

# THE ROLE OF FAMILY THERAPY IN TREATING ADOLESCENTS WITH EATING DISORDERS: A SYSTEMATIC REVIEW

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## ABSTRACT

Adolescents with eating disorders face complex psychological and familial challenges that require multifaceted treatment approaches. This systematic review examines the role of family therapy in treating adolescents with eating disorders, evaluating its effectiveness in improving clinical outcomes and fostering healthier family dynamics. A total of 30 studies, published between 2000 and 2025, were included in the review. These studies were selected based on their focus on family therapy as an intervention for adolescents with eating disorders and their reporting of measurable clinical outcomes. Drawing from a wide range of peer-reviewed studies, the review highlights the positive impact of family therapy in reducing eating disorder symptoms, preventing relapse, and enhancing long-term recovery. Key therapeutic models, including the Maudsley Method and systemic family therapy, are explored for their relevance and efficacy in different cultural and familial contexts. However, gaps remain in understanding the influence of cultural and socioeconomic factors, as well as the long-term sustainability of family therapy outcomes. The review also identifies the need for further research on the perspectives of adolescents themselves, the integration of technology in therapy delivery, and the exploration of barriers to implementation. This research emphasizes the importance of family therapy as a vital component in the treatment of adolescent eating disorders and calls for more targeted studies to refine and adapt family-based interventions for diverse populations.

**Keywords:** Family Therapy, Eating Disorders, Treatment Approaches, Clinical Psychology.

## INTRODUCTION

Adolescence is a critical developmental stage marked by significant physical, psychological, and emotional changes. During this period, individuals may face various mental health challenges, including eating disorders, which are characterized by severe disturbances in eating behavior, distorted body image, and an intense fear of gaining weight. The prevalence of eating disorders among adolescents has risen in recent decades, with conditions such as anorexia nervosa, bulimia

nervosa, and binge-eating disorder affecting millions of young people worldwide. These disorders are not only life-threatening but also contribute to significant psychological distress, impaired social functioning, and long-term health complications.

The treatment of eating disorders in adolescents requires a multi-faceted approach, as these disorders often involve complex interactions between biological, psychological, and social factors. Traditionally, individual

therapies, such as cognitive-behavioral therapy (CBT), have been considered the gold standard in treating adolescents with eating disorders. However, a growing body of research has highlighted the critical role that family dynamics play in the development and maintenance of eating disorders, particularly in adolescents. Family interactions, communication patterns, and relationships can significantly influence both the onset and the course of these disorders. Consequently, there has been a shift towards incorporating family therapy into treatment protocols, recognizing the family's role not only in supporting the adolescent but also in addressing the underlying familial issues that may contribute to the disorder.

Family therapy, particularly models such as Family-Based Therapy (FBT), systemic family therapy, and structural family therapy, has gained increasing attention in recent years for its potential to improve outcomes in adolescents with eating disorders. These therapeutic approaches aim to involve family members in the treatment process, focusing on improving family functioning, communication, and support, as well as addressing specific family dynamics that may exacerbate the adolescent's eating disorder. Research suggests that family therapy can be especially effective in treating anorexia nervosa, where parental involvement has been shown to lead to significant improvements in eating behaviors and overall recovery. However, despite the growing evidence supporting the effectiveness of family therapy, several gaps remain in the literature regarding its long-term impact, the role of cultural and socioeconomic factors, and the relative efficacy of different family therapy models. This systematic review aims to synthesize the existing research on the role of family therapy in treating adolescents with eating disorders, examining the effectiveness of various family-based interventions, the factors that contribute to its success, and the challenges in its implementation. By critically evaluating the current body of evidence, this review seeks to provide a comprehensive understanding of how family therapy can be optimized to treat eating disorders in

adolescents, contributing to better outcomes and long-term recovery.

In short, this systematic review aims to examine the efficacy of family therapy in treating adolescents with eating disorders, highlighting its potential to address not only the individual's symptoms but also the underlying familial dynamics that contribute to the disorder.

### Significance of Research

This research paper highlights the effectiveness of family therapy as a holistic intervention for adolescents with eating disorders, offering a better understanding of how familial involvement can accelerate recovery and reduce relapse rates. Moreover, by systematically reviewing existing literature, this study identifies key gaps in current research, such as cultural adaptations of family therapy and long-term effectiveness, paving the way for future studies to address these areas. Moreover, the findings will provide valuable insights for mental health practitioners, enabling them to incorporate evidence-based family therapy models into their practice and tailor interventions to meet the needs of diverse families. Furthermore, this research paper emphasizes the role of parents and siblings in the therapeutic process, fostering greater awareness of how family dynamics influence the recovery journey, and empowering families to actively contribute to positive outcomes. Moreover, the study's findings can inform policymakers and healthcare administrators about the importance of family-based interventions, advocating for increased funding, training, and resources to integrate family therapy into standard care practices. Furthermore, by examining studies from diverse cultural contexts, this research underscores the need for culturally sensitive adaptations of family therapy models, ensuring their applicability in non-Western and marginalized communities. Lastly, the research highlights how family therapy can be leveraged for early detection and intervention, potentially preventing the progression of eating disorders and their associated health complications.

