

RECOMENDACIÓN T.5

INFORME DE BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES Guía de Práctica Clínica de Depresión en Adolescente - 2018

A. PREGUNTA CLÍNICA

En personas menores de 15 años con diagnóstico de depresión ¿Se debe agregar terapia familiar a terapia individual en comparación a no agregar?

Análisis y definición de los componentes de la pregunta en formato PICO

Población: Personas menores de 15 años con diagnóstico de depresión.

Intervención: Agregar terapia familiar a terapia individual.

Comparación: No agregar.

Desenlace (outcome): Síntomas depresivos, funcionalidad familiar, funcionalidad social, suicidalidad.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Unipolar depressive disorder”. Las bases de datos utilizadas fueron: Cochrane database of systematic reviews (CDSR); Database of Abstracts of Reviews of Effectiveness (DARE); HTA Database; PubMed; LILACS; CINAHL; PsycINFO; EMBASE; EPPI-Centre Evidence Library; 3ie Systematic Reviews and Policy Briefs Campbell Library; Clinical Evidence; SUPPORT Summaries; WHO institutional Repository for information Sharing; NICE public health guidelines and systematic reviews; ACP Journal Club; Evidencias en Pediatría; y The JBI Database of Systematic Reviews and implementation Reports. No se aplicaron restricciones en base al idioma o estado de publicación. Dos revisores de manera independiente realizaron la selección de los títulos y los resúmenes, la evaluación del texto completo y la extracción de datos. Un investigador experimentado resolvió cualquier discrepancia entre los distintos revisores. En caso de considerarse necesario, se integraron estudios primarios.

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Al momento de definir la pregunta la evidencia ya se encontraba previamente clasificada según intervenciones comparadas. Los resultados se encuentran alojados en la plataforma Living Overview of the Evidence (L-OVE), sistema que permite la actualización periódica de la evidencia.

C. SÍNTESIS DE EVIDENCIA

Resumen de la evidencia identificada

Se identificaron siete revisiones sistemáticas, de las cuales una utiliza la técnica de metanálisis en red (network meta-analysis) que incluye 52 estudios primarios, todos ensayos aleatorizados. Si bien no contiene todos los ensayos, este artículo entrega la información de mayor certeza de evidencia disponible hasta la fecha, al comparar diversos tipos de psicoterapia (incluyendo psicoterapia familiar).

Tabla 1: Resumen de la evidencia seleccionada

Revisión Sistemática	7 [1-7]
Estudios primarios	52 [8-59]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificando que una revisión sistemática incluye la mayoría de los ensayos relevantes, por lo que se decidió reutilizar sus metanálisis para la construcción de tabla de resumen de resultados.

