

## Family Communication as a Social Mediator in Supporting School Mental Health: A Systemic Perspective

التواصل الأسري كوسيط اجتماعي في دعم الصحة النفسية المدرسية: رؤية  
نسقية

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### Abstract

Family communication constitutes a central social mediator in shaping students' emotional and behavioral adjustment in school. This article examines how dysfunctional family communication patterns contribute to school-related difficulties and how systemic family therapy can function as a relational bridge between home and school. Rather than locating problems solely within the child, the paper conceptualizes students' difficulties as emerging within interconnected family, educational, and social systems. By focusing on interactional dynamics and meaning-making processes, systemic family therapy strengthens school mental health outcomes and promotes sustainable improvements in academic engagement, emotional regulation, and social competence. The article further emphasizes culturally sensitive strategies for integrating family-oriented interventions into school counseling practices and highlights the importance of situating students' difficulties within broader family and ecological contexts.

**Keywords:** Family communication; Social mediation; Systemic family therapy; School mental health; Student adjustment

### ملخص:

يشكل التواصل الأسري وسيطاً اجتماعياً مركزياً في تشكيل التكيف الانفعالي والسلوكي للتلاميذ. تهدف هذه الدراسة الى تحليل دور أنماط التواصل الأسري غير الفعالة في ظهور الصعوبات المدرسية، وبيان كيفية اسهام العلاج الأسري النسقي كجسر تفاعلي بين البيت والمدرسة. وبدلاً من حصر المشكلات في الطفل، تنظر الورقة الى صعوبات التلاميذ باعتبارها ناتجة عن تفاعل أنساق مترابطة تشمل الأسرة والمدرسة والمجتمع. من خلال التركيز على الديناميات التفاعلية وعمليات بناء المعنى، يدعم العلاج الأسري النسقي الصحة النفسية المدرسية ويعزز التحصيل الأكاديمي، وضبط الانفعالات، والكفاءة الاجتماعية. كما تبرز الدراسة أهمية اعتماد استراتيجيات تراعي الخصوصية الثقافية لدمج تدخلات أسرية في الإرشاد المدرسي، مع التأكيد على فهم الصعوبات ضمن سياقات أسرية وبيئية أوسع بما يسهم في تحقيق نتائج نمائية مستدامة وتحسين التعاون بين الأسرة والمؤسسة التربوية.

**كلمات مفتاحية:** التواصل الأسري؛ الوساطة الاجتماعية؛ العلاج الأسري النسقي؛ الصحة النفسية المدرسية؛ تكيف التلاميذ.

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### **1. Introduction**

School mental health has emerged as a critical concern in contemporary psychology and education, given its significant impact on students' academic achievement, emotional development, and social functioning. Across the globe, an increasing number of school-aged children and adolescents are experiencing anxiety, depression, behavioral difficulties, and emotional dysregulation, which interfere with their learning, participation, and peer relationships (Merikangas et al., 2010; Polanczyk et al., 2015; WHO, 2022).

For instance, studies indicate that, in some countries, nearly 1 in 5 students may experience anxiety symptoms severe enough to affect classroom engagement, while behavioral difficulties such as aggression or defiance have been linked to inconsistent family dynamics and poor parental monitoring.

Traditional school-based interventions often concentrate exclusively on the child, aiming to reduce symptoms or modify behavior without accounting for the broader relational and social contexts in which these behaviors emerge. Bronfenbrenner's ecological systems theory (1979) highlights the multiple levels of influence on a child, from family and school to broader societal and cultural systems, emphasizing that difficulties in one domain often reflect tensions in another. In this sense, a child's challenges in the classroom cannot be fully understood without considering family dynamics.

