Review of Literature

With the advancements in society and medical science, we are seeing the human lifespan being extended. As society is living longer, we are discovering more illnesses. Mental illness has become rampant throughout our society, and figuring out how to treat it has been a struggle for doctors. There are many different stresses that surround us in our everyday lives, and this has led to a spike in adolescent depression. These mental illnesses have been associated with short and long term functional impairment, morbidity, and mortality (Ryan, 2003). Youth with major depressive disorder (MDD) often have co-morbid disorders such as anxiety disorders, dysthymia, disruptive disorders, and substance abuse (Angold et al., 1999). These disorders can make it very difficult for children and adolescents to properly excel in school and other activities. In his 2003 study, Ryan stressed the importance of finding a long-term treatment for child and adolescent MDD. Over the past thirty years, the rate of mental illnesses in adolescents has increased (Ryan et al., 1992), and we now see 14 percent to 25 percent of adolescents experiencing at least one episode of MDD (Kessler et al., 1998).

Cognitive behavioral therapy (CBT) is a psychotherapeutic treatment for a wide variety of disorders, such as phobias, addiction, depression, and anxiety. CBT is a short-term therapy option that focuses on getting clients to identify and change their destructive behavior and/or thought patterns that are having a negative effect on the client's behavior. The British Association for Behavioral and Cognitive Psychotherapies (BABCP) note that the concept behind CBT is that thoughts and feelings play a fundamental role in our behavior, so the goal if CBT is to teach clients that they can take control of how they interpret and deal different aspects of the world around them, even if they cannot control the aspects themselves (2005). CBT starts by learning how thoughts, feelings, and situations contribute to behaviors and then moves on to

focus on the behaviors themselves. This is a very gradual process to help clients make a behavior change (BABCP, 2005).

CBT has been tested and evaluated by many doctors, and the results have been mixed. Shirk, et al. (2009) did a study with fifty adolescent (of all genders, races, and with varying ages) diagnosed with various depressive disorders who were treated by eight psychologists. These psychologists were doctoral-level and followed the twelve-session individual CBT protocol. The adolescents in this study were found to have a number of traumatic experiences and suicide attempts in their past. The post treatment response to this CBT study showed that 64 percent of the participants responded positively (Shirk, 2009). Compared to other similar studies, this particular study had one of the highest responder percentages. Shirk, Kaplinski, and Gudmundsen (2009) found this CBT treatment to be rather effective, although they did note that this had not been evaluated as a long-term treatment plan. What made this plan different and ultimately more successful than the other studies was that this study was school-based rather than hospital-based. This proved to be more promising and effective (Shirk, et al., 2009).

In 2008, Stice, Rohde, Seeley, and Gau conducted a study in which they collected high-risk participants and split them into two different groups in order to compare two different treatment plans for depression and anxiety. One group was put into a standard group CBT while the other was given group supportive-expressive therapy (SET). SET, like CBT, is a short-term treatment used to reduce disorders such as depression, anxiety, and opiate drug dependence and abuse. The goal of SET is to help patients make strong and supportive relationships in order to give the patient a secure and stable support in their life, and to give them to tools they need to work with their ongoing interpersonal problems (Luborsky, 1984). In the Stice (2009) study, the participants did not differ on demographic factors so a base line was able to be established. The

mean scores for treatment expectancy were similar, which suggested that each treatment would have similar outcomes (Stice, et al., 2009). Attendance to the sessions was fairly equal between both groups with an average of 45 percent attending all six sessions. At the end of the study, however, 84 percent of participants in the CBT group felt as if they were prepared to avoid future depression, whereas only 63 percent of the SET group felt prepared (Stice, et al., 2009). Initial results would indicate a strong positive effect through CBT, but at the six month follow up, the percentages had been reduced, showing that both CBT and SET cannot be used as a long-term treatment for depression and anxiety in adolescents.

It seems as if these approaches do not have the longevity that is needed in order to treat depression and anxiety. This is exactly what Jacobs (2010) and Spence (2005) try to test. Jacobs and his team studied many different studies done on different methods of behavioral therapy to determine which method was most effective and promising. What Jacobs found, however, was that although CBT looked most promising, it only held results for a few months and was not an effective treatment. Similarly, Spence and his team did a study on school-based CBT and compared results through a four year period. The results from this study proved to be disappointing. Both teams through their studies and research concluded that it is absolutely necessary for there to be a long-term treatment option for children and adolescents with disorders such as depression and anxiety.

When we remember what Angold's study told us ("Youth with major depressive disorder (MDD) often have co-morbid disorders such as anxiety disorders, dysthymia, disruptive disorders, and substance abuse" [Angold et al., 1999]), we can see the urgency in finding a therapy method that will give adolescents the tools they need to overcome their disorders so they can lead their life without disruption. These studies have shown that CBT is an effective

treatment, but each team that ran these studies agreed that CBT is not effective for a long-term treatment of child and adolescent MDD.