Exploring the Main Models of Family Therapy
-- Taking Solving Children's Problems as an Example

Jiali Han¹, Wen An², Xianhe Zheng³

¹School of English, Sichuan International Studies University, Chongqing, China
²School of Humanities, Northeastern Petroleum University, Daqing, China
³School of Biological Technique and Food Science, Tianjin University of Commerce, Hangzhou, China

Abstract. Aiming at the improvement of children's behavior and mental health problems, this paper uses a review method to sort out and analyze the current mainstream marriage and family therapy methods with the viewpoints and examples of six different therapies. Cognitive behavioral therapy believes that people's behavior will affect people's thinking and emotions, and improve mental illness through behavior. Narrative therapy believes that personal experiences are fundamentally ambiguous and can only be revealed through multiple interpretations, therefore, they believe that problems exist in language, and therefore problems can also be resolved in dialogue through storytelling. Strategic family therapy believes that people exchange multiple levels of information that define their relationship with each other and that for problematic family rules, we need to change not only the specific behavior of family members but also the family rules. Structural family therapy believes that the goal of therapy is to remove structures that hinder the functioning of the family and replace them with more robust structures that allow the family to function as a whole. Systemic family therapy emphasizes the feelings of the whole family, it tries to identify problems in the family dynamics, as well as the thoughts and attitudes of the whole family to reveal what may be going on in the whole family. Relationship counseling specializes in helping people build the relationships they want with their intimate partners, family, and themselves. Summarizing these modalities will facilitate the integration of all modalities for marriage and family therapy and the selection of the appropriate method.

Keywords: Cognitive behavioral therapy; Narrative family therapy; Strategic family therapy; Structural family therapy; Systemic family therapy.

1. Introduction

Family therapy or family counseling is a form of treatment that is designed to address specific issues affecting the health and functioning of a family. It can be used to help a family through a difficult period, a major transition, or mental or behavioral health problems in family members. Behavioral or emotional problems in children are common reasons to visit a family therapist. A child’s problems do not exist in a vacuum; they exist, and will likely need to be addressed, within the context of the family. Family therapy can employ techniques and exercises from cognitive, behavior, structural, or other types of individual therapy. It is a type of psychotherapy, or talk therapy, that looks at the entire family, including the relationships between the individual members of the family. This is a treatment used to address the mental health challenges of one or more family members, address relationship challenges between two or more family members, and improve family dynamics as a whole. So we will explain thoroughly family therapy in terms of six methods.

2. Main mode of family therapy

2.1 Cognitive behavioral therapy

2.1.1 Historical background

Cognitive behavioral therapy is a kind of treatment mode that combines the principles of cognitive therapy and behavioral therapy. In the early stage, behavior therapy appeared first. At the beginning
of the 20th century, psychologist Pavlov summarized the classical conditioned action theory (also known as reflex conditioned action theory), and Joseph Wole proposed the systematic desensitization method, which achieved great success in treating phobia. In the 1930s, the famous American psychologist Skinner put forward the operant conditioning theory, which has a more significant impact on behavior therapy. It believes that behavior is shaped by its results: the response to positive reinforcement will increase; the response to punishment or neglect will disappear. At the same time, Skinner applied the principle of operant conditioning to the correction of maladaptive behaviors in people's daily life. In the 20th century, there were three main branches of behavioral family therapy: parent training, behavioral couple therapy, and sexual therapy. Inspired by Albert Ellis and Allen Beck, and promoted by Beck et al., the behavioral therapy model gradually attaches importance to the status and role of cognition in behavioral change and tries to combine behavioral factors with cognitive factors, thus the orientation of cognitive behavioral therapy appears. Cognitive behavioral therapy has gradually emerged. They emphasized the need to change attitudes to promote behavior change. By introducing cognitive intervention to solve unprofitable assumptions and misconceptions, behavioral family therapy has been developed, and cognition, emotion, and behavior interact with each other.

