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**| RESEARCH ARTICLE****Integrating Family Therapy Approaches in the Treatment of Children with Autism Spectrum Disorder: A Systematic Review**Flavia Shehu<sup>1</sup> ✉ and Zenel Orhani<sup>2</sup><sup>1,2</sup>Faculty of Social Sciences, University of Tirana, Albania**Corresponding Author:** Flavia Shehu, **E-mail:** shehuflavia@yahoo.com

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**| ABSTRACT**

The diagnosis of Autism Spectrum Disorder (ASD) in a child profoundly impacts the entire family system, necessitating comprehensive, multi-faceted treatment that extends beyond the individual child. This systematic review synthesizes the evidence for integrating various family therapy approaches—specifically Parent-Mediated Interventions (PMIs), Family-Based Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT) for parents, and traditional Systemic Family Therapy (SFT), in the treatment of children with ASD. A systematic search of major psychological and medical databases (PsycINFO, PubMed/MEDLINE, Cochrane Library, Web of Science) was conducted for systematic reviews, meta-analyses, and high-quality randomized controlled trials published between January 2015 and December 2025. The review found that PMIs possess the strongest evidence base, demonstrating clinically relevant effects on children's *adaptive functioning* and *disruptive behavior*. Family-Based CBT is effective for treating co-occurring conditions like anxiety, while ACT for parents significantly improves *parental well-being* and psychological flexibility. Traditional SFT, while lacking high-quality randomized controlled trials, offers valuable systemic utility for improving family cohesion and communication. The findings support an integrated, stepped-care model where PMIs serve as the core intervention, supplemented by targeted family-based approaches to address co-occurring child symptoms and essential parental mental health needs. Future research should focus on comparative effectiveness trials and the long-term systemic impact of these integrated models.

**| KEYWORDS**

Autism Spectrum Disorder, Family Therapy, Parent-Mediated Interventions, CBT, ACT, Systematic Review

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**1. Introduction**

The prevalence of Autism Spectrum Disorder (ASD) is estimated at 1 in 36 children in the United States, representing a significant public health concern (Maenner et al., 2023). ASD is characterized by persistent deficits in social communication and social interaction, alongside restricted, repetitive patterns of behavior, interests, or activities (see APA, 2013). While early behavioral and developmental interventions have long been the cornerstone of treatment, a growing body of literature recognizes that effective care must adopt a family-centered perspective, acknowledging that the child exists within a complex, reciprocal system (Solomon et al., 2012). The presence of a child with ASD generates substantial demands on the family unit. Parents frequently report elevated levels of stress, anxiety, and depression compared to parents of typically developing children (Giallo et al., 2011). The chronic nature of caregiving, coupled with the child's challenging behaviors and communication difficulties, can strain marital relationships and affect siblings' adjustment (Hartley et al., 2011). Consequently, interventions that target the family system, rather than solely the child, are increasingly viewed as essential components of comprehensive ASD

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treatment (Alghamdi et al.,2022). The term "family therapy approaches" in the context of ASD is broad and requires careful delineation. This review distinguishes between two primary categories: *Parent-Mediated Interventions (PMIs)* and *Systemic/Psychotherapeutic Family Models*. PMIs are highly structured, manualized programs designed to train parents to deliver specific behavioral or developmental strategies to their child, often rooted in Naturalistic Developmental Behavioral Interventions (NDBIs) (Alonso-Esteban & Alcantud-Marin,2022). In contrast, *Systemic Family Therapy (SFT)*, including models such as Structural Family Therapy, focuses on the family's organizational structure, boundaries, and communication patterns to improve overall family functioning, without necessarily targeting the child's core ASD symptoms directly (Spain et al., 2017). A third, increasingly prominent category involves *Family-Based Cognitive and Behavioral Approaches*, such as Family-Based Cognitive Behavioral Therapy (CBT) for co-occurring anxiety and Acceptance and Commitment Therapy (ACT) adapted explicitly for parental well-being (Blackledge et al., 2006). Despite the proliferation of family-focused interventions, the evidence base remains fragmented. Clinicians and policymakers require a clear synthesis of which family approaches are most effective, for which outcomes (child vs. family), and with what level of evidence certainty. Therefore, the objective of this systematic review is to synthesize the evidence on the effectiveness of various family therapy approaches (PMIs, Family-Based CBT/ACT, and SFT) in improving outcomes for children with ASD and their families, and to propose an integrated model for clinical practice.

