Evidence-based psychosocial treatments for child and adolescent depression

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CRD summary
This review concluded that no single psychosocial intervention was most beneficial to treat children and adolescents with depression. Cognitive behavioural therapy (CBT) for children and CBT and interpersonal therapy for adolescents were the most promising. Some methodological limitations of the review made the reliability of the conclusions uncertain.

Authors' objectives
To review psychosocial interventions for child and adolescent depression.

Searching
MEDLINE and PsycINFO were searched from 1998 (search dates not reported). Search terms were provided. References lists of relevant articles were searched. References from a systematic review published in 1998 were also included in a summary of all evidence published to date (see Other publications of related interest).

Study selection
Randomised controlled trials (RCTs) of psychosocial interventions that aimed to reduce depressive symptoms in children (age 12 and younger) and adolescents (13 years or older) with major depressive disorder (MDD) or depressive disorder (DD) were eligible for inclusion. Studies that targeted at-risk youths (such as youths with a depressed parent or those who were bereaved) with depressive symptoms and studies that evaluated a psychosocial intervention in association with, or compared to, a medical intervention were also eligible for inclusion. Studies that targeted suicidal youths or students were excluded from the review. Studies of youths who were at-risk due to sociocultural factors were also excluded.

The included studies of children evaluated similar proportions of males and females; the studies of adolescents had higher proportions of females. In the studies of children, age ranged from six to 15 years. Participants were recruited from schools and outpatient mental health settings. In the studies of adolescents, age ranged from 12 to 21 years. Most studies focused on clinically referred participants. Data on ethnicity were limited; where reported, ethnicity varied, although the studies in children were predominantly in Caucasians. The included studies evaluated a number of interventions. Most focused on a form of cognitive behavioural therapy (CBT) in comparison with controls such as wait lists, usual treatment or community services. The assessment tools used were described.

The authors stated neither how the papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality
Validity was assessed using published criteria. The criteria included blinding, method of randomisation, clear description of sample characteristics, diagnostic procedure, adequate sample size, comparisons groups and appropriate data analysis. The authors did not state how many reviewers performed the validity assessment.

Data extraction
Studies that included both children and adolescents were categorised based on the age group of the majority of participants. Effect sizes were calculated where not reported. The authors did not state how many reviewers performed the data extraction.

Methods of synthesis
A narrative synthesis was provided of studies published since 1998. The authors also summarised this evidence with that published in a previous review to determine if specific interventions were well-established, probably efficacious or experimental (according to the Task Force on the Promotion and Dissemination of Psychological Procedures).
Results of the review
Twenty-eight RCTs (n=3,599) were included in the review (studies published since 1998).

Child studies (10 trials, n=1,000): A variety of interventions were found to be effective. There was evidence to support group-based CBT as well as interventions based on other theoretical perspectives (such as behavioural therapy and non-directed support/psychoeducational) using different treatment modalities (for example, parent-child sessions, child group plus parent component/intervention). No psychosocial intervention was found to be superior over another intervention. Most studies had some methodological limitations.

Adolescent studies (18 trials, n=2,599): Adolescents who underwent CBT, interpersonal psychotherapy (IPT) or attachment-based family therapy demonstrated reductions in depressive symptoms and disorders when compared to controls. None of the psychological interventions were clearly superior to another intervention. Ten of the 18 trials were well-conducted. Eight trials had some methodological limitations.

A summary of all evidence published (more than 28 studies) suggested that the Self-Control Therapy and Penn Prevention Program for children, the Adolescents Coping with Depression Course (CWD-A) and the Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) programmes were probably efficacious. For children, there was evidence to support the modalities of group-child only and child group plus parent components when using CBT. For adolescents, the modalities of group treatment for CBT and individual treatment for IPT were well established. From a theoretical perspective, CBT for both children and adolescents and IPT for adolescents were well established.

Authors’ conclusions
No single intervention was most beneficial in the treatment of depression. Cognitive behavioural therapy (CBT) for children and CBT and interpersonal therapy for adolescents were most promising, but other treatments may also be effective.

CRD commentary
This review addressed a clear question and was supported by appropriate inclusion/exclusion criteria. Although the authors searched at least two databases, they did not state if they included non-published studies or studies published in any language, thus some relevant studies may have been missed. Validity was assessed according to published criteria and the results were incorporated into the results. Comprehensive details of the studies published since 1998 were presented. The authors did not state how many reviewers were involved in the selection, data extraction and validity assessment processes, thus potentially introducing reviewer error and bias. The authors appropriately summarised the data using a narrative synthesis and the conclusions reflected the results. Poor reporting of some aspects of the review process, however, made it difficult to be certain of the reliability of the conclusions.

Implications of the review for practice and research
Practice: Broadly, the authors stated that treatment should be based on the individual. At each stage of the intervention therapists should maintain the integrity of the treatment manual of the evidence-based intervention that they had selected.

Research: Regarding studies of efficacy, the authors stated that further research was needed to evaluate treatment components and modifications, and to assess the treatments in a broad range of settings and in youths with a range of depressive symptoms.

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Other publications of related interest

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.