

Effective Interventions for Youth with SED

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Surgeon General's Report (1999): SED prevalence

At least 1 in 10 children/youth has a
serious emotional disturbance.



President's New Freedom Commission (2003)

“No other illnesses
damage so many children so seriously.”

Early assessment and treatment are critical.





Early Intervention with Adolescents and Young Adults with Psychosis

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EAST Program
Mid-Valley Behavioral Care Network

August 14, 2010



Rationale: The research says

- Shorter DUP → Better Outcome
- Strong Psychotic Symptoms at age 11 → 25 % chance of Schizophrenia at age 26
- Strong Symptoms at age 11 → 90% chance if social and occupational impairment at age 26



The Research Says

Early Intervention

- Reduces the likelihood of relapse
- Reduces hospital admissions
- Increases chance of full or partial recovery
- 35% reduction in costs





APA 118th Annual Convention

August 12-15

SAN DIEGO 2010

The EAST Program Qualifications

Ages 12 to 25

Symptoms for less than one year

Hallucinations

Delusions

Thought disorder

Deterioration in functioning



The EAST Program Qualifications

General Symptoms

Changes in eating and sleeping

Social withdrawal

Changes in hygiene





APA 118th Annual Convention

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EAST Program Services Offered

Psychotherapy
Case Management
Family Therapy
Single
Multifamily





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EAST Program Services Offered

Supported Education
Supported Employment
OT Evaluation
Psychiatry
 Assessment
 Management





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EAST Program Services Offered

Consultation

Community Education

Case Finding



EAST Program Services Offered

Services are flexible

Home
School
Community



EAST Program Outcomes

Hospitalization dropped from 50% to 10%

Arrest rates dropped from 20% to 2%

Increased high school and college
attendance

Increased social networks and improved
social functioning

Improved Independent living



EAST Program Outcomes

Since Program Inception in 2001:

441 Clients Served

In 5 Urban, Suburban & Rural
Oregon Counties

Since 2009:

Programs modeled on EAST begun
in 9 other Oregon counties with
encouragement of State of Oregon





EAST Program

Research Involvement

One site in a national study of Early Intervention



Conclusions

Early intervention with young people with psychosis

- Improves quality of life
- Reduces likelihood of careers in mental illness
- Moderates the course of psychiatric illness
- Reduces costs





Thank You

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Psychoeducational Psychotherapy for Youth with Depression or Bipolar Disorder

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Division of Child & Adolescent Psychiatry



The OSU Psychoeducation Program

- Orientation
 - Nonblaming/growth-oriented
 - Biopsychosocial—uses systems and cognitive-behavioral techniques
- Education + Support + Skill Building → Better Understanding → Better Treatment + Less Family Conflict → Better Outcome
- Three formats
 - Multi-family psychoeducational psychotherapy (MF-PEP)
 - Individual family psychoeducational psychotherapy (PEP)
 - workshops

Multi-Family Psychoeducational Psychotherapy (MF-PEP)

*Fristad,
Verducci, Walters & Young (2009) Arch Gen Psych, 66(9):
1013-1021*

- Children aged 8-11 (any mood disorder)
- 8 sessions, 90 minutes each
 - Begin/end with parents/children together
 - Middle (largest) portion-separate groups
 - Children receive *in vivo* social skills training (in gym) after formal “lesson” is completed
 - Therapists: 1-parents; 2-children
 - Families receive projects to do between sessions

8 Session Outline--Parents

1. Welcome, symptoms & disorders
2. Medications
3. “Systems”: school/treatment team
4. Negative family cycle, WRAP-UP 1st ½
5. Problem solving
6. Communication
7. Symptom management
8. WRAP-UP 2nd ½ of program & graduate

8 Session Outline--Children

1. Welcome, symptoms & disorders
2. Medications
3. “Tool kit” to manage emotions
4. Connection between thoughts, feelings and actions
(responsibility/choices)
5. Problem solving
6. Nonverbal communication
7. Verbal communication
8. Review & GRADUATE!