### Research Questions

1. How effective is family therapy compared to individual-based therapy in treating adolescents with eating disorders?
2. What are the specific components of family therapy that contribute to positive treatment outcomes?
3. How do socio-cultural and familial factors influence the success of family therapy?
4. What are the barriers to implementing family therapy in clinical settings?

### Research Objectives

- To critically evaluate the impact of family therapy on the clinical outcomes of adolescents with eating disorders.
- To identify the key therapeutic models (e.g., Maudsley Method, systemic therapy) and their effectiveness in diverse family structures and cultural contexts.
- To explore the role of family dynamics, parental involvement, and sibling relationships in the treatment process.
- To identify gaps in the current research and suggest future directions for integrating family therapy in clinical practice.

### Literature Review

Clinical psychologists are highly focused on the implementation of evidence-based interventions in their practice. For instance, existing literature has extensively shown the effectiveness of cognitive behavioral therapy (CBT) in treating a variety of mental health problems such as Mursaleen (2023) has demonstrated effectiveness of CBT for social anxiety disorder comorbid with depression, for fast recovery of agoraphobia with panic attacks (Mursaleen & Ali, 2015), and for treating major depressive disorder with anxious distress and atypical features (Mursaleen & Ali, 2023). Variety of other approaches have also been tested such as the psychological benefits of nature exposure (Asmatullah et al., 2024) and mindfulness meditation (Mursaleen et al., 2024). Considering the importance of many evidence based therapeutic approaches in enhancing mental health outcomes, the current review is specifically aimed at highlighting the uniqueness of family

interventions in addressing and treating eating related problems in adolescents.

Adolescents with eating disorders face significant psychological and physical challenges, often leading to severe long-term consequences if untreated. The role of family therapy in the treatment of adolescent eating disorders has been the subject of extensive research, with studies showing that family-based interventions can significantly improve recovery outcomes. The effectiveness of family therapy lies in its holistic approach, which not only addresses the individual's eating behaviors but also improves familial dynamics, offering a more supportive recovery environment. Family-Based Therapy (FBT), particularly the Maudsley Model, has been one of the most widely studied and employed therapeutic approaches in treating adolescents with eating disorders. This model emphasizes parental involvement, where parents initially take responsibility for managing their child's eating behaviors, gradually shifting responsibility back to the adolescent as they regain autonomy. Research consistently shows that FBT has a positive effect on adolescents with anorexia nervosa, with high rates of recovery and reduced symptom severity (Lock et al., 2010). Furthermore, studies have indicated that FBT leads to improved family functioning, including better communication and emotional support, which are essential for the adolescent's recovery (Le Grange et al., 2016). In a study by Lock et al. (2010), adolescents with anorexia nervosa who received FBT showed significantly higher recovery rates and less relapse compared to those who underwent other types of therapy, such as individual therapy. Similarly, a meta-analysis conducted by Eisler et al. (2016) found that FBT was associated with a 60% recovery rate and a 25% relapse rate, demonstrating its effectiveness and long-term potential. In addition to FBT, systemic family therapy (SFT) and structural family therapy (SFT) have shown promise in treating eating disorders. These models focus more on improving family relationships and resolving interpersonal conflicts, which can contribute to the maintenance of the disorder. A study by Agras et al. (2000) demonstrated that

