



Family Therapy Program for Children from Single-Parent Families

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Abstract

This study focuses on the behavioral and emotional problems of children from single-parent families, taking an 8-year-old girl named Miao (pseudonym) as the research object. Based on Cognitive Behavioral Therapy (CBT) and systemic family therapy theories, a targeted family therapy program was designed and implemented. The client exhibited emotional dysregulation, aggressive behaviors, and excessive mobile phone dependence due to family structure characteristics and inappropriate parenting styles. The therapy included three stages: relationship building, problem intervention, and effect consolidation, involving interventions with the client and key family members (father, grandparents). Through behavioral observation, semi-structured interviews, and self-report measures, the results showed that the client's emotional control ability was significantly improved, aggressive behaviors were reduced, and mobile phone dependence was alleviated. Family members also adjusted their parenting styles and increased emotional companionship, effectively meeting the client's needs for love and belonging. This study provides practical reference for family therapy for children from single-parent families, while reflecting on the limitations of the intervention process.

Subject Areas

Clinical Psychology, Family Therapy, Child Development, Behavioral Intervention

Keywords

Single-Parent Children, Family Therapy, Cognitive Behavioral Therapy (CBT), Emotional Dysregulation

1. Literature Review

1.1. Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) was established by American psychologist

Aaron T. Beck in 1976, integrating cognitive theory and behavioral therapy techniques [1]. CBT consists of two core components: cognition and behavior. It places clients in external environmental stimuli, intervenes in their maladaptive cognitions, and changes their thinking patterns through cognitive and behavioral training. In China, CBT has been widely applied in clinical psychological treatment [2]. The standard process of CBT includes: 1) identifying distressing situations or conditions in life; 2) understanding the client's thoughts, emotions, and beliefs about these problems; 3) identifying negative or irrational thoughts; 4) restructuring negative or irrational thinking [3].

1.2. Overview of Family Therapy

It is important to recognize that while many therapeutic approaches are effective, there is no one-size-fits-all method for all families. This returns to a core question: What is family therapy? Therapy is one of many options for creating change and solving problems, and it is a form of service. A fundamental tenet of basic family therapy concepts holds that problems that appear to be individual are actually systemic [4] [5]; families not only inadvertently maintain problems but also serve as resources for solutions [6] [7]. The role of therapists is not to judge right or wrong, but to help families recognize that their established interaction patterns are no longer effective and to support them in learning new, more useful ways of engaging with each other [8]. Family therapy is built on seven interconnected foundational principles, which form the backbone of systemic theory and underpin successful family therapy: 1) clarifying the problem or identifying the client; 2) identifying missing elements in the family system; 3) interrupting maladaptive patterns; 4) tracking interaction processes; 5) prioritizing experience over explanation; 6) adopting a proactive stance; 7) maintaining authenticity.

1.3. Research on Children from Single-Parent Families

Studies have shown that boys from single-parent families tend to exhibit more antisocial behaviors and higher aggression, while girls are more likely to experience anxiety and distress [9]. In China, research on children from single-parent families has also been on the rise. Chinese psychologists such as Chen Huichang conducted a study on the social development characteristics of children from single-parent families, comparing 902 children from divorced families and 808 children from intact families selected from Grades 1, 3, and 5 in primary schools across 29 provinces and cities. The results revealed significant differences in problem behaviors between children from divorced families and those from intact families [10].

In recent years, a growing number of empirical studies and meta-analytic reviews have re-examined the developmental outcomes of children living in single-parent or otherwise dysfunctional households, providing a more contemporary and nuanced understanding of the risks and mechanisms involved. For example, A research in the United Kingdom showed that children in single-parent families

in the UK exhibited elevated levels of both internalizing and externalizing behavioral problems compared with peers from two-parent families underscoring that behavior problems remain a concern in contemporary Western contexts [11]. More recently, A large-sample network analysis of depressive symptoms in children from single-parent and two-parent families analyzed data from 49,109 schoolchildren and demonstrated that children from single-parent households differed in the network structure of depressive symptoms compared to those from two-parent households, pointing to symptom-level differences rather than only global risk metrics [12].

Together, these recent studies provide solid evidence that single-parent family structure (or more broadly, family dysfunction) remains linked to elevated psychological risks for children and adolescents, even in contemporary socio-economic contexts. This contemporary evidence base strengthens the rationale for interventions, such as the present family therapy/CBT case intervention aimed at mitigating mental health and behavioral problems among children from single-parent families.

2. Establishing the Therapeutic Relationship

2.1. Case Acceptance

A case intervention was conducted on Miao, a single-parent child residing in the same community (adjacent unit) in City W.

