Modular psychotherapy improves problems in youth with anxiety, depression or conduct disorder more rapidly than standard psychotherapy

QUESTION

Question: Is modular psychotherapy more effective than standard psychotherapy or usual care for depression, anxiety and conduct problems in youths?

Patients: 203 youths aged between 7 and 13 years who had primary Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV anxiety, depression or disruptive conduct disorders, or clinically elevated problem levels in these areas. All participants had sought outpatient care (mean age 10.59 years; 70% male; 45% white patients). Exclusion criteria: mental retardation, pervasive development disorder, psychotic symptoms, primary bipolar disorder or primary inattention or hyperactivity.

Setting: Ten outpatient clinical service organisations (clinics and offices of 33 Kirkland St, Cambridge, MA 02138, USA; jweisz@jbcc.harvard.edu)

Intervention: Modular psychotherapy, standard psychotherapy or usual care. Standard psychotherapy involved evidence-based manualised treatments: Coping Cat cognitive behavioural therapy (CBT) protocol for anxiety (16–20 sessions); Primary and Secondary Control Enhancement Training CBT protocol for depression (10–15 sessions); or Defiant Children behavioural parent training for conduct problems (10 steps). Modular psychotherapy was based on the Modular Approach to Therapy for Children with Anxiety, Depression or Conduct Problems (MATCH). Usual care involved the therapist’s usual practices and continued until a normal end of treatment for the client.

Outcomes: Primary outcomes: Trajectory of change in problems assessed using standardised youth and parental measures of problems via telephone (Brief Problem Checklist (BPC) assessing internalising, externalising and total number of problems and Top Problems Assessment (TPA), assessing severity of top three problems). Secondary outcome: DSM-IV diagnoses.

Patient follow-up: 85.7%.

MAIN RESULTS

Modular psychotherapy produced a significantly faster improvement (steeper trajectories) in overall parent-rated and youth-rated problems compared with standard psychotherapy or usual care. Modular psychotherapy significantly outperformed usual care on the pooled parent and youth rated: BPC total score (effect size 0.59, p=0.004), BPC internalising subscale (effect size 0.51, p=0.014), BPC externalising subscale (effect size 0.48, p=0.02) and TPA score (effect size 0.62, p=0.003). Modular therapy significantly outperformed standard treatment on the pooled parent and youth rated: BPC total score (effect size 0.71, p=0.001), BPC internalising subscale (effect size 0.55, p=0.007), BPC externalising subscale (effect size 0.65, p=0.002) and TPA score (effect size 0.50, p=0.014). Modular psychotherapy significantly reduced the mean number of clinical diagnoses compared with usual care at the end of treatment (1.25 with modular psychotherapy vs 1.86 with usual care; p=0.01).

CONCLUSIONS

In youths with anxiety, depression or conduct disorder, modular evidence-based psychotherapy reduces youth and parent-reported problems more rapidly than standard psychotherapy or usual care over a year’s treatment.

ABSTRACTED FROM


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