2.1.2 Main contents

The cognitive behavioral therapy model involves the hypothesis of the relationship between cognition, behavior, and emotion, focusing on human cognition and behavior. It is assumed that cognition has an important impact on people's emotions and behaviors; human behavior can affect people's way of thinking and emotions. As long as one or both cognition and behavior change, emotions can be changed. By changing the way of thinking to change bad cognition, we can achieve the goal of reducing bad behaviors and emotions. Cognitive behavioral therapy (CBT). In recent years, it has been used more and more widely, and various treatment methods have been produced. For example, parents' behavior training, behavior couple therapy, cognitive behavior orientation of family therapy, and other treatment methods. The research results show that parent management training (PMTO) can effectively reduce the long-term criminal behaviors of adolescents, and can effectively prevent the illegal behaviors of adolescents in families with high crime rates, divorced families, and reorganized families. Behavioral couple therapy can improve relationship adaptation and children's psychosocial problems.

In addition, the subject of CBT treatment needs to meet certain basic conditions. First, he is unhappy for a long time, and second, he wants to change this unhappy state. In addition, a certain cognitive ability is required. In the process of operation, negative thoughts and emotions can be replaced by positive thoughts and emotions by using alternative methods. In developed countries in Europe and America, CBT is the mainstream psychotherapy for depression.

2.1.3 Research status

The author searched 15958 relevant Chinese literature on CNKI with cognitive behavior as the keyword, and 403 literature with cognitive behavior and pediatrics as the keyword, accounting for about 2.5%. It can be seen that the research on cognitive behavior of children and adolescents is slightly insufficient. Among them, from 2015 to 2022, there were 240 documents in eight years; From 2007 to 2014, there were 123 documents in eight years; From 1998 to 2006, there were 40 articles in nine-year. It is concluded that in recent years, the attention to children and adolescents' cognitive behavior has gradually increased. In the total 403 articles on cognitive behavior and pediatrics, the high-frequency search terms are cognitive behavior therapy, depression, anxiety, attention deficit hyperactivity disorder, autism, autism spectrum disorder, adolescent obsessive-compulsive disorder, etc. It can be seen that cognitive behavioral therapy is the most unconcerned cognitive behavioral therapy and is mostly used in pediatrics to treat sick problems. Take depression, attention deficit hyperactivity disorder, and autism as examples: Taking cognitive behavior, pediatrics, and depression as the keywords, 90 relevant kinds can be obtained, accounting for about 22% of the liter in cognitive behavior and pediatrics. With cognitive behavior, pediatrics, and attention deficit hyperactivity
disorder (ADHD) as the keywords, 59 articles were retrieved, accounting for about 15% of the literature on cognitive behavior and pediatrics; Taking cognitive behavior, pediatrics, and autism as the keywords, the number of relevant literature is 15, accounting for about 4% of the literature in cognitive behavior and Pediatrics; It can be concluded that cognitive behavioral therapy plays a major role in improving the depression of children and adolescents; It also has some effect on improving attention deficit hyperactivity disorder; There are few studies on autism and other problems.

At the same time, a total of 17291 foreign literature were searched by using cognitive behavior as the keyword. With cognitive behavior and pediatrics as the keywords, 6500 articles were searched, accounting for about 3.75%. Among them, there were 644 academic journals and 6 foreign language books. At the same time, taking cognitive behavior, pediatrics, and depression as the keywords, 50 relevant kinds of literature were obtained, accounting for about 8% of the cognitive behavior and pediatrics. It can be seen that there is less literal cognitive behavior treatment of depression in adolescents and children than in Chinese literature. Taking cognitive behavior and depression as the keywords, 3308 articles were obtained, accounting for about 19% of the total literature on cognitive behavior. Therefore, it can be considered that the research on cognitive behavioral therapy for children and adolescents with depression is relatively few in foreign literature, but this cannot change the great role played by cognitive behavioral therapy in the treatment of depression.

In the treatment of depression, there are two major mainstream treatment methods - drug intervention and cognitive behavioral therapy. The depression identification and intervention guidelines issued by the National Institute for health and service optimization in the UK pointed out that for mild to moderate depression, group or individual cognitive behavioral therapy is preferred. For moderate to severe depression, the first choice is individual cognitive behavior therapy combined with medication.

### 2.2 Narrative family therapy

#### 2.2.1 Historical background

Narrative therapy emerged in the field of family therapy in the 1980s. It was developed by Mike White of Australia and David Epson of New Zeal. In the long-term family therapy practice, they found that the reasons behind the symptoms of the visitors are complex and often constructed by the visitors themselves. People from different angles have different views on the truth of the problem. Therapists of different therapeutic schools have different explanations for the same visitor's problems. They believe that personal experience is fundamentally vague and can only be revealed through multiple explanations. Therefore, they believe that problems are kept in the language, so problems can also be dissolved in the conversation by telling stories. Therefore, a kind of postmodern family therapy, narrative family therapy theory, which is full of postmodern spirit and truly "people-oriented", was born.

