Ontario Centre of Excellence for Child and Youth Mental Health

Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents

Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.

Evidence In-Sight request summary:

Depression: evidence-based interventions for children and youth

Date: **May 2011**

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The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the question(s):

- *What evidence-based, manualized treatment programs for children and adolescents with depression could be considered for implementation in our organization?*

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

The Evidence Based Practice (EBP) Committee at a large mental health organization is tasked with identifying and implementing EBPs for mental health service provision for children and youth. They are looking for evidence-based, manualized treatment programs for children and adolescents with depression. Clients are diagnosed by a variety of practitioners and do usually have other mental health concerns, but for this inquiry depression is the immediate concern. A treatment option that considers other problems would be useful.

2. Summary of findings

- We identified multiple evidence-based treatment programs.
- Considerations are training needs, the cost of manuals and other resources, availability of supervision for staff, and readiness to plan for and implement an evidence-based program

3. Answer search strategy

- Search tools: Evidence In-Sight used PracticeWise software to identify the “gold standard” literature on adolescent depression treatments, which are clinical trials published in peer reviewed journals. Furthermore, we searched Cochrane reviews, the California Evidence-Based Clearinghouse for Child Welfare, the NREPP registry, and the Promising Practices Network.
- We tried to identify programs that are broad in severity of depressive symptoms addressed. Although there is a very well developed literature on treatment of depression, we focused on inventories of evidence-based programs and practice recommendations from PracticeWise.

4. Findings

We identified multiple evidence-based treatment programs. Each is backed by varying levels of evidence of successful outcomes for children and youth, so each should be weighed on the merits of how it fits an organizations readiness for implementation and evaluation, work culture, therapist preferences, client perspectives, and other contextual factors. Considerations are training needs, the cost of manuals and other resources, availability of supervision for staff, and readiness to plan for and implement an evidence-based program, including evaluation components to measure outcomes and fidelity to the model.

The California Evidence-Based Clearinghouse for Child Welfare lists six evidence-based interventions for child and/or adolescent depression (refer to Appendix A for details on all six of these):

1. Coping With Depression for Adolescents (CWD-A)
   - □ Well-supported by research evidence; ages 12-18
2. Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST)
   - □ Supported by research evidence; ages 12-16
3. ACTION
   - □ Promising research evidence; ages 9-14
4. Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)
   - □ Promising research evidence; ages 12-18
5. Primary and Secondary Control Enhancement Training (PASCET)

□ Promising research evidence; ages 8-15

6. Stressbusters

□ Promising research evidence; ages 8-12

5. Next steps and other resources

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive "drivers" related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

http://www.excellenceforchildandyouth.ca/what-we-do or check out the Centre's resource hub at http://www.excellenceforchildandyouth.ca/resource-hub.

For general mental health information, including links to resources for families:

http://www.ementalhealth.ca

Appendix A: Evidence-based interventions for depression in children and adolescents

Coping With Depression for Adolescents (CWD-A)	
Client Profile	Adolescents, ages 13-18 with major depression and/or dysthemia. Can be used for youth who are also on psychotropic medication as part of their treatment.
Program overview	CWD-A is intended for groups of 4-10 participants, or more participants if multiple therapists are involved. It is a CBT-based course consisting of 16 2-hour sessions delivered over eight weeks. It addresses individual problems such as: discomfort and anxiety, irrational or negative thoughts, poor social skills, and limited experiences of pleasant activities (NREPP, 2007). Curriculum includes structured intervention sessions, repeated practice of skills, use of rewards and contracts, and homework assignments. Key components of the sessions are cognitive restructuring, behavioral therapy, problem solving, communication, negotiation, relaxation training, and goal setting. The parallel, optional, parent element of the program involves similar skills.
Supporting evidence	The California Evidence-Based Clearinghouse rates CWD-A a 1 for "Well Supported by Research Evidence" and the Promising Practices Network rates CWD-A a "promising practice." It is evidence-based and the six studies included in the rating employed rigorous methodologies including randomized assignment and found significant reductions in depression symptoms for intervention youth (Promising Practices Network, 2006).
Cost and Training	Free download of manuals and workbook (multiple languages) at: http://www.kpchr.org/public/acwd/acwd.html For training, the recommended contact per the download source is: **Greg Clarke, PhD** Kaiser Permanente dept.: Center for Health Research greg.clarke@kpchr phone: (503) 335-6673
Staff and agency characteristics	The CWD-A program is appropriate for community agency and outpatient clinic settings. The California Evidence-Based Clearinghouse states that the minimum provider qualification is one therapist with experience in group treatments for youth, with at least a Master's degree in a mental health field. Therapists need to be grounded in CBT.
Other information	For a more in-depth description including outcomes, quality of research, study populations, readiness for dissemination, and replications see: http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=11 or http://www.cebc4cw.org/program/coping-with-depression-for-adolescents/detailed Promising Practices Network overview at: http://www.promisingpractices.net/program.asp?programid=152 The companion parent component manual is at: http://www.kpchr.org/public/acwd/acwd.html