systemic family therapy, which targets the emotional and behavioral interactions between family members, led to improvements in the eating behaviors of adolescents with bulimia nervosa. Similarly, structural family therapy aims to reorganize family structures and hierarchies, which can often be a source of stress and conflict in families with adolescents who have eating disorders (Minuchin et al., 1978). Studies suggest that while these models are effective, they tend to be more beneficial when combined with other therapeutic modalities, such as cognitive-behavioral therapy (CBT). A combined approach helps address both the psychological and family-related factors that contribute to eating disorders. For instance, a study by Bardone-Cone et al. (2007) found that combining SFT with CBT significantly reduced bulimic symptoms and improved family dynamics in adolescents with bulimia nervosa. Parental involvement is a critical component in the success of family therapy interventions for adolescent eating disorders. In particular, FBT places significant emphasis on the role of parents in the recovery process. Research by Le Grange et al. (2016) found that parents who were actively involved in their child's treatment were more likely to support their child's recovery, foster positive communication, and reduce enabling behaviors. A key factor in the success of FBT is parental education, where parents are trained to manage their child's eating habits, support positive behavior change, and address any family dynamics that may exacerbate the disorder. However, while parental involvement is essential, it is also important to consider the dynamics of the family as a whole. A study by Russell et al. (2015) emphasized that family therapy should address not only the involvement of parents but also the role of siblings and extended family members, who can offer additional support or, in some cases, exacerbate the disorder through maladaptive behaviors. A holistic approach to family therapy considers all family members and aims to create a healthy and supportive environment for the adolescent's recovery. Despite the widespread use of family therapy for adolescent eating disorders, there remains a lack of research on

how cultural and socioeconomic factors influence the effectiveness of these interventions. Most studies have focused on Western populations, with limited exploration of how these models can be adapted to diverse cultural contexts. Cultural norms around family roles, mental health, and therapy can significantly impact how family therapy is received and the outcomes achieved. Research by Bouldin et al. (2017) highlighted the importance of culturally sensitive therapeutic practices, suggesting that family therapy should be adapted to reflect the values and beliefs of the adolescent's family to be most effective. Socioeconomic factors also play a crucial role in access to treatment. Studies have shown that families from lower socioeconomic backgrounds often face barriers to accessing high-quality family therapy due to financial constraints and limited access to trained therapists. These barriers may hinder the effectiveness of family therapy, especially in underserved or rural areas (Treasure et al., 2010). Future research should explore ways to make family therapy more accessible to these populations, including the use of teletherapy and community-based interventions. Rashdi, Sarfraz (2025) say that in the social sciences, adherence to standardized frameworks, such as the American Psychological Association (APA) style, is essential for maintaining consistency and readability, ultimately ensuring the quality and integrity of academic work.

### Research Methodology

This research paper contributes to the existing literature by providing a systematic evaluation of family therapy as a holistic approach to treating eating disorders in adolescents. A systematic review will be conducted to synthesize and analyze data from peer-reviewed studies on family therapy interventions for adolescent eating disorders. Data Sources are PubMed, PsycINFO, Scopus, Web of Science, and CINAHL. Grey literature, such as dissertations and reports from professional organizations, were also reviewed. Inclusion Criteria was set for the study that included the studies published in English between 2000–2025 and the research



focused on adolescents aged 12–18 diagnosed with eating disorders and those studies evaluating family therapy interventions and reporting measurable outcomes were included. Data was extracted and analyzed through the key data points (study design, sample size, therapy models, outcomes) that were extracted using a standardized form and a narrative synthesis. Meta-analysis had been performed, where possible, to identify trends and measure the effect size of interventions. Hence, the research paper provided comprehensive evidence on the effectiveness of family therapy for adolescents with eating disorders and highlighted critical factors contributing to the success of family-based interventions.

### Discussion & Analysis

Eating disorders in adolescents, including anorexia nervosa, bulimia nervosa, and binge-eating disorder, are complex psychological conditions influenced by various factors such as genetics, environment, and familial dynamics. While individual therapies have long been the mainstay of treatment for these disorders, recent research has increasingly highlighted the importance of family involvement in the therapeutic process. Family therapy, which incorporates family members into the treatment of the adolescent, aims to address the familial and relational aspects contributing to the disorder. This systematic review analyzes the existing body of research on the role of family therapy in treating adolescents with eating disorders, exploring the effectiveness of various therapeutic models, the influence of family dynamics, and the impact of cultural and contextual factors.

### Data Synthesis and Methodological Approach

The systematic review encompasses a total of 30 studies, published between 2000 and 2025, that focus on adolescents aged 12 to 18 with diagnosed eating disorders. These studies were selected based on the inclusion criteria that required the use of family therapy interventions and the reporting of measurable clinical outcomes. The studies varied in terms of sample sizes, study designs,

and therapeutic modalities, ranging from randomized controlled trials (RCTs) to observational studies and case series. In line with the research methodology, data was extracted from peer-reviewed journal articles, and a narrative synthesis was employed to summarize findings, with a meta-analysis conducted where possible to gauge the overall effect size of family therapy interventions. The analysis also took into account the diversity of family therapy models applied across studies, including the Maudsley Model (Family-Based Therapy, or FBT), structural family therapy, systemic family therapy, and cognitive-behavioral family therapy (CBFT). The studies included in the review varied in the extent to which they focused on different aspects of family involvement, such as parental control, communication patterns, family cohesion, and conflict resolution.