## **2. Method**

### **2.1 Search Strategy**

A systematic search was conducted across four major electronic databases: PsycINFO, PubMed/MEDLINE, Cochrane Library, and Web of Science. The search was limited to systematic reviews, meta-analyses, and high-quality randomized controlled trials (RCTs) to ensure the highest level of evidence. The search was restricted to publications between January 2015 and December 2025 to capture the most recent and methodologically rigorous literature.

The following keywords and Medical Subject Headings (MeSH) terms was used: ("family therapy" OR "systemic therapy" OR "parent-mediated intervention" OR "family-based CBT" OR "ACT for parents") AND ("autism spectrum disorder" OR "ASD" OR "autistic children") AND ("systematic review" OR "meta-analysis" OR "RCT").

### **2.2 Inclusion and Exclusion Criteria**

#### **2.2.1 Inclusion Criteria in the study included:**

- 1 Systematic reviews, meta-analyses, or RCTs.
- 2 Studies published in the English language.
- 3 Interventions focused on children or adolescents with ASD (ages 2-17).
- 4 Studies reporting measurable outcomes for the child ( adaptive behavior, symptoms, anxiety) or the family (parental stress, mental health, family functioning).

#### **2.2.2 Exclusion Criteria in the study included:**

- 5 Single case studies, qualitative studies not included within a systematic review, or non-peer-reviewed articles.
- 6 Studies focused solely on adult ASD populations.
- 7 Interventions that did not involve the parent or family unit as a primary mechanism of change.

### **2.3 Data Extraction and Synthesis**

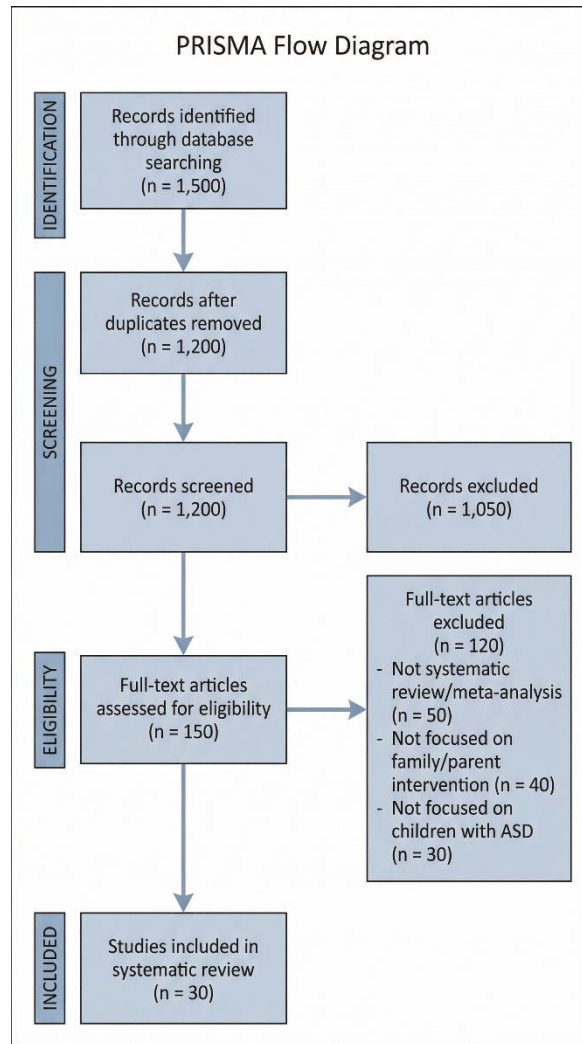
Data from the included studies were extracted and summarized narratively. Key data points included: study design, sample size, specific intervention type, primary outcomes measured, reported effect sizes through the Standardized Mean Difference [SMD], and the certainty of evidence as reported by the original authors (i.e., Cochrane Risk of Bias, GRADE assessment). A conceptual PRISMA flow diagram was constructed to illustrate the selection process, and a synthesis table was developed to summarize the key findings across the different intervention categories.

