



# Family-based interpersonal psychotherapy is a promising treatment for preadolescent depression

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## WHAT IS ALREADY KNOWN ON THIS TOPIC

Although depression is less common during preadolescence, prepubertal depression places individuals at increased risk for future episodes and for impairments in social functioning.<sup>1</sup> There is some evidence of the efficacy of cognitive-behavioural therapy (CBT) for the treatment of depression in this age group. However, studies that have compared CBT to an active control condition have only found modest benefits.<sup>2</sup> An interpersonally-oriented treatment, such as family-based interpersonal psychotherapy (FB-IPT), may be particularly relevant for preadolescent depression since depressed youth continue to experience interpersonal difficulties even after their depression improves.<sup>3</sup> Targeting these interpersonal impairments may help youth achieve remission and reduce the risk for recurrence. In addition, involving parents in treatment may enhance the effects of treatments for preadolescent depression given the important role that parents play during this developmental period.

## METHODS OF THE STUDY

The study included 42 children, aged 7–12 years. Participants were recruited from a specialty clinic for child depression (Pittsburgh, Pennsylvania, USA) and were eligible to participate in the study if they had a current depressive disorder (major depression, dysthymia or depressive disorder not otherwise specified). Children were randomly (2:1) assigned to receive either FB-IPT or child-centred therapy (CCT) for 14 sessions. FB-IPT, an adaptation of interpersonal psychotherapy, actively involves the parent in the treatment to address the interpersonal context of the child's depression, including parent–child conflict and social impairment. CCT (based on Rogerian principles and including active listening and reflecting, as well as non-directive problem-solving) was used as an active control condition. Depression was assessed at the end of session 14 using the Children's Depression Rating Scale-Revised (CDRS-R), a clinician administered measure of depression (administered by either a blind evaluator or the treating clinician), as well as parent and child self-report measures of depression (Mood Feeling Questionnaire, Parent and Child Versions). Additional measures included child and parent reported anxiety on the Self-Report for Childhood Anxiety-Related Emotional Disorders. The children also completed the Social Adjustment Scale, which assesses social functioning in a number of different domains including school, family and friends.

## WHAT DOES THIS PAPER ADD

- ▶ This study is the first randomised controlled trial of FB-IPT, a novel treatment approach for preadolescent depression.
- ▶ Youth in FB-IPT were significantly more likely to achieve remission post-treatment (66%), as determined by a CDRS-R score <28, than youth in CCT (31%). In addition, preadolescents in FB-IPT showed significantly greater reductions in depressive symptoms ( $p=0.03$ ) and anxiety symptoms ( $p=0.02$ ), and significantly greater improvements in social functioning ( $p=0.001$ ) from baseline to post-treatment than preadolescents in CCT.
- ▶ The evidence of specific benefits of FB-IPT as compared to CCT further lends to the significance of findings, as prior studies of

preadolescent depression have often not included an active control condition.<sup>2</sup>

- ▶ The study reports preliminary evidence that changes in social functioning partially account for changes in depressive symptoms in children in FB-IPT ( $p<0.05$ ), suggesting that improvements in social functioning may be one mechanism of this treatment approach.

## LIMITATIONS

- ▶ This is a relatively small sample and a non-irrelevant number of participants (21%) terminated treatment prematurely without any post-treatment data. Multiple imputation methods were used to account for missing data. This may have impacted study findings as youth who terminated treatment may not have responded in the same way as those who remained in treatment and had post-treatment data.
- ▶ The same therapists delivered FB-IPT and CCT and thus there is the possibility of contamination across interventions.

## WHAT NEXT IN RESEARCH

A larger randomised controlled trial is warranted to further test the efficacy of FB-IPT. Given the low prevalence rates of preadolescent depression, a multicentre trial may be needed to recruit a sufficient number of youth. This study should include assessments of potential mechanisms (ie, social functioning, parent–child conflict and anxiety) during treatment rather than only at postintervention, so formal mediation tests can be conducted. In addition, long-term follow-up (6-months or 1 year) is needed to examine the effects of FB-IPT and other treatments for preadolescent depression.

## DO THESE RESULTS CHANGE YOUR PRACTICES AND WHY?

Yes, the findings from this study suggest that FB-IPT can be a credible treatment choice for preadolescents who present with depression, and that clinicians should seek training in this model so they can implement FB-IPT with depressed youth. Furthermore, the results suggest the possible benefits of including parents in the treatment of depression in this age group, although this needs to be investigated for other treatment approaches, such as CBT. Clinicians who treat depressed preadolescent youth should consider including parents in the treatment.

**Competing interests** None declared.

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