Among the various family processes, communication patterns have been consistently identified as a central social mediator that shapes emotional regulation, coping strategies, and adaptation to school demands (Watzlawick et al., 1967; Steinberg, 2001). Positive and coherent family communication promotes a sense of emotional security, supports adaptive coping mechanisms, and encourages social competence and academic engagement. Conversely, dysfunctional communication—characterized by inconsistent messages, chronic conflict, emotional withdrawal, or excessive control—has been linked to absenteeism, peer conflicts, behavioral problems, and reduced academic motivation (Patterson et al., 2010; Diamond et al., 2016; Moore et al., 2017). Recent research further suggests that interventions targeting family communication not only improve relationships at home but also produce measurable benefits in school outcomes, reinforcing the notion that children's adjustment is relationally embedded (Diamond et al., 2016; Carr, 2019). Despite this, much of the existing literature treats family therapy and school adjustment as separate domains. There is a clear need for integrative research that conceptualizes family communication as a bridging mechanism between home and school, providing both theoretical insight and practical guidance for school-based mental health interventions.

### **Research question:**

How does family communication, as a central social mediator, influence students' emotional and behavioral adjustment in school settings?

### **Hypothesis:**

Children exposed to positive, coherent family communication are likely to exhibit improved academic engagement, emotional regulation, and social competence, whereas those exposed to dysfunctional communication are at higher risk for school-related difficulties, including behavioral problems, absenteeism, and peer conflicts.

## **2.Theoretical Framework: A Systemic Perspective on Family Communication**

Understanding children's difficulties as relationally embedded phenomena is central to systemic family therapy. Rather than viewing emotional or behavioral challenges as traits inherent to the child, systemic approaches examine patterns of interaction, communication processes, and family organization as primary contributors to school adjustment. Several complementary theoretical models provide insight into how family communication operates as a social mediator between home and school.

### **2.1.Bowen's Family Systems Theory**

Bowen (1978) emphasizes that children's behaviors reflect the dynamics and emotional processes within their families. According to this model, symptoms in children often serve as expressions of unresolved parental conflicts, anxiety, or chronic stress in family relationships. For example, a child witnessing frequent parental disputes may manifest withdrawal, inattention, or oppositional behavior in school. These behaviors are not isolated problems but are signals of relational tensions that span the family system.

#### **Practical implications in schools:**

- Teachers may notice patterns such as excessive perfectionism, reluctance to participate, or avoidance behaviors in students whose families experience chronic conflict.
- School counselors can use family interviews or consult with parents to understand the broader context of these behaviors, rather than attributing difficulties solely to the child.
- Interventions may involve creating structured family **sessions** where parents are guided to recognize and modify interaction patterns contributing to the child's stress.

Bowen's model also introduces the concept of triangulation, where children are drawn into parental conflicts. In school, triangulation may appear as peer conflicts, attention-seeking behavior, or acting as a "messenger" between teachers and parents, highlighting the systemic nature of these challenges.

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### **2.2. Structural Family Therapy (Minuchin, 1974)**

Structural Family Therapy focuses on family organization, hierarchies, and boundaries. Dysfunctional structures—such as enmeshment (overly close parent-child relationships) or disengagement (emotional distance)—can create regulatory challenges that manifest in school.

#### **Examples of impact on school behavior:**

- Enmeshed families may have children who struggle with autonomy, leading to difficulties in group work or classroom decision-making.
- Disengaged families may produce students who act out, show defiance, or withdraw socially.

Minuchin's approach emphasizes clarifying roles and boundaries within the family. In practical school settings, interventions might include:

- Parent education workshops on appropriate limits and consistent expectations.
- Family sessions focusing on redefining roles, reducing conflict, and fostering supportive interactions.
- Collaboration between school counselors and parents to reinforce positive family boundaries in both home and school contexts.

By strengthening family structure, children are better able to regulate their behavior, maintain focus, and engage socially and academically.

### **2.3. Satir's Experiential Model**

Satir (1991) highlights the importance of emotional expression, validation, and self-worth. According to this humanistic approach, children thrive when families communicate in ways that are warm, supportive, and congruent. Conversely, families exhibiting inconsistent messages, criticism, or emotional neglect can foster anxiety, withdrawal, or oppositional behavior.

#### **School applications:**

- Students from validating families tend to show higher intrinsic motivation, better participation in class discussions, and stronger problem-solving abilities.
- Counselors can use role-playing exercises or communication skill-building with families to model validation, active listening, and constructive conflict resolution.

