



Review article

Adolescent treatment outcomes for comorbid depression and substance misuse: A systematic review and synthesis of the literature



Jacklyn D. Babowitch*, Kevin M. Antshel

Syracuse University, United States

ARTICLE INFO

Article history:

Received 28 January 2016

Received in revised form

16 March 2016

Accepted 11 April 2016

Available online 29 April 2016

Keywords:

Depression

Substance use

Comorbidity

Treatment

Adolescence

ABSTRACT

The quantitative literature on the treatment of comorbid depression and substance misuse among adolescents was reviewed, including: (1) a synthesis of the empirical evidence of the multiple models of integrated treatment for depression and substance use, (2) an examination of proposed mechanisms underlying symptom change in these integrated treatment models targeting depression and substance use, and (3) a methodological critique and suggestions for future research. We reviewed 15 studies reporting on treatment outcomes among adolescents with comorbid depression and non-tobacco related substance use disorders (SUD) and general misuse. Although there is empirical evidence linking Cognitive-Behavioral Therapy (CBT), Motivational Enhancement Therapy (MET), and Family-Focused Therapy (FFT) to depression and SUD symptom reduction in adolescents, few studies have provided data on mechanisms that may account for this effect. Potential mechanisms include improvements in dysfunctional reward processing and self-efficacy. Although this review highlights promising findings for the treatment of comorbid depression and substance misuse in adolescents, further work is warranted; as such results could have important implications for intervention development.

© 2016 Elsevier B.V. All rights reserved.

Contents

1. Introduction	25
2. Search strategy and study selection	26
3. Review of the literature	26
3.1. Cognitive-behavioral therapy	26
3.2. Family-focused therapy	27
3.3. Selective-serotonin reuptake inhibitors	30
3.4. Integrative psychotherapies	30
4. Summary	31
5. Proposed mechanisms underlying symptom change in integrative treatment	31
6. Conclusions and future directions	31
References	32

1. Introduction

Depressive and substance use disorders (SUDs) are among the most prevalent mental health concerns of young people, and an estimated 18% of adolescents who report substance use have the comorbidity of depression (Armstrong and Costello, 2002). Such

comorbidities can complicate the conceptualization and delivery of treatment. For example, co-occurring depressive and substance use disorders are associated with greater treatment attrition in adolescents (Kandel et al., 1999; Pirkola et al., 2011) when compared to rates for those presenting with either depression or substance use alone. Furthermore, adolescents with co-occurring

* Correspondence to: Department of Psychology, Syracuse University, Syracuse, NY 13210, United States.

E-mail address: jdbabowi@syr.edu (J.D. Babowitch).

problems also report smaller mental and physical health treatment gains after therapy (Baker et al., 2007; Davis et al., 2006; Hersh et al., 2014) and a poorer overall quality of life (Lubman et al., 2007). A research priority to aid treatment development for adolescents presenting with depression and substance misuse is to evaluate current treatment approaches for feasibility, efficacy and effectiveness, as well as to identify potential mechanisms that could be accounting for symptom reductions and improved functioning.

Current treatments for adolescent depression include behavioral therapy (Hetrick et al., 2015), Interpersonal Psychotherapy (IPT; Moreau et al., 1991), and Cognitive-Behavioral Therapy (CBT). More recently, computerized CBT interventions have been shown to have positive effects on symptoms of both anxiety and depression among youth (Pennant et al., 2015). Selective serotonin reuptake inhibitors (SSRIs), particularly fluoxetine, have a moderate effect on depressive symptomatology in adolescents (Usala et al., 2008). The efficacy of SSRIs can be improved by combining its use with CBT (March et al., 2007). Similarly, the most common psychosocial interventions for adolescents with SUDs include CBT, as well as, family therapy, 12-step programs and motivational interventions (Slesnick et al., 2008). The current review focuses on how therapies for depression and SUDs are integrated together to treat adolescents with comorbid depression and substance use or disorder.

In adults, there is evidence to support integrated treatment for comorbid depression and SUDs. For instance, in a meta-analytic review, integrated treatment was shown to have significant effects on the percent of abstinent days reported at post-treatment compared to single-focus treatment (e.g. treatment as usual and 12-step programs). There were, however, no changes in treatment retention rates nor was there a significant decrease in reported depressive symptomatology as a function of treatment type (Hesse, 2009). Often these integrated treatments include CBT, Motivational Enhancement Therapy (MET) and newer approaches, such as Acceptance and Commitment Therapy (ACT) are beginning to be tested (Richardson, 2013). Research into the pharmacological treatment of co-occurring depressive and substance use disorders suggests that medications for managing mood symptoms do not have a significant impact on substance use (Pettinati et al., 2013). While a consideration of adult findings is helpful, it remains unclear how such findings generalize to adolescent populations. Adolescents differ developmentally from adults in many ways, including their value of affiliation and autonomy (Ahhammer and Baltes, 1972), as well as in their ability to process reward (Sturman and Moghaddam, 2012).