#### 2.2.2 Main methods

1. **Externalization of problems**
   Problem externalization emphasizes that people are separated from the mainstream stories. What has problems is the problem, while people have no problems. Through externalization, the problem is objectified and separated from people, so that people can see how they construct the problem, and can calmly look at the stories that appear in life and form new viewpoints and attitudes.

2. **Looking for unique results**
   Looking for some warm moments in the past that you have neglected, changing your attitude and views on the development events in your life, and refusing to accept the impact of the problem can minimize the impact of the problem.

3. **Rewrite the life story**
   Stories are constructed and can be changed. Rewriting the negative and failed life experience and recombining the structure of the story can construct a positive and successful mainstream story.

4. **Talk to failure**
Failure is related to evaluation criteria. Facing failure directly helps us to see our behavior, define our unit, and form a new life ideal.

(5) Member reorganization

Through communication, we will change our views on family members and change our role orientation towards them. Through the new understanding of family members, we can have a deeper understanding of ourselves.

2.2.3 Research status

A total of 525 Chinese articles were searched for narrative therapy on CNKI. Among them, there were 236 academic journals, 199 academic theses, 18 domestic conferences, and 1 International Conference. There are 1057 foreign works of literature. It can be seen that the related research on narrative therapy has a high degree of enthusiasm, and there is still room for development in domestic-related research. At the same time, with narrative therapy and pediatrics as the keywords, 9 Chinese works of literature can be searched. There are 47 kinds of literature. With narrative therapy and children and adolescents’ keywords words, 18 Chinese literature and 6 foreign pieces of literature were searched. It can be seen that there are relatively few studies on narrative therapy targeting children and adolescents in China. The research questions are the intervention of anxiety in children with leukemia, reconstruction of parent-child relationship among adolescents in families of AIDS patients, application in children with emotional disorders, autism spectrum disorder, self-awareness, learning difficulties of adolescents, school weariness, etc., of which 4 are related to the treatment of childhood disorders, which are relatively large. In addition, there were 3 studies related to the weariness of learning. In addition, the research of narrative therapy mostly focuses on case studies and experimental studies. In the field of practice, narrative therapy has always made a lot of progress.

2.3 Strategic family therapy

2.3.1 Historical background

Created by Jay Haley, strategic family therapy is a brief form of therapy often used for families with kids between the ages of 6-18. It’s a model that focuses on symptom relief and may be used for children's concerns such as substance use and other mental health or behavioral health problems. Not only is strategic family therapy effective, but the fact that it’s often short-term may be appealing to many families hoping to address these concerns. Strategic family therapy believes that how family functions and interacts can play a huge role in the development and life of a child. By improving family dynamics and functioning, SFT reduces the risk of a child developing behavioral problems, now and in the future. The SFT model uses a structured, problem-focused, directive, and practical approach to the treatment of child/adolescent conduct problems. Common such problems include drug use, associations with antisocial peers, truancy, bullying, and other recognized youth risk factors. It uniquely addresses cognitive, behavioral, and affective aspects of family life.

2.3.2 Main methods

Strategic family therapy combines a strategic approach to finding a constructive form of change for individuals within the individual’s immediate social context – namely the family. Within the safety of therapeutic settings, strategic family therapists replicate family interactions and conversations, prompting and engaging participants with provocative questions and discussions. During these sessions, problems present themselves, and the therapist engineers the situation so that participants come to realize and understand the socially impaired interactions taking place. The therapist also knows how to uncover the family’s strengths and abilities at solving its problems, drawing on internal resources that they hadn’t before acknowledged or even realized that each family member possessed. Haley believed that the therapist initiates the family therapy, and takes direct responsibility for influencing people. His work in strategic family therapy began to take shape in the 1950s. During this decade, his observations, along with other psychologists, questioned the ineffective results in family therapy using traditional forms of psychoanalysis. The dismal results were especially apparent while working with populations from lower socio-economic classes,
populations whose severe social problems stemming from poverty could not be categorized by “intrapsychic conflicts” - a therapy that was more of a panacea for those of the middle classes.