Case Background

Miao, a female aged 8, was a second-grade primary school student. Her father had a history of drug addiction; after successfully completing detoxification, he married Miao's mother and they had Miao. Later, conflicts frequently arose among the five family members (Miao's father, mother, paternal grandparents, and Miao) living together. The couple divorced when Miao was 4 years old, and since then, Miao has lived primarily with her paternal grandparents. Her father cohabits with another person and rarely visits. Miao's grandfather dotes on her excessively, rarely refusing her requests. If her demands are not met immediately, Miao will throw tantrums, crying and even rolling on the floor. She may persist in her tantrums for an entire day if her requests are denied, often accompanied by throwing objects and hitting others. Additionally, Miao is overly dependent on her mobile phone. She spends most of her time outside school using the phone, and her proficiency with smartphones even exceeds that of her grandparents. Once the phone is taken away, she feels aimless. When encountering difficulties with homework, Miao quickly responds with "I don't know" and turns to mobile phone apps for answers, showing no willingness to think independently. Her academic performance is therefore very poor.

2.2. Building a Professional Relationship

After gaining a deeper understanding of Miao's problems, the therapist mapped her social support network as shown in **Table 1**.

Table 1. Miao’s social support network and its impacts.

Relationship	Positive Support	Negative Impacts
Father	Provides certain economic support; occasionally acts as a strict educator.	No stable occupation; rarely lives at home.
Mother	Provided economic support and emotional companionship in the first two years after divorce.	Rarely inquires about Miao’s situation after remarrying and starting a new family.
Grandfather	Has the closest relationship with Miao; provides economic support; undertakes the primary parenting responsibility.	Indulges Miao’s every request; low educational level.
Grandmother	Takes care of Miao’s daily life; severely criticizes Miao when she makes mistakes.	Also tends to submit to Miao; sometimes overly harsh in discipline, and may resort to physical punishment when angry.

Based on Miao’s social network and observed behavioral problems, the therapist provided active psychological counseling to lay the foundation for building a professional relationship. Meanwhile, although the therapist and the client were neighbors, which facilitated subsequent interventions, the therapist strictly adhered to the core values and ethical principles of counseling, providing professional services with respect, empathy, and sincerity, abiding by confidentiality agreements, and targeting Miao’s problematic behaviors for correction.

3. Consultation Issues and Assessment

3.1. Emotional Dysregulation

Miao often experiences intense emotional outbursts over trivial matters, especially when her demands are not met. She frequently screams and cries for extended periods, only stopping when her parents or grandparents give in to her requests. Miao’s grandparents and parents have indulged her excessively since childhood, rarely refusing her demands. Even if a request cannot be fulfilled immediately, it is usually granted after Miao cries and pleads. This reinforced the connection between “crying and throwing tantrums” and “having demands met,” leading Miao to recognize this as an effective strategy. Over time, the duration of her emotional outbursts increased, from 10 minutes initially to half an hour of rolling on the floor and crying, before her demands were met.

3.2. Aggressive Behaviors

When her requests are denied, Miao often pushes people around her and throws objects to vent her anger while crying. Although she recognizes her mistakes afterward, she repeats the same behaviors in similar situations. Due to the special family structure, Miao lacks appropriate channels to express her accumulated emotions and does not know how to have her needs met other than throwing tantrums, resulting in impulsive behaviors when dealing with problems.

3.3. Excessive Mobile Phone Dependence

Miao spends most of her time outside school using her mobile phone. Once the

phone is taken away, she feels bored and has nothing to do. When facing difficult homework, she quickly gives up and uses mobile phone apps to find answers, showing no willingness to think independently. Her family did not restrict her mobile phone use during childhood: her grandparents lacked the knowledge to guide her, and they also considered it convenient as long as she did not throw tantrums. This led to a higher level of mobile phone dependence compared to her peers. Additionally, lacking age-appropriate playmates, Miao feels bored without the phone. After experiencing the convenience of using the phone to complete homework, she relies on it instead of exerting effort to think, resulting in poor academic performance.

4. Therapeutic Hypotheses and Program

4.1. Entry Points for Change

Miao's core problems stem from the special family structure: on one hand, she lacks gentle and patient guidance and education from her parents; on the other hand, she is overly indulged and spoiled by her grandparents. These factors have led to emotional control issues and mobile phone addiction. The therapist's intervention focused on three key areas: helping Miao identify and restructure irrational beliefs to develop rational problem-solving skills and correct aggressive behaviors; communicating with Miao's parents and grandparents to coordinate family relationships; and enhancing emotional companionship to reduce her mobile phone dependence by meeting her needs for love and belonging.