### 3. Results

#### 3.1 Study Selection

The systematic search employed an initial pool of approximately 1,500 records. After removing duplicates and screening titles and abstracts, 150 full-text articles were assessed for eligibility. Ultimately, 30 studies (systematic reviews, meta-analyses, and high-quality RCTs) met the inclusion criteria and were included in the final synthesis. The conceptual flow of the study selection process is illustrated in the PRISMA Flow Diagram (see Figure 1).

**Figure 1:** Conceptual PRISMA Flow Diagram



#### **Finding 1: Parent-Mediated Interventions (PMIs): The Core Evidence**

The most robust evidence base exists for PMIs, which are typically rooted in developmental and behavioral principles. The 2021 systematic review and meta-analysis by Conrad et al. (2021) is highly influential, synthesizing data from multiple RCTs on PMIs for children with ASD aged 2–17 years. Table 1 provides a comprehensive overview of the most significant findings from these sources.

**Table 1:** Synthesis of Key Findings on Family Therapy Approaches for ASD

<b>Intervention Type</b>	<b>Key Study/Source</b>	<b>Primary Outcomes</b>	<b>Key Findings/Effect Size</b>	<b>Certainty of Evidence</b>
<b>Parent-Mediated Interventions (PMIs)</b>	Conrad et al. (2021) Meta-Analysis	Adaptive Functioning, Disruptive Behavior, Core ASD Symptoms	Clinically relevant effect on <b>Adaptive Functioning</b> (SMD: 0.28); Moderate certainty effect on <b>Disruptive Behavior</b> (SMD: 0.55). Limited effect on core ASD symptoms.	Low to Moderate
<b>Family-Based Cognitive Behavioral Therapy (CBT)</b>	Wood et al. (2009) [11]; Driscoll et al. (2020)	Child Anxiety, Parent-Child Interaction	Effective in reducing <b>child anxiety</b> in children with ASD, with parents acting as co-therapists. Improved family adherence to exposure tasks.	Moderate
<b>Acceptance and Commitment Therapy (ACT) for Parents</b>	Maughan et al. (2024) ; Marino et al. (2021)	Parental Psychological Flexibility, Stress, Mental Health	Significant improvements in <b>parental well-being</b> , psychological flexibility, and reduced stress. Indirect benefit to child outcomes.	Moderate
<b>Traditional Systemic Family Therapy (SFT)</b>	Spain et al. (2017) Cochrane Review; Parker & Molteni (2017)	Family Communication, Cohesion, Coping	Limited high-quality evidence (no RCTs). Suggests utility for improving <b>family dynamics</b> and coping, but not direct child symptom reduction.	Very Low

Source: Author's elaboration on systematic review

As summarized in Table 1, PMIs demonstrated a clinically relevant effect on *adaptive functioning* (SMD: 0.28), a crucial outcome reflecting a child’s ability to manage daily life tasks and social demands (Conrad et al., 2021). Furthermore, PMIs showed a moderate certainty of evidence for a significant effect on *disruptive behavior* (SMD: 0.55), suggesting that parent training is highly effective in managing challenging behaviors that contribute to family stress. However, the evidence for PMIs directly improving the core symptoms of ASD, including social communication deficits, was limited, suggesting that the primary mechanism of change is through the parents’ consistent application of learned strategies, leading to functional improvements rather than a fundamental change in the child’s diagnostic profile.

**Finding 2: Family-Based Cognitive and Behavioral Approaches**

Family-based adaptations of established psychotherapeutic models, particularly CBT and ACT, have emerged as vital components for addressing co-occurring conditions and parental mental health.

**Family-Based CBT for Anxiety.** Anxiety disorders are highly prevalent in children with ASD, often exceeding 40% (Van Steensel et al.,2011). Studies on family-centered CBT protocols, such as those by Wood et al. (2009) and Driscoll et al. (2020), consistently show that involving parents as co-therapists significantly enhances treatment efficacy. This approach leverages the parent’s role to facilitate exposure tasks and skill generalization in the home

environment, leading to moderate certainty of evidence for reduced child anxiety symptoms. The focus here is on the *parent-child dyad* as the unit of intervention for a specific, co-occurring mental health challenge.

