

The Mood Management Program: An Open Clinical Trial with Severely Depressed and Suicidal Adolescents

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Translating Research into Practice

- Research existing EBTs for adolescent depression & suicide prevention
- Identify essential elements of these treatments
- Develop a manualized curriculum
- Implement the program in a clinical setting
- Assess clinical outcomes

The Mood Management Program (MMP)

- CBT skill building intervention
- Depressed and suicidal adolescents
- Group psychotherapy
- 14 sessions over 7 weeks
- Manualized curriculum
- Mixed gender
- Open group
- 6-8 recipients in MMP

The Western New York Children's Psychiatric Center

- New York State, Office of Mental Health
- Inpatient hospital
- 46 beds
- Intermediate length of stay (3-4 months)
- SED youth ages 5-17
- 3 treatment units (adolescent; child; ITU)
- MMP is on the adolescent unit (16 bed; mixed gender)

EBTs for Adolescent Depression & Suicide Prevention

- Clarke (1990) Adolescent Coping with Depression Groups
- Curry (2005) TADS Cognitive Behavior Therapy Manual
- Miller (2008) DBT w/ Suicidal Adolescents
- Stark (1996) “Taking Action” Program for Depressed Youth
- Weisz (2003) Primary and Secondary Control Enhancement Training for Youth Depression
- Wenzel (2006) Cognitive Behavioral Therapy for Adolescent Suicide Attempters

Methodology

- Open clinical trial
- Patients assigned to the MMP based on clinical need
- Pre – post test design
- Multiple outcome measures
- No control group
- No follow-up

Outcome Measures

- Reynolds Adolescent Depression Scale-2nd Edition (RADSD-2)
- Child and Adolescent Functional Assessment Scale (CAFAS): Moods/Emotion scale
- MMP graduation rates
- Recipient satisfaction with the MMP

Subjects

- N = 25
- Gender
 - 76% female
 - 24% male
- Mean Age: 15
- Mean FSIQ: 95
- Mean Total CAFAS score: 143 (severe impairment)

Co-morbidity

1 Axis I Diagnosis	0%
2 Axis I Diagnoses	48%
3 Axis I Diagnoses	44%
4 Axis I Diagnoses	8%
Cluster B Traits	60%

Diagnosis

Diagnosis	Percentage of Patients
Depressive Disorder	72%
PTSD	68%
Relationship Problem	52%
Bipolar Disorder	28%
Anxiety Disorder	28%
Other Axis I	8%
Cluster B Traits	60%

MMP Curriculum

1. Introduction to the MMP
2. Motivational counseling
3. Psycho-education
4. Mood monitoring
5. Behavioral activation
6. Cognitive processing
- 7-8. Cognitive restructuring
9. Problem solving
10. Assertiveness
11. Social skills
- 12-13. Suicide crisis & self harm management
14. Graduation

Structure of MMP Session

- 60 minute session
- Mindfulness/relaxation activity
- Review homework
- CBT skill training (didactic instruction)
- Structured activity
- Therapist modeling
- Recipient role play
- Homework assignment

Session 1: Introduction to the MMP

- Personal introductions
- Goals of the MMP
- Procedures/structure of the MMP
- Ground rules
- Overview of the MMP Curriculum
- RADS pre-test

Session 2: Motivational Counseling

- Short & long term goals
- Consequences of depression & self harm behavior
- What will my life be like if I can overcome my depression?
- Behaviors that will help you reach your goals
- Behaviors that will make it more difficult to reach your goals

Session 3: Psycho-education

- Symptoms
- Prevalence
- Etiology
 - Biological
 - Psycho-social
- Treatment
 - Medication
 - Cognitive-behavioral therapy

Session 4: Mood Monitoring

- CBT paradigm: **feelings** - behaviors - thoughts
- Feeling education
- Feeling awareness & vocabulary exercises
- Feelings & trigger situations
- Mood ratings (SUDS)
- Daily & weekly mood monitoring