Study Sample - Family Characteristic

Variable	MF-PEP	
	MF-PEP+TAU (<i>n</i> =78)	WLC+TAU (<i>n</i> =87)
Family Structure		
Married bio par	46%	40%
Step-family	17%	23%
Married adop par	5%	7%
Single bio par	21%	17%
Single adop par	1%	1%
Other	10%	12%
Income	<20K to >100K M=40-59K	<20K to >100K M=40-59K

Demographics: MF-PEP Total Sample & BPD Sub-Sample

Variable	TOTAL <i>N</i> =165	BPD <i>N</i> =115
Comorbid D/O		
Anxiety	67%	70%
Behavior	97%	95%
ADHD	87%	80%
Two-parent families (includes step-families)	74%	65%
Average round trip	56 mi (range: 2-344)	70 mi (range: 14-344)

Demographics—Various Samples

Variable	BPD-ITT n=115	Treated BPD n=89
Age	9.8	9.7
% Male	72	69
% White	91	94
% Fam Hx-Mania	53	55
% Fam Hx- Depression	73	72
% Fam Hx-Either	84	83

NIMH Study Design, N=165

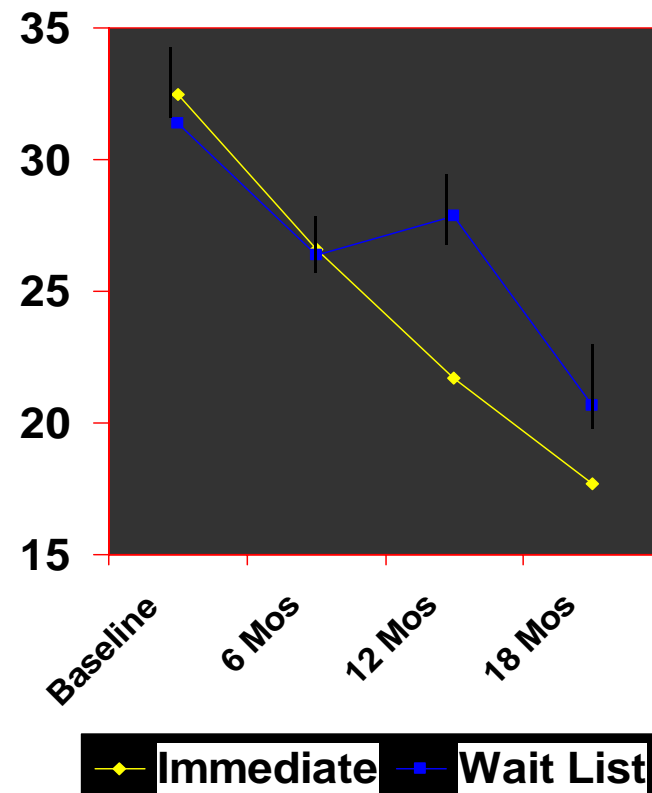
Group ^a	Time 1 Month 0	Time 2 Month 6	Time 3 Month 12	Time 4 Month 18
MF-PEP + TAU ^b	Baseline: Pre-treatment	Follow-up	Follow-up	Follow-up
WLC + TAU ^c	Baseline	Follow-up	Pre-treatment	Follow-up
<p>^aFamilies were enrolled in 11 sets of 15 (7-MFPG/8-WLC) = 165 families</p> <p>^bMulti-Family Psychoeducational Psychotherapy + Treatment As Usual</p> <p>^cWait-List Control + Treatment As Usual</p>				

Outcome Measure

- MSI=Mood Severity Index
 - CDRS-R + MRS (equal contributions)
 - <10: minimal symptoms
 - 11-20: mild symptoms
 - 21-35: moderate symptoms
 - >35: severe symptoms