4.1. First Stage of Therapy

- First session: Establish a more trusting relationship with Miao through games and empathetic communication.
- Second session: Conduct a formal case intervention, collaboratively clarify Miao's problems and needs, set individualized therapeutic goals, and sign a therapeutic contract with her. Hold separate conversations with key family members (father, grandparents) to gather comprehensive information.

4.2. Second Stage of Therapy

- Third session: Apply the "Person-in-Situation" approach to identify the root causes of Miao's problems. Intervene with Miao's father to enhance his care and educational involvement, strengthen Miao's trust and reliance on family members, and help her recognize her behavioral problems.
- Fourth session: Assist Miao in confronting her problems and restructuring irrational beliefs through cognitive reframing techniques.
- Fifth session: Intervene with Miao's grandparents (primary caregivers) to improve their understanding of scientific parenting and guide them to adjust their indulgent parenting style.

4.3 Third Stage of Therapy

- Sixth session (final stage): Help Miao review and consolidate the progress

made in the previous five sessions, reinforce positive behavioral changes, and promote self-sustained growth.

5. Implementation Process of Family Therapy

5.1. Integration of CBT and Systemic Family Therapy

In the implementation phase, Cognitive Behavioral Therapy (CBT) was integrated with systemic family therapy to target Miao's maladaptive cognitions and the family's dysfunctional interaction patterns. After rapport-building and baseline assessments, the therapist guided Miao and her grandparents to keep a thought-emotion-behavior record.

- Miao's record: When I faced difficult math homework, I thought I couldn't do it without my phone. I felt anxious and grabbed my phone right away to search for answers.
- Grandparents' record: When Miao cried for candy before dinner, we thought she'd cry all night if we refused. We felt frustrated and gave her the candy to stop the crying.

This record helped identify core irrational beliefs. Based on CBT's core logic that irrational beliefs cause problem behaviors, the therapist used cognitive restructuring, a key CBT technique, to guide adjustments. For Miao, the therapist reminded her of past success writing a Chinese character correctly by recalling the teacher's lesson and suggested trying that method for 5 minutes first. For grandparents, the therapist referenced a past incident where Miao stopped crying when thirsty (not because of giving in) and advised staying calm to say "No candy before dinner" once.

To consolidate changes, the therapist assigned behavioral experiments. Miao tried 5 minutes of independent thinking for one math problem daily. Grandparents ignored tantrums over small demands like watching cartoons before homework while stating rules clearly. The therapist also taught basic emotion-regulation skills, such as 3 deep breaths for Miao. These steps linked cognitive changes to real behaviors, aligning with CBT theory and echoing systemic family therapy's focus on adjusting family interaction patterns.

5.2. Session Content

Therapist: You lost the game just now. As the loser, would you like to tell me a little about yourself? I promise to keep it confidential and I'll give you this candy as a reward.

Miao: I live with my dad but he works outside and rarely comes home. I usually live with my grandparents.

Therapist: What do your grandparents usually do at home?

Miao: Grandpa likes fishing, grandma likes chatting with others. I do my homework by myself and sometimes I use my phone to look up answers when I can't do it.

Therapist: Your grandparents mentioned the school prohibits using phones for homework. You might think without the phone you can't finish homework in

time right? But you once wrote a Chinese character correctly by recalling how the teacher wrote it in class. Can we try that for one math problem first even just 3 minutes?

Miao: What if I still can't do it after that? Therapist we can ask grandma to help write a note to the teacher explaining you tried your best. Let's test this tomorrow.

For Miao's mobile phone dependence, the therapist used CBT's behavioral activation technique. They suggested replacing 15 minutes of daily phone time with drawing, one of Miao's favorite activities, and sharing the drawing with her dad via video call. This not only reduced phone use but also used family emotional support to reinforce new behaviors, fitting systemic intervention logic.

5.3. Communication with Family Members

- Communication with Miao's father: The therapist first discussed current problems and their causes then used CBT's belief challenging to address his possible thought that being busy means no time for companionship. The therapist suggested short daily interactions like 10-minute video calls focused on asking about Miao's fun things of the day instead of helping with homework. This small actionable step aligned with CBT's emphasis on achievable changes and also connected to the family system-helping father stay involved in Miao's progress.
- Communication with Miao's grandparents: After validating their frustration with tantrums, the therapist used cognitive restructuring (a CBT method) to help them realize giving in to tantrums actually reinforces such behaviors. This echoed systemic family therapy's view that family interaction patterns maintain problems.

Therapist: What do you usually do when Miao throws tantrums?

Grandparents: We go outside to avoid her-her crying gives us a headache. We go back in after she gets tired.

Therapist: Have you tried talking to her calmly?

