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Autore	Swart Joan
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Nota di bibliografia	Includes bibliographical references at the end of each chapters and index.
Nota di contenuto	Part I: Theoretical Development of FMDT -- Family Mode Deactivation Therapy for Youth: An Introduction -- Third Wave Therapies for Children and Adolescents: Origins and Developments -- KMDT Key Concepts -- MDT Theoretical Framework and Comparison -- The Empirical Status of Mode Deactivation Therapy -- Part II: FMDT, From Case Conceptualization to Treatment -- FMDT Assessment Processes -- FMDT Acceptance and Mindfulness -- Case Conceptualization -- Validation, Clarification and Redirection -- Part III: FMDT in Special Populations, Discussion and Case Studies -- Treating Mood Disorders, Anxiety, Depression and Suicidality -- Treating Externalizing Disorders;

Sommario/riassunto

A new take on therapeutic mindfulness with specific applications to troubled and delinquent youth is the focus of this innovative text. It introduces Family Mode Deactivation Therapy (FMDT) and its core concepts and methodologies, differentiating it from other cognitive and mindfulness therapies for adolescents with problem behaviors and comorbid conditions. Step by step applications of FMDT from case conceptualization to assessment and treatment are featured, with detailed case studies demonstrating its effectiveness in treating mood disorders, aggressive behavior, and trauma, and guidelines for its use with abusive families and other complex cases. The book's depth of clinical detail and appendix of therapist tools make it especially practical. Included in the coverage: A comparison of MDT with other cognitive approaches. The empirical status of MDT. Mindfulness in MDT process, and in the treatment room. FMDT and sexual offender youth. MDT and mindfulness in the context of trauma. Treating the "untreatable": FMDT and challenging populations. While Treating Adolescents with Family-Based Mindfulness is immediately useful to practicing psychotherapists, it should also be of interest to other professionals with a role in adolescent health care, such as policymakers, social workers, supervisors, juvenile corrections and youth center personnel, and students and researchers.