Satir's model also underscores the therapeutic power of reframing negative interactions. For instance, helping a parent reframe criticism as guidance can improve both family communication and the child's self-esteem, with observable benefits in classroom engagement.

### **2.4 Attachment Theory and Emotion-Focused Approaches**

Attachment theory emphasizes that **secure emotional bonds with caregivers** are critical for children's ability to cope with stress, regulate

emotions, and adapt to social and academic challenges (Bowlby, 1988; Mikulincer & Shaver, 2016). Emotionally Focused Family Therapy (EFFT) builds on this by targeting patterns of emotional withdrawal, conflict, and maladaptive cycles, strengthening children's sense of security and capacity to handle stress (Johnson, 2019; Diamond et al., 2016).

**Practical examples in schools:**

- Children with strong attachment security tend to show resilience in the face of academic challenges and peer conflicts.
- Interventions may involve coaching parents to recognize emotional cues, respond appropriately, and repair relational ruptures, thereby reducing behavioral problems in school.
- Teachers can also be trained to reinforce emotional validation and predictable routines to complement secure attachment at home.

Attachment-informed strategies highlight the interconnectedness of home and school systems: when children feel supported and secure in their families, they are more likely to engage positively in classrooms, maintain friendships, and persevere in academic tasks.

## **2.5 Synthesis of Systemic Approaches**

Across these frameworks, a common principle emerges: children's difficulties are embedded within relational contexts. Family communication functions as a social mediator, linking interactions at home with school outcomes. Effective interventions require:

1. Identifying patterns of dysfunction and strengths in family interactions.
2. Applying strategies that promote coherence, validation, and emotional security.
3. Integrating family-focused approaches into school-based programs to support children holistically.

By examining interactional dynamics, communication patterns, and family structure, systemic family therapy provides both a theoretical and practical foundation for supporting school mental health. Children's academic and social adjustment cannot be understood or improved in isolation from the family environment.

## **3. Methodology**

This article adopts a qualitative theoretical-review design grounded in a systemic and integrative approach. Rather than relying on primary field data, the study is based on a structured analytic review of theoretical models and empirical research addressing family communication, systemic family therapy, and school mental health. This methodological choice is consistent with recommendations for conceptual and theory-building research in psychology and education (Grant & Booth, 2009; Torraco, 2005).

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The study combines three complementary procedures:

- systematic selection of relevant scientific literature;
- thematic and comparative analysis of theoretical frameworks and empirical findings;
- integrative synthesis to construct a coherent systemic model of interpretation (Braun & Clarke, 2006; Whitemore & Knafl, 2005).

This approach allows the identification of recurrent relational patterns, communicational mechanisms, and therapeutic principles across diverse contexts, ensuring conceptual rigor and theoretical coherence.

### **3.1. Sample of Literature**

The corpus consists of peer-reviewed journal articles, seminal books in family therapy and developmental psychology, and international reports on school mental health. The selection criteria follow methodological guidelines for systematic and narrative reviews (Grant & Booth, 2009; Snyder, 2019) and included:

- Scientific relevance to family communication, systemic therapy, and school adjustment;
- Methodological credibility (empirical studies, meta-analyses, and foundational theoretical works);
- A temporal span from classical systemic models (Bowen, 1978; Minuchin, 1974; Satir et al., 1991) to contemporary research (Diamond et al., 2016; Carr, 2019; Weist et al., 2018);
- Cultural and contextual diversity, including cross-cultural and international perspectives (Rothbaum et al., 2000; Chen et al., 2012).

This diverse corpus ensures conceptual triangulation and strengthens the validity of the synthesized conclusions.

### **3.2. Analytical Tools and Procedure**

Data analysis follows a qualitative thematic procedure inspired by Braun and Clarke's (2006) framework. Each source was examined to identify:

- Conceptual definitions of family communication;
- Descriptions of interactional patterns (e.g., conflict, emotional withdrawal, validation, coherence);
- Empirical associations between communication styles and school outcomes;
- Therapeutic mechanisms identified in systemic interventions.