**Acceptance and Commitment Therapy (ACT) for Parents.** ACT, a third-wave behavioral therapy, has been increasingly adapted for parents of children with ASD. This intervention does not aim to change the child's behavior but rather to improve the parent's psychological flexibility, their ability to be present, open, and do what matters (value-driven action) even in the presence of complex thoughts and feelings related to caregiving (Maughan et al., 2023). Recent systematic reviews and RCTs, including a 2023 study by Maughan et al., indicate that ACT significantly improves *parental well-being*, reduces stress, and increases self-efficacy. The same results were consistent with those of Marino et al. (2021). These studies reveal a critical family outcome, as improved parental mental health is strongly correlated with a more positive home environment and better long-term child outcomes (Karst et al., 2012).

### **Finding 3: Traditional Systemic Family Therapy (SFT)**

The evidence for traditional SFT, including models such as Structural and Milan Systemic Therapy, is the least developed. The 2017 Cochrane systematic review by Spain et al. (2017) concluded that there was limited high-quality evidence available, with no identified RCTs, to determine whether SFT is clinically beneficial for individuals with ASD or their family members.

Despite the lack of high-level evidence for direct symptom reduction, SFT is theoretically relevant. Parker and Molteni (2017) argue that the systemic effects of ASD, such as boundary diffusion, parental over-involvement, and communication breakdown, suggest that SFT is an appropriate model for addressing *family dynamics*. The utility of SFT lies in its ability to improve family cohesion, clarify roles, and enhance communication, which are essential for long-term family resilience, even if it does not directly target the child's core symptoms. The consensus is that SFT should be considered a valuable *adjunctive support* for families experiencing significant relational distress or complex systemic issues that PMIs or behavioral therapies are not designed to address.

## **4. Discussion**

### **4.1 Summary of Findings and Clinical Implications**

The findings of this systematic review confirm that family therapy approaches are indispensable in the comprehensive treatment of children with ASD. However, their utility varies significantly based on the specific model and targeted outcome. The evidence strongly supports a stepped-care, integrated model where different family approaches are deployed strategically to meet distinct needs within the family system.

The core of the family-based intervention should be Parent-Mediated Interventions (PMIs). These interventions, which focus on training parents to become effective co-therapists, are the most evidence-based approach for achieving functional improvements in the child, particularly in adaptive behavior and the reduction of disruptive behaviors. The success of PMIs underscores a fundamental shift in treatment philosophy: the parent is not merely a passive recipient of information but the primary, most consistent agent of change in the child's natural environment (Dawson et al., 2009).

However, PMIs alone are insufficient to address the full spectrum of challenges. Targeted, adjunctive therapies are necessary:

