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Psychiatrie

**Family-Focused Therapy Beneficial Over Individual Approach for Childhood Depression**

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By Frances Morin

NEW YORK – October 29, 2016 – A psychosocial intervention emphasizing family support shows efficacy over individual psychotherapy in the treatment of depression in children, according to new research presented at the 63rd Annual Meeting of the American Academy of Child and Adolescent Psychiatry (AACAP).

Whereas psychosocial treatment approaches have been shown to be effective in the treatment of depressive disorders in adolescence, research is lacking in terms of effective strategies for treatment of the disorders in childhood, which can have unique manifestations.

To compare the family-focused and individualized approaches, Martha C. Thompson, PhD, of Boston University, and colleagues recruited 134 children, ages 7 to 14, with diagnoses of major depressive disorder, dysthymic disorder or depressive disorder.

The subjects were randomized to 15 one-hour sessions of treatment over three to five months, either with individual supportive psychotherapy, modeled after standard community care or a family-focused treatment for depression.

The family-focused approach was based on an interpersonal model of psychoeducation and enhancement of skills for the reduction of stress and building of family support.

The study’s primary outcome was an adequate response in clinical depression, defined as an improvement of 50% or more on the Children’s Depression Rating Scale-Revised (CDRS-R). Remission of clinical depression was also assessed, and defined as a post-treatment CDRS-R score of 28 or lower.

Of the participants, most (74%) completed 10 or more treatment sessions, with no significant differences between groups.

Among children in the family-focused treatment group, however, rates of adequate clinical depression response were significantly higher among those who completed the treatment (odds ratio [OR] 2.64, 79.6% vs 59.7%; P = .02), and had higher rates of depression remission in a completer analysis (OR=2.11; 53.7% vs 35.5%; P = .05).

In an intent-to-treat analysis, the improvements were consistently higher in the family-focused treatment group (OR = 2.29, estimated rates 77.7% vs. 59.9%; P = .05,), and there was a trend toward higher rates of clinical depression remission (OR = 1.84, estimated rates 52.3% vs 37.3%; P = .10).

“The high rate of depression clinical response across treatment arms supports the utility of psychosocial intervention for children with depressive disorders,” the authors concluded.

“Family treatment resulted in a higher rate of depression response than individual supportive psychotherapy, which confirmed the efficacy of family-based intervention for children with depressive disorders.”

They added that the effects of the treatment in terms of clinical remission were less significant.

“There was a suggestion of greater clinical remission, although results were attenuated in the intent-to-treat analyses.”

“The current findings underscore the importance of incorporating the family in interventions for depression in  
childhood.”

[Presentation title: Family-Focused Treatment for Childhood Depressive Disorders Versus Individual Supportive Treatment: Results of a Randomized Clinical Trial. Abstract #48.2. Presented October 29, 2016]