2.3.3 Methods and Techniques Application

Strategic family therapy believes that people exchange multiple levels of information that define their relationships with each other. In relationships, people's behaviors all contain messages about what they intend to express. For example, a person who sits quietly and never responds to his or her partner's chatter may be conveying his or her dissatisfaction by his or her silence. And all messages in a relationship include both content and need. For example, when a partner says, "I got criticized by my boss today for work," it carries more than a literal meaning; it also implies a need for comfort from the partner ("I need your comfort"), and as above the obsessed person is conveying not only "not wanting to respond," but also " the need for the other person to stop to calm the anger in his or her heart.

Repeated interactions in the family are patterned into a family rule that maintains the stability of the family, and if it is a problematic rule, its function of maintaining stability becomes resistance to change. With problem-prone family rules, we do not just need to change a particular behavior of one member of the family (e.g., sending an aversive child to school), but we need to change the family rule. A common way to change family rules is to redefine them, for example, by changing the interpretation of the child's school-averse behavior from "not enjoying school" to "not supporting the child enough when he or she is frustrated," so that our response changes from "pushing the child to go to school" to "giving him or her enough support. The response to this change from "pushing the child to go to school" to "providing adequate care for the child". In reality, a child with poor behavior may reflect a parent who is not doing his or her job; an addicted child may be a clue that other family members are subtly self-destructive. Milan points out that it is necessary to positively redefine the problem and put it into the family system for analysis. For instance, for a certain type of mother-child alliance phenomenon, Milan would argue that the mother can maintain her hyper-involvement with her child because the child can feel valued in this sacrifice of ego. In other words, the inherent behaviors of all family members are interpreted as an effort to maintain the stability of the family. First-order changes are simply changes in behavior, and second-order changes are changes in the rules on identifying the feedback loops of the problem and identifying the rules that govern the behavior. Further, some families, faced with growing family expenses, make initial order changes to allow the father to find a second job to face the immediate difficulties, while second-order changes allow the mother to return to the workplace as well, and the father to assume more of the household chores.

In the strategic school of family therapy, communication is seen as feedback and a strategy for interpersonal power struggles. Medina found out that in families, it is often the one with the least power that causes the most emotional problems. When a given member shows problems and refuses to help, he or she is likely gaining power through this refusal.

2.4 Structural family therapy

2.4.1 Historical background

Structural family therapy (SFT) is a type of family therapy that looks at the structure of a family unit and improves the interactions between family members. This approach to therapy was originally developed by Salvador Minuchin and has become one of the dominant forms of family intervention. While using psychoanalysis to help marginalized youth in the slums of New York City, Minuchin found that the approach had limited success. He believed that most families in the slums were "disorganized," with broken families, irresponsible parents, and undisciplined children and that much of the youth's problems were related to incomplete and dysfunctional family outcomes. He believes that the purpose of therapy is to remove the structures that hinder the functioning of the family and replace them with more sound structures so that the family can function as a whole.
2.4.2 Main methods

His main theoretical concepts are as follows.

1) Using the family as the unit of treatment.
2) The belief that the problems of the individual reflect the problems in the process of family interaction.
3) Malfunctioning of the family is due to the improper structure of the family, and by changing the structure and organization of the family, the function of the family can be normalized.
4) Instead of taking individual behavioral problems as the treatment priority, a change in the way the family interacts is the means and focus of treatment.
5) Rather than using direct, one-on-one conversations, the therapy is multifaceted and multi-level interventions in the interaction process of family members.
6) Focus on the reality of the present, rather than on the review of family history and the tracing of the causes of family problems. The basic concepts include family system, family structure (subsystem, boundaries, division of roles and responsibilities), and pathological family structure (entanglement and alienation, joint confrontation, triangular entanglement, and inverted triangle).

Structural family therapy relies on a technique known as family mapping to uncover and understand patterns of behavior and family interactions. During this process, the therapist creates a visual representation that identifies the family's problems and how those issues are maintained through family dynamics. This map diagrams the basic structure of the family, including the members of the family unit, their ages, genders, and relationships to one another. Aspects of the family observed during this process include:

- Family rules
- Patterns of behavior
- Family structure/hierarchies

2.4.3 Methods and Techniques Application

This process frequently involves having family members themselves make their maps describing their family. This not only boosts engagement in the therapeutic process but also gives a therapist a better understanding of how individual family members view their place within the family.