Interpersonal Psychotherapy - Adolescents Skills Training (IPT-AST)	
Client Profile	Adolescents of either gender with elevated depression symptoms, ages 12-16. Not appropriate for clients with developmental concerns.
Program overview	IPT-AST is a prevention program, also called Teen Talk, developed for implementation in schools for adolescents who are exhibiting symptoms of depression but who haven't been formally diagnosed. It is based on IPT-A (profiled later in this report) and is manualized. Recommended group size is 4-7 youth. The full course is 10 weeks: 2 weeks of individual 45 minute sessions, then 8 weeks of 90 minute group sessions, plus homework assignments. IPT-AST focuses on psycho-education and general skill building that can be applied to different relationships within a framework of three interpersonal problem areas. Core components are an interpersonal inventory, depression education, communication analysis, the link between depression and interpersonal events, strategies to improve relationships, role playing, homework, and review of depression warning symptoms. CEBC summary at: http://www.cebc4cw.org/program/interpersonal-psychotherapy-adolescent-skills-training/detailed
Supporting evidence	The California Evidence-Based Clearinghouse rates IPT-AST a 2 for "Supported by Research Evidence." It is a well supported prevention program, although all testing has been done in schools.
Training	Training and manual information is available from the designer of IPT-AST: **Jami Young, PhD** Rutgers University jfyoung@rci.rutgers.edu (732) 445-2000 x138 Training takes 1-2 days, in person, and follow-up consultation is provided.
Staff and agency characteristics	This program has only been tested in school settings, but may be worth considering for future community implementation. The minimum provider qualification is a master's or doctoral degree in clinical, school, or educational psychology, or master's in social work.

Taking Action program (also called the ACTION Program)	
Client Profile	Children and adolescents ages 9-14, from mild to severely depressed. The authors state that the primary components of the program are appropriate for males and females, children and youth, but that the examples and illustrations in the manuals are tailored for the specific audience of girls ages 9-13 (Stark et al, 2006). The program can be used to treat youth with co-morbid conditions but is not appropriate for individuals with developmental delays.
Program overview	ACTION is a CBT-based intervention for groups of 4-6. The intervention is composed of 20 group and two individual sessions, each approximately 60 minutes. The suggested intensity is two sessions a week, for 11 weeks. The curriculum is detailed in a structured therapist manual, and a structured client workbook reinforces application of therapeutic skills to daily life. Sessions include didactic teaching, skills rehearsal, and a homework component to reinforce skills. The treatment approach focuses on building rapport, developing coping and problem solving skills, cognitive restructuring, building a positive sense of self, and working toward goal attainment. Core components are psycho-education, goal setting, behavioral activation, coping skills and emotion regulation training, problem solving, cognitive restructuring, improvement in self-schema, self-monitoring and -evaluation and-reinforcement, social reinforcement, and interpersonal skills.
Supporting evidence	The California Evidence-Based Clearinghouse rates ACTION a 3 for "Promising Research Evidence." It has been the subject of multiple evaluations including two randomized controlled trials.
Cost and Training	Manuals are available from Workbook Publishing: http://www.workbookpublishing.com/depression.html Cost is $24.95 for the therapist manual; $26.95 for the client workbook; $22.95 for the parent workbook. Training is for two days and can be delivered on site or regionally. Training contact (and program designer): **Kevin D. Stark, PhD** kevinstark@mail.utexas.edu phone: (512) 656-1747
Staff and agency characteristics	Community agencies or schools. There is no minimum educational requirement for staff. Two day training is required, and the designer encourages 6-months of supervision following training. Therapists need to be grounded in CBT.
Other information	See a program overview at: http://www.cebc4cw.org/program/action/detailed Description of treatment approaches and a NIMH study of ACTION in Stark et al (2006): download at http://www.ticklenotes.com/files/April%20Whitson%20Child%20Interventions%20Library/CHILDREN%20-%20Child%20and%20Adolescent%20Therapy%20Cognitive-Behavioral%20Procedures,%20Third%20Edition.pdf#page=186 There are also parent training and teacher consultation components.