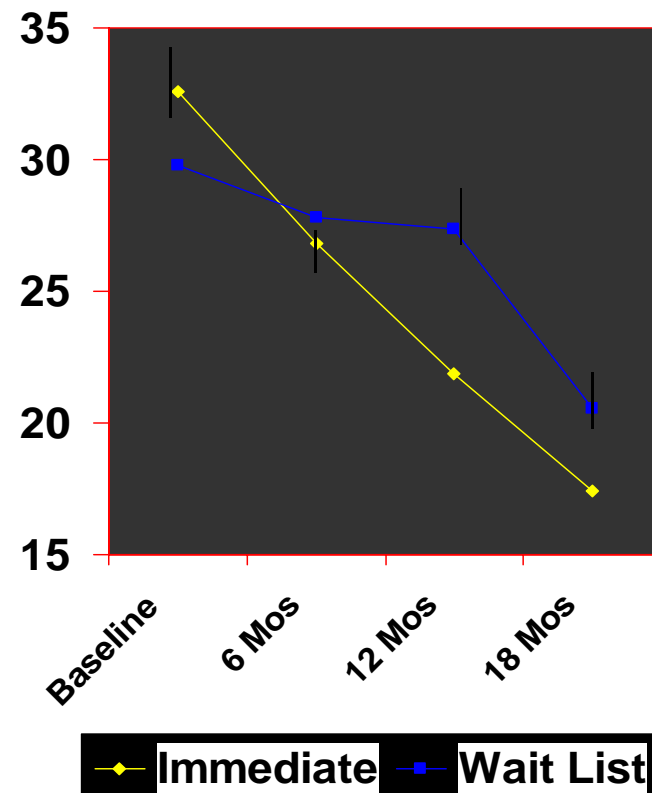
Mood Severity Index (Parent, Current) MF-PEP Sample

- N=165
 - n=78 Immediate
 - n=87 Wait List
- Linear Mixed Effects Modeling
 - $X^2=4.55$, $p=.03$
 - Slope difference = -6.48/12 mos
- Pre-Post Imm=WLC



Mood Severity Index (Parent, Current) MF-PEP Treated Sample

- N=129
 - n=77 Immediate
 - n=52 Wait List
- Linear Mixed Effects Modeling
 - $\chi^2=5.99$, $p=.03$
 - Slope difference= -8.17/12 mos
- Pre-Post Imm=WLC



Impact of MFPG on Service Utilization & Mood Severity

Mendenhall, Fristad & Early, 2009, J Cons Clin Psychol

- Parental attitudes toward treatment changes with MF-PEP; impacts quality of services sought
- Improved quality of services leads to better mental health outcomes
- MF-PEP appears to improve quality of services utilized & child's mood severity over time as designed to do. It helps parents become better consumers.

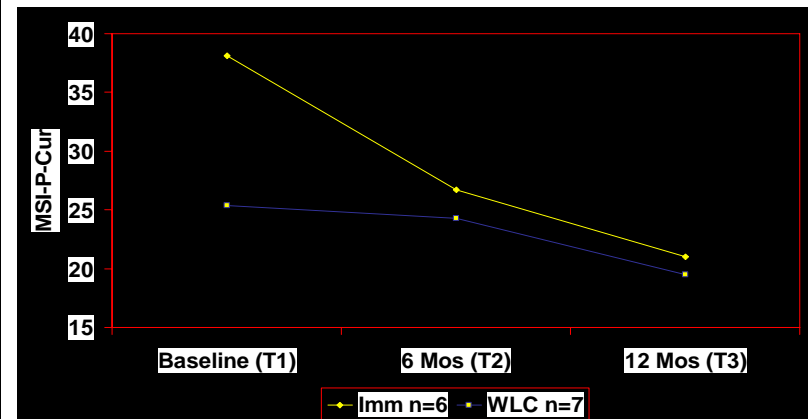
Individual-Family Psychoeducation (IF-PEP)

*OH Dept
Mental Health, 2002-2004*

- N=20
- 16 sessions
 - Alternate child and parent with parent
 - Same content + Healthy Habits
 - diet, exercise, sleep
- Comparable design to MFPG

IF-PEP Primary Outcome: MSI-Parent-Cur—Power Analyses

Variable	N per Condition	Effect Size
MSI-Parent-CUR T1-T2	64	.45
MSI-Parent-CUR T1-T3	36	.60



IF-PEP: Parent Evaluations

- Anonymous evaluations completed after treatment
- Parents report (1-5 rating, overall 1.6)
 - ↑ knowledge re: symptoms, medication, accessing treatment
 - ↑ skills re: working with schools and treatment team, managing symptoms at home
 - Feeling supported/not blamed

IF-PEP: Children's Evaluations

- 1-5 Rating Scale
 - Overall rating, 1.7
 - Item Range: 1.3 (therapist) to 2.2 (learned about medications)
- ↑ knowledge re: mood symptoms, medication
- ↑ ability to get along with family, friends and at school
- ↑ skill re: symptom management
- ↑ support/ ↓ isolated, “not the only one”
- parents' behavior toward them better