Session 5: Behavioral Activation

- CBT paradigm: feelings - **behaviors** - thoughts
- Map behaviors over a typical day & week
- Identify behaviors associated w/ depression
- Identify healthy behaviors associated w/ positive mood
- Create a plan to increase healthy behaviors associated w/ a positive mood

Session 6: Cognitive Processing

- CBT paradigm: feelings - behaviors - **thoughts**
- Thought mapping:
 - ambiguous situations
 - hypothetical situations
 - benign personal situations
 - depression triggers

Session 7-8: Cognitive Restructuring

- CBT paradigm: feelings - behaviors - **thoughts**
- “Thought detective”
- Positive & negative self talk
- Cognitive restructuring:
 - hypothetical situation
 - personal/benign situation
 - depression trigger

Session 9: Problem Solving

- Rational for problem solving: learned helplessness
- SODAS problem solving method
 - Situation
 - Options
 - Disadvantages
 - Advantages
 - Solution

Session 10: Assertiveness

- Assertiveness v. aggression v. passive-aggressive
- Communication skills:
 - Verbal & non-verbal
 - I statements
 - perspective taking
 - active listening
- Assertiveness steps:
 - Eye contact
 - Use calm, neutral voice tone
 - I statement
 - Ask for what you need
 - Listen to other's response & acknowledge other's position

Session 11: Social Skills Training

- Focus on peer relationships
- Greeting skills
- Conversation skills
- Listening skills
- Inviting a peer to get together

Session 12: Suicide Crisis & Self Harm Management

- Reasons for suicide/self harm behavior
- Consequences of suicide/self harm behavior
- Future time imaging
- Reasons for living

Session 13: Suicide Crisis & Self Harm Management

- Suicide/self harm triggers
- Coping skills
 - Behavioral
 - Cognitive
 - Interpersonal support
- Coping cards
- RADS post-test

Session 14: Graduation

- Graduation criteria:
 - Attendance (10 sessions)
 - Homework (70%)
 - Participation
 - Pre-post CAFAS
 - Pre-post RADS
 - Objective milieu indicators
- Graduation/participation certificates
- Recipient satisfaction survey

Results: CAFAS Mood/Emotion

	Pre-test	Post-test
Mean	26*	16**
Std. Dev.	5.83	4.90
Effect Size (Cohen's d)	1.81	

* 30 = severe; ** 20 = moderate; 10 = mild; 0 = no/minimal

Results: RADS-2

	Pre-test	Post-test
Mean (raw score)	84 (T = 66; 94 th percentile)	66 (T = 54; 69 th percentile)
Std. Dev.	14.00	10.63
Effect Size (Cohen's d)	1.43	

CAFAS: Clinical Significance

	Pre-test	Post-test
Severe	60%	8%
Mild	0%	32%

RADS-2: Clinical Significance

	Pre-test	Post-test
Severe*	36%	4%
Normal**	20%	80%

* severe > 97th percentile

** Normal < 84th percentile

Graduation Rates

- 72% (N=18) met graduation criteria

Results: Recipient Satisfaction

- “Overall, how satisfied were you with the MMP”?
 - 1: very dissatisfied = 0%
 - 2: mildly dissatisfied = 4%
 - 3: mildly satisfied = 8%
 - 4: moderately satisfied = 60%
 - 5: very satisfied = 28%
- Mean satisfaction = 4.12

Limitations of the Study

- Lack of random assignment
- Lack of control group
- Lack of follow-up
- Other treatments may have contributed to outcomes:
 - Milieu therapy
 - Individual therapy
 - Family therapy
 - Medication

Conclusions

- Depression and suicide prevention skills can be taught to SED youth in an intermediate length of stay psychiatric hospital w/ notable improvement in symptoms during the course of hospitalization.
- SED adolescents are quite satisfied w/ the MMP.
- We do not know the relative impact of MMP with respect to other treatments provided during the course of hospitalization.
- We do not know how well the skills taught in the MMP will generalize beyond the adolescent's stay in the hospital.