate coping strategies among family members, such as positive thinking, may reduce stress for patients and family members. This may also reduce caregivers' EE (expressed emotion) and positively affect the patient's prognosis. As a result, family members and patients are believed to experience less stress and reduce depression symptoms (Katsuki et al., 2022). Belief in their ability to take action to achieve results is crucial to teenagers' emotional well-being. Evidence points to the relevance of self-efficacy in explaining depression in adolescents (Cobb-Clark et al., 2022). Bandura, Pastorelli, Barbaranelli, and Caprara (1999) explain that lowered levels of self-efficacy can produce depressive symptoms in three manners. The first would be the discrepancies between personal aspirations and perceived abilities. From this perspective, adolescents establish patterns incompatible with their abilities, reducing the probability of success and achievement of their goals and, consequently, producing feelings of guilt and incapacity. A second path would be through a shared sense of social effectiveness to develop good interpersonal relationships that help to control chronic stressors. Finally, a third way would be through the low sense of exercising control over one's depressive thoughts (Nunes & Faro, 2021).

Family is the primary source of mental health for children early in life. Families provide opportunities for children to develop, explore, experience new things, master challenges, and develop confidence in themselves. Family therapy intervention does not focus directly on harmful experiences but rather on reactions to them and the impact these reactions have had on mental health and functioning (Overbeek et al., 2023). Since family therapy increases a person's psychological flexibility and connects clients with the present, it can be used as one of the appropriate psychological treatments to reduce depression in people with high-risk behaviors (Ohta & Sano. 2023). In general, due to the characteristics of depressed people, which include avoiding mixing with depressing thoughts, trying to control thoughts and feelings, cognitive confusion, and negative cognitions, family therapy interventions have been able to improve the conditions and lead to improvement of mental health. Become (Overbeek et al., 2023). Our findings are consistent with previous studies that show that smoking cessation therapy is effective in increasing acceptance of objective experiences, improving quality of life and flexibility, eliminating the power of depressing thoughts, reducing rumination, reducing depression, and increasing mental health (Ohta & Sano. 2023) Also, for the first time in Iran, this study investigated the effect of family therapy on reducing depression and improving mental health in adolescents with high-risk behaviors. Based on research findings, this type of treatment can be used as a selective and complementary treatment to reduce depression and increase mental health.

This study was limited by the high age dispersion of the participants and the self-report nature of this measure, which may have led to response bias. Systematically answer all positive or harmful items. Thirdly, only high schools in Ardabil city were sampled. This may limit the generalizability of the findings to adolescents in other cities.

The results showed that family therapy counseling increased mental health and reduced depression in adolescents with high-risk behaviors. Therefore, family therapy is recommended for adolescents with high-risk behaviors to increase mental health, reduce depression and improve their quality of life. It should train all healthcare providers to identify patients' needs, help them cope and adapt to their problems, and promote mental health.

5. Ethical Considerations

Compliance with ethical guidelines

In the design and compilation of this research, ethical principles have been considered. The purpose of the research was explained to the participants. Confidential information is only received and used for research purposes.

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Authors' contributions
All authors of this article participated in all stages Writing and doing research.

Conflicts of interest
The authors of the article had no conflict of interest.

References:
Amirfakhrayi, A., Afshar, E. K., & Tavakoli, A. M. (2016). Comparison of Psychological Flexibility of Normal Adolescents with orphans and Mistreated adolescent in Kerman Welfare Centers. In International Conference on Psychology, Counseling, Education. https://jdisabilstud.org/files/site1/user_files_536bf5/moshak22-A-10-1010-4-7b065f9.pdf

Armstrong, G., Jorm, A. F., Samson, L., Joubert, L., Nuken, A., Singh, S., & Kermode, M. (2013). Association of depression, anxiety, and suicidal ideation with high-risk behaviors among men who inject drugs in Delhi, India. *Journal of acquired immune deficiency syndromes (1999)*, *64*(5), 502–510. Doi:10.1097/QAI.0b013e3182a7ef21

Beck, A. T. (Ed.). (1979). *Cognitive therapy of depression*. Guilford press.