Grandma: It doesn't work. In the end, grandpa always gives in.

Therapist: You avoid her when she cries and eventually meet her demands. Have you ever tried expressing your firm attitude directly at the beginning, letting her know that unreasonable requests will not be granted?

Grandparents: We haven't tried that...

The therapist then gave specific guidance. When Miao throws tantrums, grandparents should stay calm, clearly state irrational demands won't be met and ignore the tantrums without giving in. After the tantrum subsides, they should talk to her to explain reasons and guide proper expression of needs. This guidance not only applied CBT's cognitive adjustment but also adjusted the grandparent-Miao interaction pattern-strengthening systemic intervention effects.

6. Therapeutic Effects and Reflections

6.1. Therapeutic Effects

Outcome data were collected via standardized self-report tools and structured

family reports to ensure evaluation rigor. Miao completed the Children's Emotional Regulation Scale (CERS) to assess emotional control, the Mobile Phone Dependence Scale (MPDS) to measure dependence severity, and a weekly structured checklist to log tantrum frequency and daily phone use [13] [14]. Her family used the Child Behavior Checklist (CBCL) to rate changes in her aggressive behaviors and emotional expression, plus a semi-structured interview to share feedback on parent-child communication and companionship quality [15]. Combined results are as follows:

In terms of emotional control, Miao's tantrum frequency dropped from 3 or 4 times per week to once every two weeks, with each outburst lasting significantly shorter. She began expressing needs through verbal communication instead of emotional outbursts, and her score on the CERS emotional expression subscale rose by 42% compared to the pre-intervention assessment.

For aggressive behaviors, actions like object-throwing and hitting ceased completely. Her score on the CBCL aggressive behavior subscale fell to the normal range for children of her age. She also learned to use deep breathing to regulate emotions, and this coping strategy was applied in 80% of frustrating situations.

Regarding mobile phone dependence, Miao's daily phone use decreased from 3 - 4 hours to 1 hour, with most of this time allocated to study. Her MPDS result dropped from moderate dependence to mild dependence. She started actively solving homework problems independently; her grandparents reported a 30% increase in her problem-solving time, and her math and Chinese grades each improved by one letter grade.

In family changes, Miao's father increased his visits to once per week and maintained daily 15 - 20 minute video calls, a significant increase from the occasional monthly visits he made before the intervention. Her grandparents reduced their indulgent responses to her tantrums from 90% to 10% of all cases, and this change is recorded in the family behavior logs. They also increased positive guidance by 60%, including practices like emotional validation and rule-setting. Additionally, her score on the Children's Security and Belongingness Scale rose by 35%, indicating a noticeable enhancement in her sense of security and belonging.

6.2. Reflections

This family therapy program achieved initial results, but there are limitations due to the therapist's limited experience, specifically reflected in the following three aspects.

- 1) First, the intervention depth was insufficient. The therapy focused more on behavioral correction and parenting style adjustment, with less exploration of Miao's underlying psychological needs. As a child who experienced parental divorce at age 4 and lacked stable parental attachment, she may harbor unspoken feelings of abandonment, self-blame, or a persistent need for secure emotional connection. Future interventions could adopt attachment-focused approaches, such as guiding Miao to express repressed emotions about the divorce through

play therapy, and facilitating deeper emotional engagement between Miao and her father.

2) Second, long-term effectiveness is uncertain. Miao's father's unstable work and living conditions make it difficult to sustain regular companionship, which may affect the long-term stability of therapeutic effects.

3) Third, the generalizability of the study is limited. As a single-case study, the results may not be applicable to all children from single-parent families; future research should expand the sample size and explore more personalized intervention models.

7. Conclusion

The findings of this single-case intervention offer actionable guidance for professionals working with children from single-parent families. For therapists, integrating Cognitive Behavioral Therapy (CBT) with systemic family therapy proves effective to prioritize identifying core irrational beliefs of both children and caregivers, and design context-specific cognitive restructuring and behavioral experiments to link individual cognitive changes to family interaction adjustments. School counselors can target excessive mobile phone dependence and academic avoidance by adopting CBT-based behavioral activation, such as helping children develop alternative activities aligned with their interests and connecting these activities to family emotional support. Social workers should focus on strengthening family support systems, particularly engaging non-residential parents through feasible companionship strategies (e.g., short daily video calls centered on emotional sharing) and providing caregivers with training on consistent, non-indulgent parenting to address emotional dysregulation and aggressive behaviors. These targeted approaches, rooted in the study's integration of individual and systemic interventions, can enhance the relevance and effectiveness of support for children in similar family contexts.

Conflicts of Interest

The authors declare no conflicts of interest.

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