Why current psychotherapies for children and adolescents may be inadequate

Excerpts from:

"Are Psychotherapies for Young People Growing Stronger? Tracking Trends Over Time for Youth Anxiety, Depression, Attention-Deficit/Hyperactivity Disorder, and Conduct Problems" by John R. Weisz, Sofie Kuppens, Mei Yi Ng, et al. in *Perspectives on Psychological Science*, 2019, Vol. 14(2) 216–237. https://journals.sagepub.com/doi/full/10.1177/1745691618805436#
(See article for references cited by the researchers.)

The researchers "tracked temporal trends for each problem domain and then examined multiple study characteristics that might moderate those trends. Mean effect size increased nonsignificantly for anxiety, decreased nonsignificantly for ADHD, and decreased significantly for depression and conduct problems. Moderator analyses involving multiple study subgroups showed only a few exceptions to these surprising patterns."

They conclude that "The findings suggest that new approaches to treatment design and intervention science may be needed, especially for depression and conduct problems. We suggest intensifying the search for mechanisms of change, making treatments more transdiagnostic and personalizable, embedding treatments within youth ecosystems, adapting treatments to the social and technological changes that alter youth dysfunction and treatment needs, and resisting old habits that can make treatments unduly skeuomorphic."

In discussing implications for the poor findings, they indicate the following:

Mechanisms

"... boosting psychotherapy effects may require that we understand what mechanisms of change are required for genuine improvement.... Our limited understanding of mechanisms may encourage default repetition of standardized treatments that have "worked" previously, and this may constrain innovation; repeating relatively similar therapies year after year may impose a natural limit on how much therapy benefit can increase over time. ...

Treatment structure

Another possible explanation ... may lie in the structure of youth psychotherapies. These are typically standardized protocols containing 10 to 20 preplanned sessions that are delivered in relatively fixed order, all focused on one disorder or problem or a homogeneous cluster. Such therapies may have only so much capacity for benefit because (a) the narrow problem focus may clash with the comorbidity that is so pervasive in troubled and treated youths ... . and (b) the standardized sequential designs may clash with the flux in young people's most pressing problems that is so common during episodes of youth psychotherapy.... Outcomes could conceivably be improved via treatment designs that are more transdiagnostic, flexible, and personalizable ..., including perhaps those built from the "elements approach" described by the Institute of Medicine.... In that approach, elements of standard ESTs for multiple disorders and problems can be used to form modules (e.g., graduated exposure, cognitive restructuring) and organized into a kind of menu from which personally tailored treatment can be fashioned for each individual and adjusted as treatment needs change. ...

Overdetermination of outcomes

A third possible explanation for the very limited evidence of improvement over time is that many factors other than psychotherapy may influence outcomes..., especially for young people. Youths in therapy may experience intra-family conflict, maltreatment by caregivers, hunger, loss of loved ones, social rejection by peers, academic stress, neighborhood risk, and diverse other forces potentially more powerful than one therapy session per week – in part because youths are essentially confined within family, school, neighborhood, and social systems they cannot escape or avoid and within which their power to exert change is severely limited. Because psychotherapy is but one causal force among many in the lives of young people, there may be a natural upper limit to the

impact therapy alone can have within this age range. It is possible that youth treatment developers were actually approaching that upper limit decades ago for some youth problems, with effects of psychotherapy for those problems resting near a natural ceiling ever since. That possibility suggests another strategy for improving outcomes: combining psychotherapy with in vivo support for addressing real-world circumstances that could otherwise limit improvement and over which youths acting alone would have little control. Such an approach would contrast with the primarily office-based approach that has dominated youth psychotherapy research and practice for many years, but a few innovative intervention researchers have achieved success pioneering this more ecologically embedded approach....