Bozzini, A. B., Bauer, A., Maruyama, J., Simões, R., & Matijasevich, A. (2020). Factors associated with risk behaviors in adolescence: a systematic review. *Brazilian Journal of Psychiatry*, *43*, 210-221. https://www.scielo.br/j/rbp/a/GGKbRzZTqHX87Sbqkhzhscc/?format=html&lang=en

Carr, A. (2019). Family therapy and systemic interventions for child-focused problems: The current evidence base. Journal of Family Therapy, 41(2), 153-213. Doi:10.1111/1467-6427.12226

Cobb-Clark DA, Dahmann SC, Kettlewell N. Depression, risk preferences, and risk-taking behavior. Journal of Human Resources. 2022 Sep 1;57(5):1566-604. Doi:10.3368/jhr.58.1.0419-10183R1

Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological medicine*, *9*(1), 139-145. Doi:10.1017/S0033291700021644

Guo, Y., Yang, Y., Deveaux, L., Dinaj-Koci, V., Schieber, E., Herbert, C., ... & Wang, B. (2023). Exploring effects of multi-level factors on transitions of risk-taking behaviors among Bahamian middle-to-late adolescents. *International Journal of Behavioral Development*, 01650254221148117. Doi:10.1177/01650254221148117

Hogue, A., Schumm, J. A., MacLean, A., & Bobek, M. (2022). Couple and family therapy for substance use disorders: Evidence-based update 2010–2019. *Journal of marital and family therapy*, *48*(1), 178-203. Doi:10.1111/jmft.12546

Ibrahim, M., King, A., Levy, S., Russon, J., & Diamond, G. (2022). Increased family cohesion mediates therapist adherence to the attachment task and depression outcomes in attachment-based family therapy. *Journal of Contemporary Psychotherapy*, *52*(4), 303-310. Doi:10.1007/s10879-022-09539-6

Janalipour Chenarodkhani, M., Salimi, S., Asghari, F., Afzali, M., & Mahbobizadeh, P. (2024). The Mediating Role of Metacognitive Beliefs in the Relationship between Family Communication Patterns and Perfectionism. *Journal of Family Relations Studies*, *4*(14), 14-22. Doi:10.22098/jfrs.2024.13966.1152

Katsuki, F., Watanabe, N., Yamada, A., & Hasegawa, T. (2022). Effectiveness of family psychoeducation for major depressive disorder: systematic review and meta-analysis. BJPsych Open, 8(5), e148. Doi:10.1192/bjo.2022.543

Leerssen, J., Lakbila-Kamal, O., Dekkers, L. M., Ikelaar, S. L., Albers, A. C., Blanken, T. F., ... & Van Someren, E. J. (2022). Treating insomnia with high risk of depression using therapist-guided digital cognitive, behavioral, and circadian rhythm support interventions to prevent worsening of depressive symptoms: A randomized controlled trial. *Psychotherapy and Psychosomatics*, *91*(3), 168-179. Doi:10.1159/000520282

Marzban, A. (2022). Prevalence of high risk behaviors in high school students of Qom, 2016. *Pars Journal of Medical Sciences*, *16*(3), 44-51. Doi:10.52547/JMJ.16.3.44

Miklowitz, D. J., Schneck, C. D., Walshaw, P. D., Singh, M. K., Sullivan, A. E., Suddath, R. L., Forgey Borlik, M., Sugar, C. A., & Chang, K. D. (2020). Effects of Family-Focused Therapy vs Enhanced Usual Care for Symptomatic Youths at High Risk for Bipolar Disorder: A Randomized Clinical Trial. *JAMA psychiatry*, *77*(5), 455–463. Doi:10.1001/jamapsychiatry.2019.4520