These elements were coded into thematic categories such as *emotional attunement*, *boundary regulation*, *interactional cycles*, *relational security*, and *school adjustment*. A comparative analysis is then conducted across theoretical models and empirical findings to identify convergences and divergences (Miles et al., 2014).

The final phase consisted of an integrative synthesis linking systemic theory with empirical evidence in order to conceptualize family

communication as a social mediator between home and school systems (Torraco, 2005; Whittemore & Knafl, 2005). This procedure ensures transparency and coherence, enabling other researchers to replicate the analytical logic or extend it to new corpora.

#### **4. Results and Empirical Evidence: Family Communication and School Difficulties**

Family communication constitutes a primary context in which children learn to interpret emotions, regulate stress, and construct meaning about themselves and their social environment. Daily interactions within the family transmit both explicit messages and implicit emotional cues that shape children's cognitive schemas, coping strategies, and expectations of relationships (Laursen & Collins, 2009).

##### **4.1. Positive Family Communication**

Supportive and emotionally responsive family communication is consistently linked to better school adjustment. Children who experience open dialogue, parental warmth, and validation tend to develop stronger self-regulation, intrinsic motivation, and academic engagement (Grolnick & Ryan, 1989; Steinberg, 2014). Positive communication fosters emotional security, encourages adaptive coping strategies, and promotes constructive peer interactions, contributing to both social competence and academic success (Wentzel, 2015). These findings highlight that the quality of family interactions is a critical mediator of children's functioning within school contexts.

##### **4.2. Dysfunctional Family Communication**

In contrast, dysfunctional communication patterns-such as inconsistent messaging, criticism, emotional withdrawal, or chronic conflict-are associated with an increased risk of school-related difficulties (Yap et al., 2014; Patterson et al., 2010). Children exposed to high levels of interparental conflict or emotional invalidation demonstrate higher rates of internalizing symptoms (e.g., anxiety, depression) and externalizing behaviors (e.g., aggression, defiance), which interfere with classroom participation and academic performance (Harold & Sellers, 2018). School refusal and psychosomatic complaints illustrate how relational stressors are manifested in school settings, often reflecting overprotection, enmeshment, or heightened parental anxiety (Kearney & Albano, 2004; Minuchin et al., 1978). Dysfunctional communication can impair children's emotional regulation, executive functioning, and attentional capacities, thereby negatively impacting learning and social interactions (Blair & Raver, 2015; Morris et al., 2007).

Beyond individual behavioral outcomes, family communication also plays a critical role in shaping children's social cognition and peer relationships. Children raised in families with consistent, open, and

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emotionally attuned communication develop stronger problem-solving skills, empathy, and conflict-resolution abilities, which translate into more positive interactions at school (Eisenberg et al., 2010; Laursen & Collins, 2009). Conversely, exposure to ambiguous, inconsistent, or hostile communication patterns may reinforce maladaptive beliefs about relationships, increase social withdrawal, and heighten susceptibility to peer conflicts and bullying (Yap et al., 2014; Harold & Sellers, 2018). Furthermore, empirical studies indicate that interventions targeting family communication not only improve home dynamics but also have measurable effects on classroom behavior, academic engagement, and emotional regulation. These findings demonstrate the systemic influence of family interactions across multiple developmental contexts (Diamond et al., 2016; Carr, 2019). These findings reinforce the conceptualization of family communication as a central social mediator, linking relational patterns at home with children's overall school adjustment and psychosocial competence.

### **4.3. Cross-Cultural Considerations**

The impact of family communication is shaped but not determined by cultural norms. While communication styles vary, the need for emotional attunement and relational security is universal (Rothbaum et al., 2000). In collectivist societies, indirect communication may be normative; however, emotional invalidation and chronic tension still predict poorer academic and psychological outcomes (Chen et al., 2012). These findings suggest that **it is the quality and coherence of communication, rather than its form, that mediates children's adjustment in school.**

### **4.4. Implications of Empirical Evidence**

Empirical research consistently supports the conceptualization of family communication as a **social mediator** linking home and school systems. Positive changes in family communication following intervention are associated with improvements in children's emotional regulation, behavioral adjustment, and academic engagement (Diamond et al., 2016; Carr, 2019). Conversely, persistent dysfunctional patterns maintain relational stress, perpetuating school difficulties. These findings provide a strong rationale for integrating family-focused interventions within school mental health programs and counseling practices, aligning intervention strategies with systemic principles.

