Family-Based Interventions for Childhood Mood Disorders

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KEYWORDS

• Bipolar spectrum disorder • Depressive spectrum disorders • Children
• Adolescents • Psychosis • Psychotherapy • Evidence-based treatment
• Family-based treatment

KEY POINTS

- Family psychoeducation (FPE) plus skill building is the only psychotherapy identified as probably efficacious for childhood bipolar spectrum disorders (BPSDs), although none have been identified as well established.
- Cognitive behavioral therapy (CBT) is considered well established for childhood depressive spectrum disorders (DSDs).
- Few studies examine psychotherapy for young children in randomized controlled trials (RCTs).
- Family-based therapy has repeatedly demonstrated greater symptom improvement than treatment as usual among children with mood disorders in RCTs.
- Common components of efficacious family-based therapies include psychoeducation; problem-solving, communication, and social skills building; as well as cognitive reframing.
- The benefits of family-based therapy over individual therapy for childhood depression remain unclear.

OVERVIEW OF CHILDHOOD MOOD DISORDERS

Mood disorders (bipolar spectrum disorder [BPSD] and depressive spectrum disorder [DSD]) are debilitating psychiatric problems that affect both youth and adults. These disorders are associated with impaired functioning in relationships with family and

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Abbreviations

ABFT	Attachment-Based Family Therapy
ADHD	Attention-deficit/hyperactivity disorder
BD-I	Bipolar I disorder
BD-II	Bipolar II disorder
BPSD	Bipolar spectrum disorder
CBT	Cognitive behavioral therapy
CFF-CBT	Child- and family-focused CBT
DBT	Dialectical behavior therapy
DSM	*Diagnostic and Statistical Manual of Mental Disorders*
DSD	Depressive spectrum disorder
FBPs	Family-based psychotherapies
FFT-A	Family-Focused Treatment for Adolescents
FFT-HR	Family-Focused Therapy-High Risk
FIPP	Focused Individual Psychodynamic Psychotherapy
FPE	Family psychoeducation
IF-PEP	Individual-Family Psychoeducational Psychotherapy
MDD	Major depressive disorder
MF-PEP	Multi-Family Psychoeducational Psychotherapy
PCIT	Parent-Child Interaction Therapy
PCIT-ED	Parent-Child Interaction Therapy-Emotion Development
RCTs	Randomized controlled trials
SIFT	Systems Integrative Family Therapy
SSRI	Selective serotonin reuptake inhibitor
TAU	Treatment as usual
WLC	Wait list control

peers, cognitive abilities, and performance at work and school. Onset of mood disorders in childhood can lead to long-term impairment and increased risk of mood symptoms in adulthood.[1,2]

PREVALENCE, PRESENTATION, AND COMORBIDITIES

Despite considerable debate regarding whether children can truly have a BPSD, substantial evidence now supports its presentation in youth.[2] Childhood BPSD has an estimated prevalence rate of 1.8%, and the prevalence in adolescents is 2.7%.[3] Prevalence of DSD is higher, with estimated rates of 2.8% in childhood and 5.7% in adolescence.[4]

Children with mood disorders often have a complex constellation of symptoms and are at high risk for future psychiatric problems. Childhood-onset major depressive disorder (MDD) is associated with greater risk for suicide, substance abuse, behavioral problems, and increased risk for having a DSD in adolescence and adulthood.[1,5] Childhood-onset MDD is associated with greater risk for later BPSD than is adult-onset MDD[6]; 20% to 40% of youth with MDD will have a BPSD later in life.[5]

Symptom presentation of MDD in youth is similar to that in adults in many ways; however, children are less likely to experience hypersomnia, decreased appetite, and delusions compared to adults.[6] While some youth do have a classic BD presentation (ie, sustained periods of irritable or elated mood lasting for days at a time), children with BPSD are more likely to exhibit rapid cycling, or shorter periods of extreme irritable or elated mood[7] and are at high risk for relapse after remission.[2,7] Kowatch and colleagues[8] found that estimated rates of manic symptoms in youth with BPSD are fairly similar across childhood BPSD studies, with the most common symptoms being increased energy, distractibility, pressured speech, and irritability. Among