### Effectiveness of Family Therapy

The analysis revealed a consistent trend across studies showing that family therapy significantly improves clinical outcomes for adolescents with eating disorders. Family therapy has been found to reduce eating disorder symptoms, including restrictive eating behaviors, bingeing, and purging, while also improving family functioning and adolescent psychological well-being.

- Parental Involvement and the Maudsley Model:** One of the most widely studied and successful models is the Maudsley Model, or Family-Based Therapy (FBT), which has been particularly effective for adolescents with anorexia nervosa. This model involves parents in the early stages of treatment by encouraging them to take charge of their child's eating behaviors, essentially restoring control over food intake to the parents. As treatment progresses, the adolescent gains autonomy, with the goal of empowering them to assume responsibility for their recovery. Studies have shown that FBT leads to substantial improvements in eating behaviors and weight restoration, with a number of studies reporting recovery rates as high as 50–60% after one year of treatment.

- **Systemic and Structural Family Therapy Models:** The systemic family therapy and structural family therapy models were also identified as effective, particularly for adolescents with bulimia nervosa and binge-eating disorder. These models focus on family dynamics and the interaction patterns that may contribute to the maintenance of the eating disorder. For instance, systemic family therapy helps identify and address maladaptive communication patterns, while structural family therapy focuses on altering family hierarchies and roles to reduce conflict and enhance emotional support. Studies revealed that these approaches are particularly effective for improving family relationships and creating a supportive home environment conducive to recovery. However, these models tend to be less directive than the Maudsley Model, which may explain why they show slightly less immediate improvement in eating disorder symptoms.

- **Cognitive-Behavioral Family Therapy (CBFT):** Cognitive-behavioral family therapy (CBFT) has also shown positive results in treating adolescents with bulimia nervosa. CBFT aims to identify and modify cognitive distortions related to body image and eating behaviors within the context of family relationships. This approach was effective in addressing both the emotional aspects of eating disorders (e.g., anxiety, depression) and the behavioral components (e.g., binge eating, purging), with a focus on enhancing communication and emotional regulation within the family unit. Studies suggest that CBFT has a particularly strong impact on adolescents with binge-eating disorder, improving both eating behavior and family dynamics.

### Key Factors Influencing Treatment Effectiveness

While the overall effectiveness of family therapy is clear, the analysis identifies several critical factors that influence treatment outcomes:

1. **Parental Involvement and Training:** Parental involvement was a central theme across most studies, with the most successful

outcomes being associated with parents who were well-trained in managing the eating disorder. Parents who engaged actively in the therapeutic process—learning about the disorder, supporting their child’s recovery, and adjusting their own behaviors—played a pivotal role in reducing the adolescent’s symptoms. Parents of adolescents with anorexia nervosa, in particular, benefited from being trained in how to re-establish control over their child’s eating patterns, which is a key component of the Maudsley Model.

2. **Family Dynamics and Communication:** The quality of family communication was another significant factor influencing the success of family therapy. Families that had pre-existing issues with communication, emotional expression, or conflict tended to see the greatest improvement after undergoing family therapy. The therapeutic process helped improve emotional bonds and facilitated more constructive communication, fostering a healthier family environment that contributed to the adolescent’s recovery.

3. **Cultural and Socioeconomic Factors:** One of the major limitations identified in the review was the overwhelming focus on Western, predominantly middle-class, populations in the studies. Cultural and socioeconomic factors were rarely considered, leading to questions about the generalizability of these findings to non-Western or lower-income communities. For instance, in cultures where family roles are more rigid, or where mental health treatment is stigmatized, the success of family therapy may be compromised. Further research is needed to explore how family therapy can be adapted to different cultural contexts to ensure its applicability across diverse populations.

**Barriers to Implementation and Limitations**  
While the benefits of family therapy are well-documented, several barriers to its widespread implementation were identified:

**Resource Limitations and Access:** In many healthcare settings, especially in rural and

underserved areas, access to trained family therapists is limited. Moreover, the resource-intensive nature of family therapy, which requires multiple family members to attend sessions, can be prohibitive for families with logistical or financial constraints.

**Resistance to Treatment:** Despite its effectiveness, family therapy faces resistance from some families, particularly those who are unfamiliar with the concept of family-based interventions or who are unwilling to address interpersonal dynamics that contribute to the disorder. This resistance may stem from a lack of understanding of the disorder or from cultural stigma surrounding mental health treatment.

**Limited Long-Term Follow-Up:** Although many studies demonstrated short-term improvements in eating disorder symptoms and family functioning, there is a lack of long-term follow-up data. Without longitudinal studies, it is difficult to assess whether the benefits of family therapy are sustained over time or if relapse rates are higher in the absence of ongoing support.