Interpersonal Psychotherapy for Adolescents with Depression (IPT-A)	
Client Profile	Adolescents of either gender with mild to moderate depression, ages 12-18. Not appropriate for clients with developmental delays or more severe co-morbidities including psychosis, substance abuse, suicidality or severe aggression, or bipolar.
Program overview	The evidence for IPT-A supports efficacy and effectiveness as an individual program and has not been fully tested in group settings. It is currently in pilot testing for group programs (IPT-AG) and may be worth considering for group treatment. Note that this program is an innovative alternative to CBT approaches, particularly as depression in adolescents often involves relationship problems. IPT-A is a manualized psychosocial treatment to identify how interpersonal issues are related to the onset or maintenance of depressive symptoms. Intensity is once per week, 45-50 minutes, for 12-16 weeks. Additional parent sessions are added in as needed. The goal of IPT-A is to reduce depressive symptoms and improve interpersonal functioning. The central program strategies are to 1) Identify a specific interpersonal problem area 2) Identify effective communication and problem solving techniques for the problem area, and 3) Practice these skills in session and apply them outside of treatment. The essential components flow through three stages, from initial psycho-education and formation of a closeness circle to a middle phase working on interpersonal problem areas to termination, including assessing the need for further treatment.
Supporting evidence	The California Evidence-Based Clearinghouse rates IPT-A a 3 for “Promising Research Evidence.” It rates alongside CBT as an empirically supported treatment for adolescent depression. However, its use in group settings is still at the experimental stage and needs further research. The treatment has been tested in several randomized controlled trials.
Cost and Training	IPT-A manuals (in book form) are available from the International Society for Interpersonal Therapy: http://interpersonalpsychotherapy.org/or Amazon. List cost for the book by Mufson and colleagues is around $45 US. Training is available upon request. Contact for more information is: **Laura Mufson, PhD** lhm3@columbia.edu phone: (212) 543-5561 Note that training is scheduled in June 2011 in Toronto. For information see: http://interpersonalpsychotherapy.org/
Staff and agency characteristics	This program is appropriate for outpatient community clinic settings. The recommended minimum provider qualification is a master’s or doctoral degree in counseling psychology or social work.
Other information	CEBC summary at: http://www.cebc4cw.org/program/interpersonal-psychotherapy-for-depressed-adolescents/detailed

Primary and Secondary Control Enhancement Training (PASCET)	
Client Profile	Children and adolescents ages 8-15 who are depressed, or elementary school children grades 3-6. It has not been tested for use with children with developmental delays
Program overview	PASCET is a manualized individual or group psychotherapy treatment program. Intensity is 50 minutes per week of up to 17 sessions. The first 10 sessions are to learn coping skills, then up to four sessions developing individual coping plans, plus up to three parent/caregiver sessions interspersed. Homework is used throughout. Treatment is based on cognitive and behavioral theories and is framed by a two-process model of perceived control and coping. Children are trained to gain control of their mood by developing skills to help them cultivate primary control in situations they can modify (change objective conditions) and secondary control in situations they cannot modify (change expectations, interpretations). Core focus elements are identifying and conscientiously engaging in enjoyable activities, goal setting and practicing enjoyable activities, identifying and modifying depressive thoughts, cognitive techniques for mood enhancement, relaxation, and positive imagery. PASCET uses the acronyms ACT and THINK to present core coping skills. Activities that solve problems and boost moods; Calming response; Turn on positive self-practice; and Think positive; Help from a friend; Identify the silver lining; No replaying of bad thoughts; Keep on using the ACT and THINK skills.
Supporting evidence	The California Evidence-Based Clearinghouse rates PASCET a 3 for "Promising Research Evidence." The treatment has been tested in several randomized controlled trials.
Cost and Training	The program manual, accompanying ACT and THINK Practice Book, and relaxation CD are available from the training contact and cost is unknown. Training is two full days, onsite or in Massachusetts. Training contact is: **John R. Weisz, PhD** jweisz@jbcc.harvard.edu phone: (617) 278-4298
Staff and agency characteristics	This program is appropriate for schools and outpatient community clinic settings. The recommended minimum provider qualification is a master's degree in counseling psychology, social work, or similar field.
Other information	CEBC overview: http://www.cebc4cw.org/program/primary-and-secondary-control-enhancement-training/detailed Promising Practices Network overview: http://www.promisingpractices.net/program.asp?programid=157

Stressbusters	
Client Profile	Children ages 8-12 or in grades 3-6 who are diagnosed with depression or show symptoms of depression. It is not tested for use with children with developmental delays.
Program overview	Stressbusters is a manualized, group intervention to reduce depressive symptoms in children and improve their coping and functioning and combines group CBT with family education. Recommended group size is 4-10 children and intensity is two 90-minute sessions per week, for five weeks (10 sessions total). It can be modified for 10 sessions over 10 weeks. Homework is used to generalize lessons to the real world. The family education component is intended to enhance family support, and to support parents in coping with their children's growth and their recovery from depression. The essential components of Stressbusters are generic CBT components (social skills, problem-solving, goal setting, relaxation) and depression-specific CBT components (understanding emotional spirals, pleasant activity scheduling, cognitive and behavioral strategies). The family education component is intended to help generalize skills to the real world and to promote a supportive family environment. Novel elements are that the children develop a film that is shown in the last session, and the last session is a "family night."
Supporting evidence	The California Evidence-Based Clearinghouse rates Stressbusters a 3 for "Promising Research Evidence." The treatment has been tested in several randomized controlled trials.
Cost and Training	A program manual is available to guide the course, cost unknown. Training is available upon request. Contact for more information is also the program developer: **Joan R. Asarnow, PhD** jasarnow@mednet.ucla.edu (310) 825-0408
Staff and agency characteristics	This program is appropriate for outpatient community clinic settings and schools. The only recommended minimum provider qualification is that the therapist have a background in mental health.
Other information	CEBC summary at: http://www.cebc4cw.org/program/stressbusters/detailed Note that this is not the same Stressbusters as the computerized CBT program for adolescent depression.

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