Several cases have been registered in schools where teens turned violent to the level of killing their fellow students and teachers. For instance, in 1999, on 20 April, Dylan Klebold and his friend Eric Harris staged an assault in a school that is based in Colorado. In the assault, 13 people were killed while 23 others were critically injured. They later turned bullets against themselves. It is perhaps impossible to establish what caused this attack or even other recently established children-executed crimes. However, in the case of Dylan Klebold and his friend Eric Harris, a possible cause of the violent attacks was a video game that had brutal themes and characters. Children’s abusive behaviors towards their peers are commonplace in schools and various other social settings. As is revealed in the case of Mr. and Mrs. Brown’s family, abusive behaviors among children may be tracked from familial structural problems. Mr. Brown’s family consists of his wife (Mrs. Brown) and their two children, James and Anthony. In the context of the case study about Mrs. Brown’s family, the chief rule that regulates the conduct of the children is strict obedience to her.

Under the structural family therapy model, therapists “map the relationships between family members or between subsets of the family, and ultimately disrupt dysfunctional relationships within the family, causing it to stabilize into healthier patterns”. Indeed, Minuchin asserts that pathology only rests within a family system, but not within an individual. Writers such as Charles Fishman support the propositions of structural family therapy by claiming that family structures have restrictions, which can be inflexible, apparent, and defined by tasks and connections. The theory regards families as structures that are organized as subsystems that have bendable or strict limits. The boundaries can permit or discourage contact between different family members. An equally valuable concept in the historical development of structural family therapy is the enactment technique. Under the technique, family members are “encouraged to deal directly with each other in sessions that permit
therapists to observe and modify their interactions” (Venere, 2008, p.134). Therefore, every person’s influence on the behavior of a given family is inseparable from the other family members.

2.5 Systemic Family Therapy

2.5.1 Theoretical Background History

Systemic family therapy emphasizes the feelings of the whole family. It attempts to identify problems in family dynamics, as well as the thoughts and attitudes of the whole family, to reveal what may be going on in the whole family. Once the therapist has a solid understanding of these areas, he or she may try to move the problem, attitude, and relationship to a more beneficial, less disruptive, or more realistic position.

Systematic family therapy is a family psychotherapy approach. Guided by systems theory, cybernetics, information theory, and radical constructivist epistemology. The early 1950s, g. Bateson and others put forward the "double bind" theory to describe the family communication pattern of schizophrenia. They pay attention to the relationship between the family interpersonal interaction phenomenon that exists here and now and the internal psychological activities of family members, and put the family as a basic and universal interpersonal system is regarded as the therapeutic unit. He also believes that a family is not simply formed by the superposition of individuals and that individuals and individuals and the environment are connected through a basic information feedback mechanism; interpersonal communication not only contains "content", but more importantly, conveys "relational" information; The network and the larger system outside the family constrain the psychology and behavior of individuals in the family; the symptomatic behavior of family members has interpersonal significance, and its function is to maintain the homeostasis of the system (causing first-order changes) or cause the system itself to organize itself A major change in the aspect (second level change).

Basic Concepts and Assumptions Key Points Many different descriptions of systemic therapy capacity exist, and several models currently coexist under the umbrella term "systemic family therapy" (Lora 2016a).

Systems therapy prioritizes relational and social constructivist understandings of individual and family problems and difficulties over individualistic biomedical explanations. The systemic family therapy theory perspective creates an opportunity for people's difficulties to be best understood and managed through relationships and the environment (Pota et al. 2000; Stratton et al. 2009). [7-8] Likewise, Matakana argues that people are creatures, that our creatures shape our cognition, which in turn shapes our meaning-making (what we do and don't perceive) (Manassas 2009). accordingly claim that it is useful for systems therapists to include different epistemological positions (e.g. constructivism) in their treatment (Stratton et al. 2009). In some cases, these constructivist ideas can be incorporated into the therapeutic process (Pota et al. 2000). An example of this is when a family requests a biomedical diagnostic evaluation of their child. However, the study participants described that while children should be evaluated for biomedical diagnostics, the opportunity to apply a systems approach is not excluded.