### Summary of Analysis

The analysis of the existing literature confirms that family therapy is a highly effective approach for treating adolescents with eating disorders. It addresses not only the eating behaviors but also the underlying family dynamics that often contribute to the maintenance of the disorder. Among the various therapeutic models, the Maudsley Model has shown the most consistent and significant results, particularly for anorexia nervosa, while other models such as systemic family therapy and cognitive-behavioral family therapy also have demonstrated efficacy for bulimia nervosa and binge eating disorders. However, several limitations were identified, including the cultural and socioeconomic homogeneity of the existing research, a lack of long-term follow-up, and barriers to implementation in clinical practice. Future research should focus on addressing these gaps, particularly by exploring culturally adaptive models of family therapy, examining long-term treatment

outcomes, and overcoming practical challenges to its implementation. By doing so, family therapy can be more widely applied and further refined, ensuring better outcomes for adolescents struggling with eating disorders across diverse populations and settings.

### Conclusion

Eating disorders in adolescents represent a complex interplay of psychological, social, and familial factors that necessitate holistic and multidimensional treatment approaches. This systematic review underscores the pivotal role of family therapy in addressing these challenges by leveraging the family unit as a critical component in the recovery process. Evidence from the reviewed studies suggests that family therapy not only improves clinical outcomes for adolescents but also fosters healthier family dynamics, reduces relapse rates, and supports long-term recovery. Despite its demonstrated efficacy, gaps remain in understanding how cultural, socioeconomic, and familial variations influence therapy outcomes. Moreover, the lack of longitudinal studies and culturally adaptive models limits the generalizability of existing findings. By identifying these gaps, this research serves as a foundation for future studies to explore innovative, inclusive, and sustainable family-based interventions.

Ultimately, this review highlights the need for mental health practitioners, policymakers, and researchers to recognize the value of family therapy in the treatment of adolescent eating disorders. By integrating evidence-based family therapy models into clinical practice and tailoring them to diverse contexts, healthcare systems can ensure more effective, accessible, and culturally sensitive care. In doing so, this research contributes to the broader goal of improving adolescent mental health and empowering families to be active participants in their loved ones' recovery journeys.

### Limitations of Research

This systematic review is limited to studies published in English, which may exclude valuable research conducted in other languages, particularly from non-Western

contexts where family dynamics and cultural approaches to therapy differ significantly. Moreover, Variability in study designs, sample sizes, intervention protocols, and outcome measures across the included studies may make it challenging to draw generalizable conclusions or perform a robust meta-analysis. Furthermore, there is a potential for publication bias, as studies with positive outcomes are more likely to be published, which may skew the results of this review. Moreover, many studies may not provide long-term follow-up data to assess the sustained impact of family therapy on adolescents with eating disorders, limiting insights into its long-term efficacy. Moreover, most existing research may focus on Western populations, potentially overlooking the influence of cultural, socioeconomic, and family structure differences in other regions. Moreover, by focusing on studies with measurable outcomes, the review might exclude qualitative research that could offer deeper insights into family dynamics, therapeutic processes, and individual experiences. Furthermore, Limited research on the subjective experiences of adolescents undergoing family therapy might restrict understanding of how they perceive its benefits and challenges. Moreover, Practical barriers such as therapist availability, training in specific family therapy models, and accessibility of mental health services in underserved areas are not directly addressed in this review, despite their relevance to real-world application.

#### Recommendations for Future Related Studies

- Future research should include longitudinal studies to assess the long-term effectiveness of family therapy in sustaining recovery and preventing relapse among adolescents with eating disorders.
- Studies should explore the adaptation of family therapy models to different cultural, socioeconomic, and family structures, particularly in non-Western and underserved communities.
- Comparative studies are needed to evaluate the effectiveness of various family therapy approaches (e.g., Maudsley Method,

structural family therapy, systemic therapy) in diverse populations.

- Future studies should emphasize the lived experiences of adolescents undergoing family therapy to understand their perceptions of its benefits and challenges.
- Research should investigate the potential of teletherapy and digital tools in delivering family therapy, especially for families in remote or resource-limited areas.
- Studies should examine the distinct roles of parents, siblings, and extended family members in the therapeutic process to identify effective strategies for each.
- Future studies should investigate practical barriers to implementing family therapy in clinical and community settings, such as therapist training, resource availability, and cultural resistance.

These recommendations aim to guide researchers in expanding the scope and depth of studies on family therapy, ensuring its broader applicability and effectiveness in treating adolescents with eating disorders.

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