## **5. Discussion and Implications for Counseling and Psychotherapy**

The theoretical and empirical evidence outlined above underscores the importance of integrating family communication into counseling and psychotherapy practice, particularly in school and child-focused settings. Understanding students' difficulties as relationally embedded phenomena

shifts the focus from isolated individual deficits to systemic dynamics within the family, home, and school environments.

### **5.1.Family-Inclusive Assessment**

From a systemic perspective, assessment extends beyond the child to include patterns of family communication, emotional climate, and interactional cycles. Tools such as genograms, family interviews, and relational mapping enable practitioners to identify recurring themes, including triangulation, chronic conflict, overinvolvement, and emotional cutoffs (McGoldrick et al., 2008). Family-inclusive assessment enhances diagnostic accuracy and client engagement, particularly for internalizing difficulties that may remain hidden in individual evaluations (Kaslow et al., 2012).

### **5.2.Intervention Strategies**

Interventions grounded in family therapy aim to modify dysfunctional interaction patterns and strengthen adaptive communication. Structural interventions may clarify boundaries and restore parental leadership in contexts where children assume excessive responsibility or become entangled in interparental conflicts (Minuchin, 1974). Experiential and attachment-based approaches emphasize emotional attunement, validation, and the repair of relational ruptures (Johnson, 2019; Satir et al., 1991). Across these approaches, the central mechanism of change lies in transforming rigid interactional cycles into flexible, supportive, and coherent family processes.

Evidence indicates that family-focused interventions improve children's school-related outcomes, including emotional regulation, social competence, and academic engagement (Diamond et al., 2016; Carr, 2019; Baldwin et al., 2021). Even brief consultations with families can foster constructive communication, enhance problem-solving, and reduce the intensity of school difficulties. Multi-family groups and collaborative school-community models further support systemic change, providing shared learning and reinforcing intervention gains (Asen & Scholz, 2010; Weist et al., 2018).

Assessment should extend beyond the individual child to include patterns of family communication, emotional climate, and interactional cycles. Tools such as genograms, family interviews, and relational mapping help identify recurring themes like triangulation, chronic conflict, overinvolvement, and emotional cutoffs (McGoldrick et al., 2008; Kaslow et al., 2012). Interventions can then focus on modifying dysfunctional patterns, enhancing adaptive communication, clarifying boundaries, restoring parental leadership, and repairing relational ruptures through structural, experiential, and attachment-informed strategies (Minuchin, 1974; Satir et al., 1991; Johnson, 2019). Culturally sensitive adaptations further ensure that interventions respect family values, communication norms, and contextual differences, thereby increasing engagement and promoting sustainable improvements in students'

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emotional, behavioral, and academic outcomes (Santisteban et al., 2015; Lau et al., 2016; Diamond et al., 2016).

### **5.3. Culturally Sensitive Practice**

Cultural and contextual factors shape family communication patterns. Effective systemic practice does not impose universal norms but seeks to enhance coherence and emotional security within culturally meaningful frameworks. Research demonstrates that culturally adapted interventions improve family engagement and treatment outcomes, particularly when practitioners respect familial values, authority structures, and communication styles (Santisteban et al., 2015; Lau et al., 2016).

### **5.4. Summary of Implications**

Integrating systemic principles into school mental health practice allows counselors and psychotherapists to:

- Recognize students' difficulties as relationally mediated phenomena.
- Engage families as active partners in assessment and intervention.
- Promote adaptive communication patterns that support emotional regulation, social competence, and academic participation.
- Design culturally responsive interventions that respect family values while strengthening systemic support for the child.