Moloudi A., Arian H., Mahdieh M., Madah F., Taghipour R. (2022). Cognitive-behavioral therapy (CBT) in the form of Rational Emotional-Behavior Therapy (REBT) Intervention on irrational Beliefs and Anxiety of adolescent girls with social anxiety. Journal of Preventive Counselling (JPC). Vol. 3, No. 1, (2022), 18-31 Doi:10.22098/JPC.2022.10575.1094

Mullen S. (2018). Major depressive disorder in children and adolescents. Mental Health Clinician. 8(6):275-83. Doi:10.9740/mhc.2018.11.275

Noury Ghasemabadi, R., & Seydavi, M. (2021). A brief review of the relationship of childhood maltreatment and non-suicidal self-injury (NSSI) in adolescence. *Rooyesh-e-Ravanshenasi journal (RRJ)*, *10*(2), 161-170.

Nunes D. & Faro A. (2021).The role of self-efficacy, self-esteem and self-concept in depression in adolescents. Ciencias Psicológicas. 15(2). Doi:10.22235/cp.v15i2.2164

Ohta, R., & Sano, C. (2023, January). The Effectiveness of Family Medicine-Driven Interprofessional Collaboration on the Readmission Rate of Older Patients. In *Healthcare* (Vol. 11, No. 2, p. 269). MDPI. Doi:10.3390/healthcare11020269

Oppenheimer, C. W., Hankin, B. L., & Young, J. (2018). Effect of parenting and peer stressors on cognitive vulnerability and risk for depression among youth. *Journal of abnormal child psychology*, *46*(3), 597-612. https://link.springer.com/article/10.1007/s10802-017-0315-4

Overbeek, M. M., Gudde, L. M., Rijnberk, C., Hempel, R., Beijer, D., & Maras, A. (2023). Multi-problem families in intensive specialised multi-family therapy: Theoretical description and case study report. *Journal of Family Therapy*, *45*(1), 81-93. Doi:10.1111/1467-6427.12320

Palahang, H., Nasr, M., & Shahmohammadi, D. (1996). Epidemiological study of mental disorder in urban and urban areas of SoumaahSara city-Gilan. *Andisheh va Raftar Journal*, *2*(4), 55-65.

Pozuelo, J. R., Desborough, L., Stein, A., & Cipriani, A. (2022). Systematic review and meta-analysis: Depressive symptoms and risky behaviors among adolescents in low-and middle-income countries. *Journal of the American Academy of Child & Adolescent Psychiatry*, *61*(2), 255-276. Doi:10.1016/j.jaac.2021.05.005

Saeedi, Z. (2024). Predicting Marital Satisfaction based on Attitudes Towards Gender Roles and Identity Styles in Couples. *Journal of Family Relations Studies*, *4*(14), 31-40. Doi:10.22098/jfrs.2024.14297.1163

Soleimani, M. A., Pahlevan Sharif, S., Bahrami, N., Yaghoobzadeh, A., Allen, K. A., & Mohammadi, S. (2017). The relationship between anxiety, depression and risk behaviors in adolescents. *International journal of adolescent medicine and health*, *31*(2), 20160148. Doi:10.1515/ijamh-2016-0148

Waraan, L., Siqveland, J., Hanssen-Bauer, K., Czjakowski, N. O., Axelsdóttir, B., Mehlum, L., & Aalberg, M. (2022). Family therapy for adolescents with depression and suicidal ideation: A systematic review and meta–analysis. Clinical Child Psychology and Psychiatry, 13591045221125005. Doi:10.1177/13591045221125005

Zadeh Mohammadi A, Ahmad Abadi Z. (2009) Investigation of high-risk behaviors among adolescent's strategies for crime prevention in the family environment. Journal of Family Studies.;5(20):467-85. Doi:10.19082/6988

Zhou, X., Hetrick, S. E., Cuijpers, P., Qin, B., Barth, J., Whittington, C. J., Xie, P. (2015) Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: a systematic review and network meta-analysis. World Psychiatry, 14(2): 207–222. Doi:10.1002/wps.20217