Metanálisis

Eficacia al fin de la terapia y eficacia a largo plazo

IPT	-0.20 (-0.67 to 0.31)	-0.44 (-0.97 to 0.11)	-0.47 (-0.98 to 0.06)	-0.22 (-0.95 to 0.51)	-1.10 (-1.90 to -0.27)	-0.33 (-0.95 to 0.31)	-0.46 (-1.01 to 0.10)	-0.38 (-0.91 to 0.17)	-0.52 (-0.98 to -0.06)	-0.43 (-1.35 to 0.49)	--	-1.05 (-1.66 to -0.44)
-0.13 (-0.49 to 0.23)	CBT	-0.24 (-0.51 to 0.00)	-0.27 (-0.56 to 0.00)	-0.02 (-0.67 to 0.59)	-0.90 (-1.56 to -0.23)	-0.14 (-0.54 to 0.27)	-0.26 (-0.53 to -0.01)	-0.19 (-0.41 to 0.04)	-0.32 (-0.60 to -0.08)	-0.23 (-1.08 to 0.59)	--	-0.86 (-1.24 to -0.49)
-0.19 (-0.72 to 0.34)	-0.07 (-0.49 to 0.36)	SUP	-0.03 (-0.36 to 0.31)	0.22 (-0.46 to 0.88)	-0.66 (-1.36 to 0.05)	0.11 (-0.32 to 0.55)	-0.02 (-0.36 to 0.32)	0.06 (-0.23 to 0.37)	-0.08 (-0.42 to 0.25)	0.01 (-0.86 to 0.86)	--	-0.61 (-1.06 to -0.17)
-0.27 (-0.75 to 0.23)	-0.14 (-0.54 to 0.27)	-0.08 (-0.60 to 0.46)	CT	0.25 (-0.40 to 0.87)	-0.63 (-1.34 to 0.09)	0.13 (-0.34 to 0.62)	0.01 (-0.37 to 0.38)	0.09 (-0.23 to 0.42)	-0.05 (-0.34 to 0.21)	0.04 (-0.81 to 0.87)	--	-0.59 (-1.05 to -0.12)
-0.29 (-0.85 to 0.28)	-0.16 (-0.66 to 0.35)	-0.09 (-0.69 to 0.50)	-0.02 (-0.62 to 0.58)	FT	-0.88 (-1.77 to 0.03)	-0.12 (-0.85 to 0.64)	-0.24 (-0.91 to 0.45)	-0.16 (-0.81 to 0.52)	-0.30 (-0.87 to 0.27)	-0.21 (-0.76 to 0.34)	--	-0.84 (-1.55 to -0.10)
-0.33 (-1.05 to 0.39)	-0.20 (-0.85 to 0.45)	-0.13 (-0.90 to 0.62)	-0.06 (-0.82 to 0.69)	-0.04 (-0.84 to 0.76)	PST	0.76 (-0.03 to 1.51)	0.64 (-0.07 to 1.35)	0.72 (0.01 to 1.41)	0.58 (-0.14 to 1.28)	0.67 (-0.42 to 1.72)	--	0.04 (-0.59 to 0.68)
-0.36 (-0.96 to 0.25)	-0.23 (-0.74 to 0.29)	-0.17 (-0.75 to 0.42)	-0.09 (-0.72 to 0.53)	-0.07 (-0.76 to 0.62)	-0.04 (-0.77 to 0.83)	BT	-0.13 (-0.61 to 0.35)	-0.05 (-0.50 to 0.41)	-0.19 (-0.67 to 0.26)	-0.09 (-1.03 to 0.82)	--	-0.72 (-1.21 to -0.23)
-0.50 (-1.01 to 0.01)	-0.37 (-0.75 to 0.00)	-0.31 (-0.83 to 0.21)	-0.23 (-0.75 to 0.28)	-0.22 (-0.83 to 0.40)	-0.18 (-0.92 to 0.57)	-0.14 (-0.77 to 0.48)	NT	0.08 (-0.24 to 0.42)	-0.06 (-0.43 to 0.30)	0.03 (-0.86 to 0.89)	--	-0.59 (-1.05 to -0.14)
-0.60 (-1.03 to -0.18)	-0.47 (-0.76 to -0.19)	-0.41 (-0.89 to 0.07)	-0.33 (-0.79 to 0.11)	-0.31 (-0.88 to 0.24)	-0.28 (-0.97 to 0.43)	-0.24 (-0.82 to 0.33)	-0.10 (-0.54 to 0.34)	PBO	-0.14 (-0.48 to 0.17)	-0.05 (-0.92 to 0.80)	--	-0.67 (-1.11 to -0.25)
-0.68 (-1.04 to -0.32)	-0.55 (-0.88 to -0.22)	-0.49 (-1.00 to 0.01)	-0.41 (-0.84 to 0.00)	-0.39 (-0.91 to 0.10)	-0.35 (-1.07 to 0.36)	-0.32 (-0.91 to 0.26)	-0.18 (-0.67 to 0.30)	-0.08 (-0.49 to 0.33)	TAU	0.09 (-0.70 to 0.88)	--	-0.53 (-0.97 to -0.08)
-0.95 (-2.00 to 0.11)	-0.82 (-1.84 to 0.21)	-0.75 (-1.82 to 0.32)	-0.68 (-1.76 to 0.39)	-0.66 (-1.55 to 0.11)	-0.62 (-1.81 to 0.58)	-0.59 (-1.71 to 0.54)	-0.45 (-1.52 to 0.64)	-0.35 (-1.39 to 0.71)	-0.27 (-1.29 to 0.76)	DYN	--	-0.63 (-1.53 to 0.30)
-0.93 (-1.66 to -0.20)	-0.80 (-1.55 to -0.06)	-0.74 (-1.59 to 0.10)	-0.66 (-1.49 to 0.15)	-0.64 (-1.52 to 0.22)	-0.61 (-1.56 to 0.35)	-0.57 (-1.46 to 0.30)	-0.43 (-1.26 to 0.39)	-0.33 (-1.11 to 0.45)	-0.25 (-1.02 to 0.52)	0.02 (-1.23 to 1.26)	PT	--
-0.96 (-1.36 to -0.57)	-0.83 (-1.09 to -0.58)	-0.77 (-1.25 to -0.30)	-0.69 (-1.15 to -0.25)	-0.67 (-1.20 to -0.15)	-0.63 (-1.25 to -0.02)	-0.60 (-1.12 to -0.09)	-0.46 (-0.91 to -0.02)	-0.36 (-0.72 to 0.00)	-0.28 (-0.66 to 0.10)	-0.01 (-1.05 to 1.01)	-0.03 (-0.76 to 0.70)	WL