Currently, there exists reviews on the complexity of treating adolescents with comorbid depression and substance use (Hesse, 2009; Kaminer et al., 2007), the outcomes of concurrent treatment for adolescent depression and cannabis use (Kaminer et al., 2008), and adolescent SUD treatment with consideration for how depression affects treatment retention and outcomes (Hersh et al., 2014). However, no present review focuses exclusively on the quantitative literature on treatment outcomes for adolescent depression and all non-tobacco related substance use and disorder. Accordingly, this review sought to provide a focused synthesis and critique of the quantitative literature on adolescent treatment outcomes for comorbid depression and substance misuse. To achieve this aim, this paper (1) synthesizes the empirical evidence for the multiple models of integrated treatment for substance use and depression and (2) examines proposed mechanisms underlying symptom change in the integrated treatment of depression and substance use. Following the review, a methodological critique and guidance for future research are provided.

2. Search strategy and study selection

The systematic review was conducted and reported in accordance with PRISMA guidelines (Liberati et al., 2009). PsycINFO, PubMed, and Ovid MEDLINE databases were searched for English-language articles that examined treatment outcomes for depression and comorbid substance use in samples of adolescents. Databases were searched from January 1, 2005 through October 31, 2015. Search terms for depression included “depression,” “depressive,” “Major Depressive Disorder,” and “dysthymia.” For substance use disorders, terms included “substance use,” “substance abuse,” and “Substance Use Disorder.” Search terms for treatment outcomes included “treatment” and “therapy.” Finally, terms for adolescents included “adolescent,” and “adolescence.”

Fig. 1 summarizes the search results that yielded 2050 articles from searching the three databases. One additional study that met the inclusion criteria was found through a manual search of the reference sections from relevant studies. Titles and abstracts were reviewed, and 120 articles were retained for full paper screening. Articles were included if all of the following criteria were met: (1) consisted of original, quantitative research published in a peer-reviewed journal, (2) utilized a sample of adolescents with comorbid depression and/or substance misuse, (3) included an intervention intended to reduce symptoms of depression and substance use disorder, and (4) assessed depression and substance use treatment outcomes.

Inter-rater reliability statistics were calculated by having each author (a doctoral student in clinical psychology and a licensed clinical psychologist) independently code each study for inclusion. The intraclass correlation (ICC=1.0) indicates that the two coders had a high degree of agreement. Accordingly, 15 studies satisfied the above search criteria and were included in the present review. Please see Table 1 for a description of each study.

3. Review of the literature

The primary aim of this review is to characterize study findings examining treatment outcomes for comorbid depression and substance misuse among adolescents. First, the review focuses on outcomes for the treatment of depression and substance use, including cognitive behavioral, family-centered and pharmacological interventions, as well as integrative treatments. Second, studies that have empirically tested mechanisms underlying symptom change in the integrated treatment of depression and substance use are reviewed, as the understanding of the causal mechanisms will help guide future research to inform intervention development. Lastly, the existing literature is critically examined and potential future directions for research are provided.

3.1. Cognitive-behavioral therapy

The most prevalent singular approach to the treatment of co-occurring depression and substance misuse in adolescents is CBT. As shown in Table 1, Hides et al., (2010) sought to determine the effectiveness of a 20-week individual integrated CBT treatment for a sample of 60 depressed adolescents and emerging adults (57% male, ages 15–25) who also reported risky use of substances or met criteria for comorbid SUD. Hides et al. utilized the Self-Help for Alcohol/other Drug use and Depression — for Young People (SHADEY) protocol, which incorporates motivational interviewing, cognitive-behavioral and mindfulness skills delivered within a harm minimization framework. The SHADEY protocol included self-monitoring, activity scheduling, thought challenging, coping skills training and relapse prevention components. Adolescents were assessed at mid-treatment (10 weeks), post-treatment (20

Download English Version:

<https://daneshyari.com/en/article/6229984>

Download Persian Version:

<https://daneshyari.com/article/6229984>

[Daneshyari.com](https://daneshyari.com)