IF-PEP 24: Two Case Studies

Leffler, Fristad & Klaus, in press

- Expanded from 16 to 24 sessions
 - 1 sibling session
 - 1 additional systems-of-care (school, mental health) session
 - 1 school professionals session (face-to-face or conference call attendance)
 - 2 Healthy Habits sessions
 - 3 additional “in-the-bank” sessions

IF-PEP 24: Case Studies

Leffler, Fristad & Klaus, in press

- 11 yr old girl “Jane”
- Long treatment history
 - sertraline, 3 mos: akathisia, elevated mood, dangerous behaviors
 - divalproex sodium, clonidine, quetiapine, ages 9-11: no significant improvement
 - fluvoxamine and clonazepam: for compulsive behavior and agitation
 - School and private therapeutic support

IF-PEP 24: Case Studies

Leffler, Fristad & Klaus, in press

- 10 yr old boy “John”
- Extensive treatment history
 - 2 yrs, divalproex sodium (trial of methylphenidate)
 - 4 yrs, risperidone
 - 6 yrs, atomoxetine
 - 8 yrs, trials of methylphenidate, amphetamine/dextroamphetamine, clonidine, lithium, and aripiprazole
 - 9 yrs, trials of quetiapine and escitalopram
 - 10 yrs, oxcarbazepine
 - very significant weight gain

Jane's Diagnoses

Leffler, Fristad & Klaus, in press

- BP-1: Most Recent Episode Mixed: current moderate to severe symptoms: dysphoric mood, irritability, psychomotor agitation, increased appetite, strong craving for sweets, weight gain, rejection sensitivity, irritability, motor hyperactivity, derailment, mood lability
- ADHD-Combined
- ODD
- GAD
- OCD

John's Diagnoses

Leffler, Fristad & Klaus, in press

- BP-1 Most Recent Episode Hypomanic:
 - current mild symptoms: irritability, negative self-image, elevated mood, uninhibited people seeking, hypersexuality
- ADHD-combined
- ODD
- Specific Phobia-dark & heights
- SAD

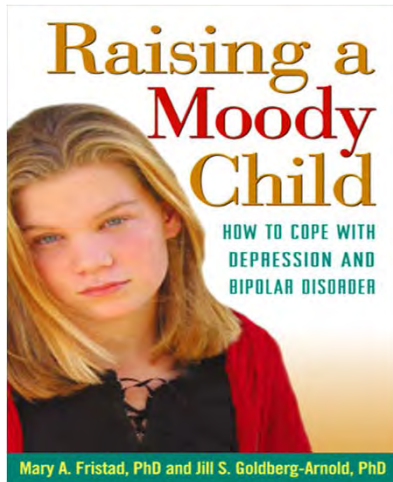
Jane's Treatment Response

Measure	Pre	Post	Change
C-GAS: Current	36	48	Improved
C-GAS: Worst	31	41	Improved
KMRS	45	28	Improved
KDRS	67	55	Improved
TBQ-P	3.9	4.2	Improved

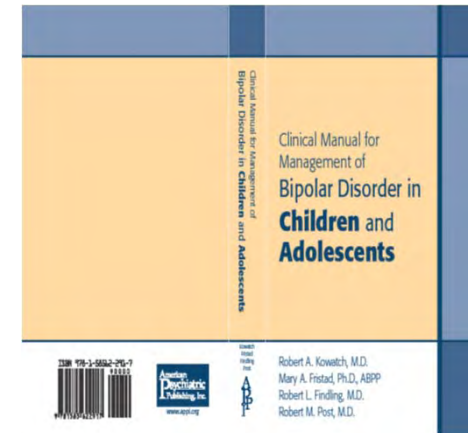
John's Treatment Response

Measure	Pre	Post	Change
C-GAS: Current	35	40	Improved
C-GAS: Worst	15	38	Improved
KMRS	48	28	Improved
KDRS	43	55	Worsened
TBQ-P	3.3	4.2	Improved

PEP & MF-PEP Resources



Books & DVD for
parents or
therapists—order
from
www.amazon.com



Treatment Manual—
2010, Guilford Press

Home Study Course— *for professionals*
Taped 2 day seminar by Dr. Fristad
6 or 12 hours Continuing Education
credit
\$95 for CD or cassette
\$65 for test scoring/reporting
www.jkseminars.com

www.moodychildtherapy.com

Child, Parent & Child
Therapist MF-PEP
Workbooks

Thank You, The End

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