

Individual Treatment and Support for Youth - Psychotherapy, Counseling and Engagement Strategies

Youth Mental Health Issues

Youth depression is “a significant, persistent, and recurrent public health problem that undermines social and school functioning, generates severe family stress, and prompts significant use of mental health services.” It has been “linked to drug use and suicide” and has been shown by prospective longitudinal to be related to elevated risk in adulthood of continued depression, reduced ability to function in society and suicide (Weisz, 132).

Furthermore, depression is commonly linked to increased risk of other psychiatric disorders, behavior disorders and substance use and abuse. The co-occurrence of two or more mental health problems is known as comorbidity and it is a common problem. The US National Comorbidity study found that of those diagnosed with substance abuse disorder, 36% had at least one anxiety disorder and 25% had at least one affective disorder, while among those diagnosed with a mental disorder, 15% had at least one co-occurring substance abuse disorder. Comorbidity can be explained by direct and indirect causal relationships and/or the existence of “common factors that increase the risk of both disorders.” (Teeson et al. 83). Comorbidity often complicated diagnosis and is associated with “poor treatment outcome, severe illness course, and high service utilization” (Teeson et al., 81).

Psychotherapy & Counseling

There is evidence that suggests that widely used traditional therapies are not always effective in the treatment of youth. This has resulted in a great deal of research to determine what evidence-based therapies are best for use in children and adolescents. Evidence-based therapies commonly used in the treatment of children and adolescents include:

Interpersonal Psychotherapy

Interpersonal psychotherapy involves individual counseling, and has been shown to be beneficial in the treatment of adolescent depression. It is based on the idea that depression occurs in an interpersonal context. Dr. Mufson, of Columbia University, explains stating, “When you are depressed, it affects your interpersonal relationships, and what is going on in your relationships in turn effects your mood. If you can intervene and improve those relationships, you can actually change the course of the depressive episode” (Stong, 2).

In her research on Interpersonal Psychotherapy Dr. Mufson found that adolescents who received interpersonal psychotherapy had:

- Significantly greater decrease in their depressive symptoms
- Significantly greater improvements in overall social functioning
- An increase in positive problem-solving skills

Behavioral Therapy

Behavioral Therapy focuses on specific actions that maintain or change behaviors. The goal is to allow the youth and the service provider to identify and work on improving specific behaviors that are problematic for the individual. They design therapeutic activities and positive reinforcement is provided when the goal of these activities is achieved. When consistently applied, Behavioral Therapy has been demonstrated to show improvement in the areas of substance abuse and dependency, school attendance, family relationships, and depression.

Cognitive Therapy

Cognitive therapy is a way to gain control over repetitive, negative thought cycles. Cognitive therapy encourages people to recognize negative cognitions associated with their problems and tries to assist the individual in modifying these negative thoughts and actions into more positive thoughts and behaviors to break the depressive cycle.

Cognitive Behavioral Therapy

Cognitive-Behavioral Therapy (CBT), combines cognitive therapy and behavioral therapy and has been proven to be highly beneficial. Current research suggests that CBT is helpful in the treatment of depression, anxiety, PTSD and conduct problems (McClellan, 2). CBT has also been shown to be effective for use in a variety of environment from support groups to prisons and among a wide range of populations regardless of age or background. CBT has been used in the treatment of the following problem behaviors in youth:

- The Prevention of Delinquency, Criminality and Violence
- Substance Use and Abuse
- Teen Pregnancy and Risky Sexual Behaviors
- Prohibiting Failure and Promoting Academic Competence

Distinctive features of Cognitive-Behavioral Therapy include:

- CBT is the most evidence-based form of psychotherapy.

- As opposed to counseling and other forms of individual psychotherapy that focus more on the discussion of problems, CBT allow individuals to actively work towards their goals by focusing on what the problem is and what actions are necessary to improve it.
- The effects of CBT are easy observable, as they take the form of concrete behavioral change, thus the outcomes are readily measurable.
- Provided the individual displays motivated to change, results from CBT can occur rapidly.

Multisystemic Therapy

Multisystemic Therapy (MST) was designed to address serious antisocial behavior in children and adolescents. MST provides treatment in the service recipient's natural environment and tries to involve all aspects of the individual's life including family, school and community. MST has been associated with long-term reduction of substance abuse, violence, delinquency, and aggression.

Engagement & Help-Seeking

One of the greatest challenges in providing mental health services to young people is engagement. Many children with mental health problems do not receive the care they need, either because they do not seek help or because they disengage from services before they reach full therapeutic potential.

The importance of "encouraging appropriate and effective early help-seeking behavior for mental health problems has been recognized as essential for prevention and early intervention" yet, the reluctance of many young people to seek help is well-established (Rickwood, Wilson & Deane).

Recent research by Rickwood, Deane, Wilson, & Ciarrochi has established the following trends among help seeking among young people with mental health problems:

- Young people of both genders are more likely to seek help from informal supports than professional services.
- Females are more likely to seek help from friends and males are more likely to seek help from family members.
- Young males are significantly less likely than their female counterparts to seek help for mental health related issues.
- Help-seeking trends vary based on the nature of the problem; professional help is more likely to be sought for suicidal ideation while informal support is more likely to be sought for personal emotional issues.

- Adolescent females tend to become increasingly dependent on friends as they gain independence from their families, however boys “seem to be socialized to seek less help from all sources across the early and mid-adolescent years” and thus face increasing isolation (12).
- There was only a modest relationship established between help-seeking intentions

Rickwood, Deane, Wilson, & Ciarrochi noted that “help-seeking is not simply a process of identifying need, deciding to seek help and carrying out that decision. At each of these points, factors intervene to prevent the progression of the help-seeking process” (13). They identified the following barriers to help-seeking:

- Lack of ability to recognize feelings
- Lack of emotional vocabulary to express feelings
- Help-negation or not utilizing available help
- Belief that people should handle their own problems
- Negative attitudes and beliefs related to seeking professional help
- Lack of trust, shyness or embarrassment
- Lack of established relationship with sources of professional help
- Lack of literacy in regards to mental health issues

Rickwood and her colleagues also identified factors that facilitated help-seeking including:

- Outreach – take the services to the young people
- Make services easy to access
- Service providers need to operate within a recovery orientation
- Break down the social taboo of males expressing their emotional needs
- Work to increase emotional competence and literacy among youth
- Increase knowledge within the community of available services
- Increase awareness of mental health issues
- Service providers who are skilled at dealing with the specific needs of youth
- Trust building and confidentiality (within safety).
- Engage family and friends in care
- Make help-seeking for mental health problems not only socially acceptable but admired.
- Be prepared to reach out with appropriate help
- Strengthen communities and service networks

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