

## **Introduction to the special section on Child and Adolescent Psychotherapy Research**

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Studies have suggested that approximately one in ten young people, aged between 5 and 16, have a diagnosable mental health condition, and the World Health Organization (2013) estimates that every year 20% of adolescents across the globe may experience a mental health problem, with rates among vulnerable populations, such as incarcerated youth and children in foster care, even higher (Sempik et al., 2007; ONS, 1997). In a 2005 US study it was found that 75% of mental health problems are established by age 24, and 50% by age 14 (Kessler et al., 2005). Yet to take only one example, in the UK less than 30% of the total mental health research budget is put towards child and adolescent mental health, and funding for child mental health research lags even further behind research into physical health conditions such as cancer (YouGov/MQ and Forster, 2016).

This relative neglect in research terms carries over into treatment. Child mental health services are chronically under-funded when compared to adult mental health, with one recent report suggests that it takes an average of ten years between experiencing their first symptoms and getting help (YouGov/MQ and Forster, 2016). Even when young people do access mental health services, we know far less than in other fields about 'what works for whom?' when it comes to child mental health treatments, despite significant advances in this field over the last twenty years (see Fonagy et al., 2015).

Yet in certain ways both the public and the professional bodies are paying increasing attention to child mental health, including a welcome focus on psychological therapies. For the Society of Psychotherapy Research (SPR), this was reflected in the setting up of a special interest group on Child and Family Therapy Research (CaFTR) in 2011, and to an increasing attention to this area of work at SPR conferences and in this journal (e.g. Leonard et al., 2015; Goodman, Midgley and Schneider, 2016), as well as other SPR journals, such as the journal of the Italian branch of SPR, *Research in Psychotherapy: Psychopathology, Process and Outcome* (see Salcuni, Capella and Lis, 2016). As part of that development, we are delighted to be introducing the special section of this issue devoted to child and family therapy research.

The primary aim of this Special Section of the Journal is to help expand the focus of research beyond the individual adult to children, adolescents and their families. Doing empirically informed therapy research with systems other than individual adults, increases the complexity of the research and the therapy by adding multiple clients and perspectives to the "client system." Four eminent researchers in the field of child and adolescent therapy research have contributed to this special section (Kazdin, REF; Dozier, REF; Target, REF; Cohen, REF). In inviting authors to contribute to this issue, our focus was not primarily on specific studies or projects, but on research groups that have been and are continuing to investigate empirically

informed research on one or more of these client systems. Our interest was in revealing the process of the group—why and how they decided to focus on the particular client system (e.g. child, family, etc.); how and why they developed the approach that they use in their research; the unique design and data analytic challenges with which they have struggled; their major findings to date; the next projects on the horizon and their advice to other researchers entering or immersed in these particular waters. We wanted the principal investigators in the group to tell their research “story” with more color and nuance than is normally found in a journal article, and to help highlight some of the unique conceptual, methodological and design issues involved in empirically informed therapy research with children, adolescents and their families.

The four articles presented here are therefore somewhat different from a usual report on an academic study in a professional journal. For each of the authors, we asked them to address some or all of the following specific questions:

1. Why did you choose to focus on the particular type of patient/client system (family, child/adolescent and caregivers, etc.) that your research targets?
2. What are the distinct conceptual and methodological features of your research?
3. What do you consider to be the “critical” conceptual and methodological challenges that you have addressed in your research?
4. What design challenges have you confronted in your research and how have you addressed them (e.g. data dependency, longitudinal data analysis, use of qualitative data etc.)?
5. What are the major findings from your research? What implications do these have for clinical practice?
6. What are the major challenges ahead for your research program?
7. What advice would you give to young researchers entering your research domain?

In reading these papers collectively, one cannot help but be inspired by the sheer dedication and creativity that is demonstrated by these research teams. We hope that others will be inspired by this work to develop their own research in this field, thereby helping to ensure that child and family therapy research gradually 'comes of age', and becomes a major contributor to the emotional well-being of children and families across the world.

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