By bridging family therapy and school-based practice, professionals can foster environments in which children are not only corrected but understood, supported, and relationally held within both home and school contexts.

## **6. Conclusion and Future Directions**

This article highlights the **pivotal role of family communication** as a social mediator in school mental health. Theoretical frameworks (Bowen, 1978; Minuchin, 1974; Satir et al., 1991) and empirical evidence (Diamond et al., 2016; Moore et al., 2017; Carr, 2019) demonstrate that children's emotional, behavioral, and academic outcomes are profoundly influenced by the quality of family communication.

### **Key findings**

- Positive, coherent, and supportive family communication fosters resilience, emotional regulation, social competence, and academic engagement.
- Dysfunctional communication-characterized by conflict, inconsistency, emotional withdrawal, or rigid hierarchies-predicts school-related difficulties, including anxiety, behavioral problems, absenteeism, and peer conflicts.
- Family-focused interventions produce measurable improvements in classroom behavior, emotional regulation, and academic participation, reinforcing the systemic influence of family dynamics.

### 6.1. Implications for Practice

- **A Systemic lens:** Engaging families in counseling and therapy is essential for sustainable outcomes.
- **Assessment tools:** Genograms, relational mapping, and family interviews allow professionals to identify patterns impacting school adjustment.
- **Intervention strategies:** Structural, experiential, and attachment-informed approaches improve family communication and support students' development.
- **Cultural sensitivity:** Adapting interventions to respect family norms enhances engagement and effectiveness.

### 6.2. Directions for Future Research

- **Longitudinal studies:** Examine the durability of intervention outcomes across developmental stages.
- **Process-oriented research:** Investigate mechanisms through which family communication affects school adjustment, e.g., emotional validation, boundary realignment, narrative coherence.
- **Cross-cultural studies:** Explore how culture moderates the relationship between family communication and children's academic and psychosocial outcomes (Rothbaum et al., 2000; Chen et al., 2012).

Ultimately, by leveraging family communication as a central therapeutic pathway, mental health professionals can bridge home and school systems effectively. Systemic interventions address relational roots of students' difficulties, promoting sustainable developmental change and creating school environments where children are understood, supported, and relationally held within both family and ecological contexts (Diamond et al., 2016; Baldwin et al., 2021).

### Références

1. Asen, E., & Scholz, M. (2010). *Multi-family therapy: Concepts and techniques*. London: Routledge.
2. Baldwin, S. A., Christian, S., Berkeljon, A., Shadish, W. R., & Bean, R. (2021). The effects of family therapies for adolescent behavior problems: A meta-analysis. *Journal of Family Psychology*, 35(4), 431–444. <https://doi.org/10.1037/fam0000810>
3. Becvar, D. S., & Becvar, R. J. (2018). *Family therapy: A systemic integration* (9th ed.). Boston, MA: Pearson.
4. Blair, C., & Raver, C. C. (2015). School readiness and self-regulation: A developmental psychobiological approach. *Annual Review of Psychology*, 66, 711–731. <https://doi.org/10.1146/annurev-psych-010814-015221>
5. Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Jason Aronson.
6. Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York, NY: Basic Books.