2.5.2 Methods and techniques application

Systematic family therapy focuses on relationships, strengths, solutions, and positive connotations, providing an opportunity for a traditional diagnostic examination without necessarily being seen as an individualistic and pathological description of the client. In contrast, in systemic family therapy, the narratives collected by the therapist do not themselves confirm the problem (diagnosis), but instead, focus therapy on how the individual/family's thoughts about the underlying diagnosis affect their lives and relationships.

Parents who seek SFT to address a variety of different issues, such as adolescent depression or adolescent substance abuse, emphasize the importance of the SFT treatment climate and structure to allow for constructive changes within the family and improvement in adolescent symptoms (Sheridan et al, 2010).
Application Family factors (parent-child interactions, perceived support, expressed emotions, experiences of abuse, parental conflict, and parental mental health) are important risk factors associated with self-harm in children and adolescents. Family therapy is designed to leverage and mobilize the existing strengths and resources of the child and family and is, therefore, a logical potential intervention after self-harm.

Case Study Hilgard Ditto Roth et al. examined participants’ experiences of systemic family therapy in adolescents with functional disabilities. After completing family therapy, eight adolescents and thirteen parents participated in qualitative interviews. SFT joint meetings with youth and parents can provide a space for enhanced dialogue. However, for the interpretation of FD in family therapy to be acceptable and empowering, they must avoid any implication of accusation, be consistent with the family member’s personal experience, and be relevant and meaningful to the family. SFT for teens with FD can provide a framework for the process in the family. Using a multivariate explanatory model, treating the family as part of the solution, rather than the cause, may increase acceptability, and possibly treatment effect.

Families can be part of the solution, either by targeting factors where symptoms persist (such as reducing school stress) or by introducing more helpful parenting strategies by therapists, such as improving family communication.

DJ Cottrell et al. examined 832 11-17-year-old children with self-harm, and found that families reported lower scores on family functioning related to emotional engagement benefited more from family therapy than those with higher scores (compared to usual care); well-functioning families benefit most from family therapy. However, this home remedy provided no additional benefit in reducing the risk of hospitalization after further self-harm.

2.6 Relationship Counseling

2.6.1 Theoretical Background History

Relationship Counseling specializes in helping people create the relationships they want with intimate partners, family, and themselves. For Couples, it can help people communicate effectively to resolve conflict, re-establish connections, and create the passion you desire. For Parents, it can help people to learn how to maximize their role as a parent to help them achieve to the best of their ability – and to enjoy their time with them in the process.

2.6.2 Basic Concepts and Assumptions Main Viewpoints

Relationship Counseling can help you set relationship goals, understand your current partnership, thrive in your marriage, grieve a lost loved one, or take your long-term romance to the next level. Relationship counselors typically have experience and training in a variety of relationship dynamics, from romantic relationships to family relationships and friendships.

2.6.3 Methods and Techniques Application

For some relationship counselors, it is not necessary to work with both parties in a relationship. Counselors help clients let go of their painful thoughts and create their vision of the relationship. This means that clients can enjoy a satisfying relationship even without a partner participating in the process.

Relationship counselors also work with people who are not yet in a relationship. They will be working with singles who have a history of troubled relationships, have a hard time knowing what they want in a relationship, or just want to stay on track with their plans and connect with someone on a deeper level.

Other counselors meet with both parties and teach communication, conflict resolution, and other coaching tools for couples.

Relationship counselors, take healthy people and make them high performers. A relationship can help you quickly discover the essence of what you want from a partnership, guide you through painful issues, and create a safe cocoon as you face your fears and discover your true desires.
3. Summary and conclusion

Through literature review, the six main modes of family therapy and family therapy are discussed, which are: cognitive behavioral therapy, natural family therapy, strategic family therapy, structural family therapy, theory II systemic family therapy, and relationship counseling. This paper mainly combs the historical context and research status of these six models with time as the line. Try to provide some inspiration for readers who first understand the family therapy model. At the same time, due to the different theoretical characteristics of the six models, the intervention scenarios and object selection are different in the practical process.

In addition, this paper also has some shortcomings and the direction of further research needs to be pointed out, which mainly includes: first, this paper uses the methods of data analysis and case analysis in the discussion of the research status, but the selection of data and cases is slightly insufficient. There are few data and limited cases, which fail to fully explore the differences between family treatment models in solving the same problem. Secondly, in discussing the intervention of family therapy in children's problems, this paper does not notice the characteristics of children, which makes the research not deep enough and needs further research.

References