■ Treatment ■ Efficacy at post-treatment (SMD with 95% CrI) □ Efficacy at follow-up (SMD with 95% CrI)

Aceptabilidad

PST																				
0.29 (0.07 to 2.71)	IPT																			
13.56 (0.02 to 48.71)	20.60 (0.07 to 84.43)	DYN																		
0.19 (0.04 to 2.23)	0.90 (0.19 to 2.73)	0.03 (0.01 to 10.02)	SUP																	
0.15 (0.03 to 2.45)	0.88 (0.13 to 3.12)	0.02 (0.01 to 11.94)	1.43 (0.14 to 5.97)	PT																
0.36 (0.03 to 1.40)	0.58 (0.17 to 1.42)	1.00 (0.01 to 6.27)	0.87 (0.19 to 2.51)	1.16 (0.13 to 4.41)	TAU															
0.31 (0.05 to 1.02)	0.57 (0.19 to 1.33)	1.07 (0.01 to 6.83)	0.85 (0.21 to 2.35)	1.07 (0.17 to 3.69)	1.15 (0.36 to 2.90)	WL														
0.10 (0.02 to 1.49)	0.30 (0.09 to 1.89)	0.02 (0.01 to 3.82)	0.42 (0.12 to 2.72)	0.37 (0.08 to 4.90)	0.66 (0.22 to 3.03)	0.62 (0.19 to 3.48)	FT													
0.12 (0.03 to 0.88)	0.33 (0.14 to 0.93)	0.02 (0.00 to 4.74)	0.46 (0.18 to 1.45)	0.42 (0.11 to 2.85)	0.67 (0.30 to 1.84)	0.70 (0.37 to 1.44)	0.71 (0.23 to 3.52)	CBT												
0.27 (0.02 to 1.11)	0.45 (0.08 to 1.35)	0.79 (0.00 to 5.16)	0.63 (0.11 to 1.90)	0.86 (0.07 to 3.49)	0.54 (0.17 to 2.66)	0.56 (0.18 to 2.34)	1.22 (0.15 to 4.46)	1.08 (0.31 to 2.59)	NT											
0.10 (0.02 to 0.98)	0.31 (0.12 to 1.06)	0.02 (0.00 to 4.92)	0.41 (0.14 to 1.71)	0.38 (0.10 to 3.11)	0.60 (0.24 to 2.22)	0.63 (0.27 to 1.88)	0.64 (0.19 to 4.01)	0.89 (0.44 to 2.11)	0.83 (0.29 to 3.91)	AP										
0.08 (0.02 to 1.23)	0.24 (0.07 to 1.59)	0.01 (0.00 to 5.32)	0.37 (0.12 to 1.79)	0.30 (0.07 to 3.92)	0.49 (0.14 to 3.10)	0.51 (0.15 to 2.77)	0.53 (0.13 to 4.97)	0.71 (0.23 to 3.40)	0.67 (0.18 to 5.30)	1.24 (0.20 to 4.07)	BT									
0.06 (0.01 to 0.60)	0.16 (0.06 to 0.71)	0.01 (0.00 to 2.88)	0.22 (0.07 to 1.11)	0.20 (0.05 to 1.97)	0.35 (0.14 to 1.18)	0.34 (0.13 to 1.24)	0.36 (0.10 to 2.36)	0.62 (0.19 to 1.58)	0.44 (0.14 to 2.63)	0.68 (0.17 to 1.88)	0.86 (0.12 to 3.15)	CT								