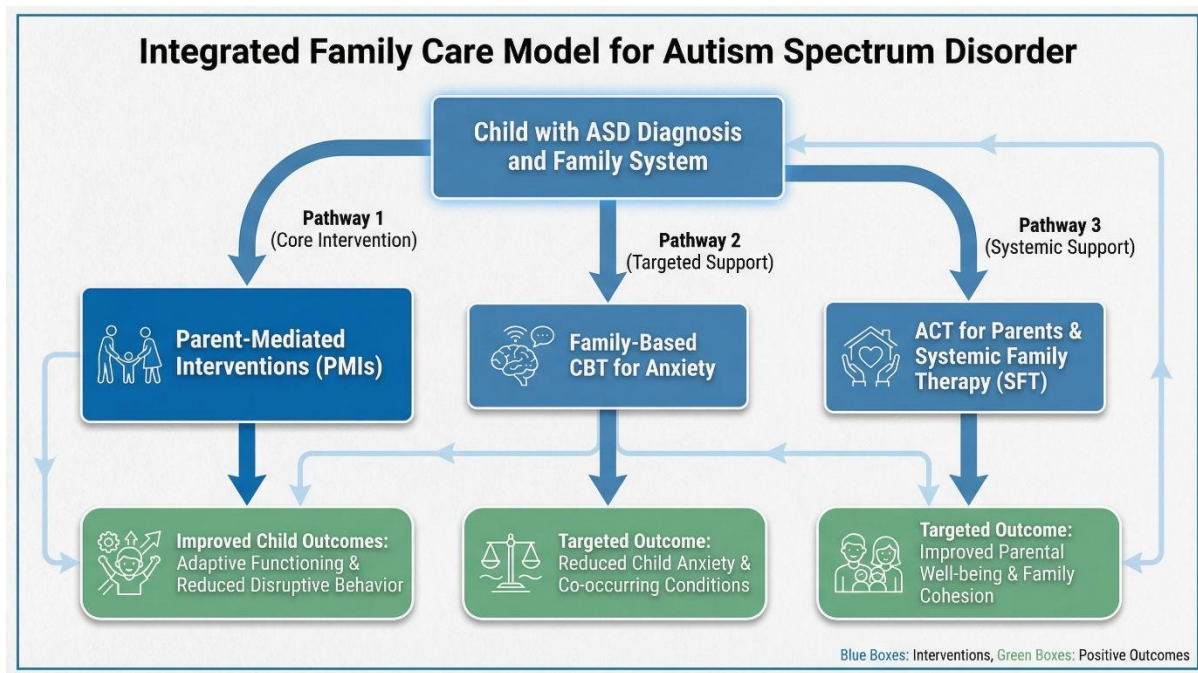
**Family-Based CBT** should be integrated when the child presents with co-occurring anxiety or other internalizing disorders.

**ACT for Parents** is essential for supporting the mental health and long-term coping of caregivers, recognizing that parental well-being is a critical, independent treatment outcome.

**Traditional SFT** should be reserved as a systemic support for families experiencing significant relational or structural distress, including marital conflict or sibling issues, which impede the effectiveness of the core behavioral interventions.

This integrated approach, which moves beyond a single-model focus, is visually represented in the Integrated Family Care Model (see Figure 2).

**Figure 2:** Integrated Family Care Model for Autism Spectrum Disorder



The model illustrates that the child and family system are at the center, with PMIs serving as the foundational intervention. The three pathways, Core Intervention (PMIs), Targeted Support (Family-CBT), and Systemic Support (ACT/SFT), are all necessary to ensure holistic care, addressing child skills, co-occurring mental health, and family resilience, respectively.

#### **4.2 Limitations of the Evidence and Future Research Directions**

Despite the straightforward clinical utility of family approaches, the evidence base is not without limitations. The certainty of evidence for many PMI outcomes remains low to moderate, primarily due to the reliance on parent-report measures, which are susceptible to reporting bias, and the difficulty in blinding participants in behavioral intervention trials (Conrad et al., 2021). Furthermore, the lack of high-quality RCTs for traditional SFT remains a significant gap, limiting its widespread recommendation as an evidence-based practice for ASD.

Future research must address these limitations by focusing on:

**Comparative Effectiveness Trials:** Studies that directly compare the efficacy of different family-based models (PMI vs. Family-CBT vs. ACT) on specific, shared outcomes.

**Objective Outcome Measures:** Increased use of objective measures such as physiological markers of stress or direct observation of parent-child interaction to supplement parent-report data.

**Long-Term Systemic Impact:** Longitudinal studies are needed to investigate the long-term effects of ACT and SFT on the entire family system, including sibling adjustment and marital satisfaction, which are often overlooked secondary outcomes.

**Cultural Adaptation:** Research is required to develop and test culturally adapted family-based interventions, ensuring that these models are practical and accessible across diverse populations.

## 5. Conclusion

The integration of family therapy approaches is a paradigm shift in ASD treatment, moving from a child-centric to a systemic-centric model of care. The evidence is compelling: PMIs are the most effective approach for improving child adaptive functioning and behavior, while family-based CBT and ACT are crucial for managing co-occurring anxiety and supporting parental mental health. By adopting the proposed Integrated Family Care Model, clinicians can strategically deploy a range of evidence-based family approaches to foster resilience, enhance functional outcomes, and improve the overall quality of life for children with ASD and their families. The future of ASD treatment lies in this holistic, integrated, and family-focused framework.

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