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7. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
8. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
9. Carr, A. (2019). *Family therapy and systemic interventions for child-focused problems* (3rd ed.). London: Routledge.
10. Chen, X., Rubin, K. H., & Li, Z. (2012). Depressed mood in Chinese children: Relations with school adjustment and family functioning. *Journal of Consulting and Clinical Psychology*, 80(2), 189–199. <https://doi.org/10.1037/a0026454>
11. Diamond, G. S., Diamond, G. M., & Levy, S. (2016). *Attachment-based family therapy for depressed adolescents*. Washington, DC: American Psychological Association.
12. Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information & Libraries Journal*, 26(2), 91–108. <https://doi.org/10.1111/j.1471-1842.2009.00848.x>
13. Grolnick, W. S., & Ryan, R. M. (1989). Parent styles associated with children's self-regulation and competence in school. *Journal of Educational Psychology*, 81(2), 143–154. <https://doi.org/10.1037/0022-0663.81.2.143>
14. Harold, G. T., & Sellers, R. (2018). Annual research review: Interparental conflict and youth psychopathology. *Journal of Child Psychology and Psychiatry*, 59(4), 374–402. <https://doi.org/10.1111/jcpp.12893>
15. Johnson, S. M. (2019). *Attachment theory in practice: Emotionally focused therapy (EFT) with individuals, couples, and families*. New York, NY: Guilford Press.
16. Kaslow, N. J., et al. (2012). Family-based interventions for child and adolescent disorders. *Journal of Clinical Child & Adolescent Psychology*, 41(1), 3–17. <https://doi.org/10.1080/15374416.2012.632343>
17. Kearney, C. A., & Albano, A. M. (2004). *The functional profiles of school refusal behavior*. *Behavior Modification*, 28(1), 147–161.
18. Laursen, B., & Collins, W. A. (2009). Parent–child relationships during adolescence. In R. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (pp. 3–42). New York, NY: Wiley.
19. Lau, A. S., et al. (2016). Cultural adaptation of evidence-based practices. *Clinical Psychology Review*, 45, 54–67. <https://doi.org/10.1016/j.cpr.2016.03.001>
20. McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York, NY: Norton.
21. Merikangas, K. R., et al. (2010). Lifetime prevalence of mental disorders in U.S. adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 980–989.
22. Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
23. Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
24. Minuchin, S., Rosman, B. L., & Baker, L. (1978). *Psychosomatic families*. Cambridge, MA: Harvard University Press.

25. Moore, G. F., et al. (2017). School-based interventions and mental health. *Public Health Research*, 5(4), 1–142.
26. Morris, A. S., et al. (2007). The role of the family context in the development of emotion regulation. *Social Development*, 16(2), 361–388.
27. Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). New York, NY: Guilford Press.
28. Patterson, G. R., DeBaryshe, B. D., & Ramsey, E. (2010). A developmental perspective on antisocial behavior. *American Psychologist*, 44(2), 329–335.
29. Polanczyk, G. V., et al. (2015). Annual research review: A meta-analysis of the worldwide prevalence of mental disorders in children and adolescents. *Journal of Child Psychology and Psychiatry*, 56(3), 345–365.
30. Rothbaum, F., et al. (2000). Attachment and culture. *American Psychologist*, 55(10), 1093–1104.
31. Santisteban, D. A., et al. (2015). Cultural adaptations of family therapy. *Family Process*, 54(2), 205–219.
32. Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *The Satir model: Family therapy and beyond*. Palo Alto, CA: Science and Behavior Books.
33. Sheridan, S. M., & Moorman Kim, E. (2015). Family–school partnerships. *School Psychology Quarterly*, 30(4), 514–528.
34. Snyder, H. (2019). Literature review as a research methodology. *Journal of Business Research*, 104, 333–339.
35. Steinberg, L. (2001). We know some things. *Journal of Research on Adolescence*, 11(1), 1–19.
36. Steinberg, L. (2014). *Age of opportunity: Lessons from the new science of adolescence*. Boston, MA: Houghton Mifflin Harcourt.
37. Torraco, R. J. (2005). Writing integrative literature reviews. *Human Resource Development Review*, 4(3), 356–367.
38. Watzlawick, P., Beavin, J. H., & Jackson, D. D. (1967). *Pragmatics of human communication*. New York, NY: Norton.
39. Weist, M. D., et al. (2018). Advancing school mental health. *School Mental Health*, 10(1), 1–13.
40. Wentzel, K. R. (2015). Social motivation in school. *Educational Psychologist*, 50(1), 4–23.
41. Whitemore, R., & Knafl, K. (2005). The integrative review. *Journal of Advanced Nursing*, 52(5), 546–553.
42. World Health Organization. (2022). *World mental health report*. Geneva: WHO.
43. Yap, M. B. H., et al. (2014). Parenting strategies for reducing adolescent depression. *Journal of Affective Disorders*, 156, 1–13.