Change over time in the nature of youth dysfunction and treatment needs

Another factor contributing to our findings may be that the nature of childhood and adolescence, and of youth dysfunction, may be changing faster than our treatments are. Threats to youth mental health are becoming more diverse and multiform than could have been envisioned decades ago. Current threats encompass pressures to excel in increasingly competitive academic and social environments, images conveyed via advertising and social media that could make anyone feel inadequate, risks of harm via text messages and cyberbullying, and even fear of being gunned down at school. These changes may be continually expanding and diversifying the ways youth anxiety and depression are experienced and at a pace well beyond what treatment developers can match. Similarly, the flavor of ADHD—and how it needs to be addressed in treatment—may have been altered significantly by the emerging information age, with television, then the Internet, then video games and smartphones, offering an ever-expanding array of ways to be distracted at the same time as the need for focus and close attention in classroom and social contexts is escalating.

Finally, there are now more ways than ever for youths with conduct problems to be a threat to others than in years past, with available tools that have come to include social media, firearms, and enough information online to turn anyone into a genuine danger—combined with personal access to peer and media influence that can be very difficult for parents to monitor. In sum, social and technological change are continually altering and expanding the range of ways young people may experience anxiety, depression, ADHD, and conduct problems, generating a need for corresponding change in interventions, but at a pace treatment developers may find difficult to match. If treatments for young people are to improve over time, their design and content may need to keep pace with temporal changes in the nature of youth and youth dysfunction, and this is a challenge worthy of our best minds.

Change over time in the culture of parenting, youth communication, and personal change

Societal evolution includes change in parenting standards; increasing print and social media attacks on time-out, for example, may have discouraged the use of methods that have strong empirical support. Social change also includes continual shifts in the ways young people communicate and achieve personal change. Therapies that have worked in the past may need to evolve to synch up with changing patterns of communication and social exchange. For youths accustomed to texting, tweeting, instant messaging, and Snapchat, the idea of sitting alone in a room with a middle-aged adult just talking for 50 min, every week for 20 weeks, may seem like sheer torture—or even a peek into the olden days, like visiting Jurassic Park. Fifty years ago, the creation of therapy manuals that specified details of multiple lengthy sessions in an office with a therapist was a major advance, providing the kind of documentation needed to move psychotherapy beyond unspecified, untested procedures. But times have changed in so many ways since then. If therapy is a form of communication, then its capacity for continual improvement may rest in part on its capacity to evolve continually to fit the communication style of each era. If we are to fit therapies into the increasingly efficient and increasingly electronic communication style of the current era, we are likely to need interventions that can work fast, and many of these may need to rest on digital platforms, live at least partially within computers and smartphone apps, and use strategies that build and sustain youth engagement. ...

Skeuomorphic thinking in treatment design

In any efforts to synch youth treatment development with changes in the nature of youth psychopathology and in communication trends, a key challenge will be avoiding skeuomorphic thinking. Skeuomorphs are products that retain unnecessary, often ornamental, design features derived from earlier versions of those products. Examples include software calendars that retain the appearance of paper calendars, chandelier light bulbs shaped like candles, e-books with "pages" that appear to turn, and the shutter sound made when we snap a digital photo.... Experts in the design of digital technologies for mental health intervention ... have noted that many efforts to modernize psychotherapies using technology show skeuomorphic thinking that can limit treatment appeal and impact. Examples include e-therapies organized into "sessions," guided by "questionnaires" that look like paper-and-pencil measures and complemented by "workbooks" that look like printed brochures—all unnecessary for effective intervention and potentially counterproductive. Effective treatments may include some that look less like traditional therapy than like video games and other engaging youth pastimes, and some of the best skeuomorph-free ideas may come from young people themselves, if we merely ask them using participatory design approaches.... If we are to link treatment development to societal change, we may need to remember that old habits die hard and that some of those habits may be counterproductive; user-centered design ... and shared decision making in treatment planning ... may help us counter old habits with fresh thinking.

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The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices
of the School Mental Health Project, Dept. of Psychology, UCLA,
Website: http://smhp.psych.ucla.edu Send comments to ltaylor@ucla.edu