Moderators and Mediators of Treatments for Youth with Depression

Reported By: Natalia Iturri, Research Assistant

Depression is a serious mental health illness that can lead to negative effects for both the person affected and those surrounded. Research in the past has shown that nearly 5% of children experience clinically significant mood disorder, this rate increasing between 10%-20% in teen years, resulting in 1 in 5 youth experiencing a depression episode by the end of puberty. Luckily, researchers in the Psychology Department at San Diego State University made efforts to develop efficacious treatments to help depressed youth and aid to improve their symptoms. Funded by the National Institutes of Health, through Cognitive Processing Therapy (CPT) and Interpersonal Therapy (IPT), they strived to answer missing gaps in literature. These researchers wanted to determine the underlying theory driving the treatment, see if the available data supports this theory of intervention, and also acknowledge the boundaries of these theories.

What is **Fluoxetine?**

A synthetic (medication) compound that inhibits the uptake of serotonin in the brain and is often taken to treat depression.

When examining cognitive disorders, evidence was mixed, showing that the combination of CBT and medication was usually the most successful intervention for depressed adolescent. Previous studies showed that high levels of cognitive distortion may be an indication for adding on CBT to medication, however, high cognitive distortion did not improve the effectiveness of CBT alone. Youth who reported good family functioning were more likely to benefit from combination therapy than fluoxetine alone, CBT alone, or placebo. For those with worse family functioning, combination and fluoxetine generally showed similar effects.

As for IPT, teens who received therapy from school counselors had superior outcomes for both depression and global functioning. IPT was especially effective when teens had

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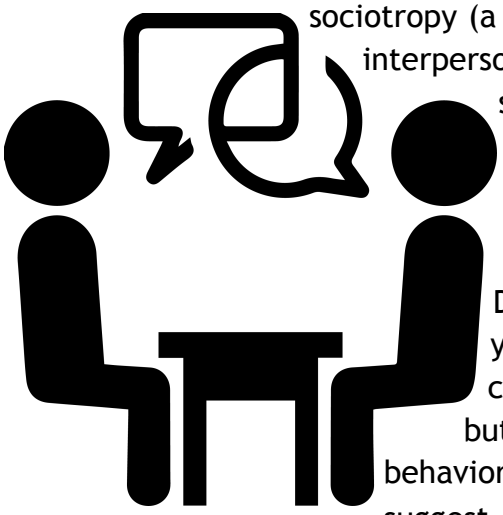
significant interpersonal problems. The largest effect showed for problems with peer relationships, and medium effects for mother-child conflict. Higher levels of baseline sociotropy (a personality trait characterized by excessive investment in interpersonal relationships) predicted lower levels of depression symptoms in IPT, which was not present for CBT or control groups.



Due to the weak foundation of research over the past 30 years, no definitive set of results has been found. Cognitive change may be related to change in depression symptoms, but much more mediational findings are necessary for a behavioral process in CBT for depressed youth. Meta-analytic data suggest that CBT and IPT both may have theory-specific impacts on potential mediators of intervention effects when these mediators are categorized as simple, post treatment outcomes. Overall, IPT intervention seems to have a simpler approach with a clearer single focus, both for delivering to youth and for training providers in situations of low resources. In contrast, while CBT protocols have clearly demonstrated positive effects for youth depression, clinical trial data have not yet provided clear support for the CBT theories.

Weersing, V. R., Schwartz, K. T., & Bolano, C. (2015). Moderators and Mediators of Treatments for Youth with Depression. *Moderators and Mediators of Youth Treatment Outcomes*, 65-96. doi:10.1093/med:psych/9780199360345.003.0004