■ Treatment □ Acceptability outcome (OR with 95% CrI)

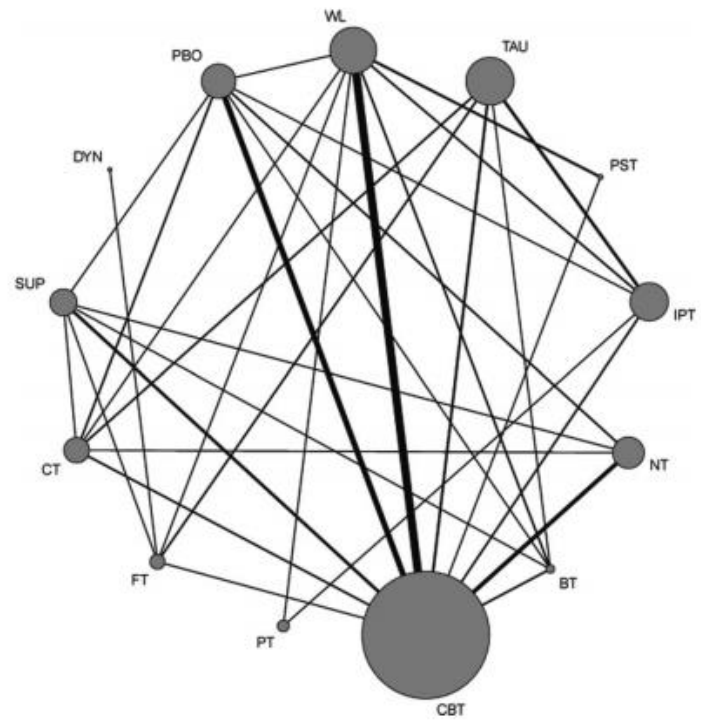


Figure 2 Network plot of evidence of all trials. The width of the lines is proportional to the number of trials comparing every pair of treatments, and the size of every node is proportional to the number of randomized participants. BT – behavioral therapy, CBT – cognitive-behavioral therapy, CT – cognitive therapy, FT – family therapy, IPT – interpersonal therapy, NT – no-treatment control, PBO – psychological placebo, PT – play therapy, PST – problem-solving therapy, DYN – psychodynamic therapy, SUP – supportive therapy, TAU – treatment-as-usual, WL – waitlist

Tabla de Resumen de Resultados (Summary of Findings)

AGREGAR TERAPIA FAMILIAR A TERAPIA INDIVIDUAL COMPARADO CON TERAPIA INDIVIDUAL PARA DEPRESIÓN.				
Pacientes	Personas menores de 15 años con diagnóstico de depresión.			
Intervención	Agregar terapia familiar a terapia individual*.			
Comparación	Terapia individual.			
Desenlaces	Estudios/ pacientes	Efecto	Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
Eficacia medida al final de la terapia ***	-- 1 metanálisis en red [7]	DME: -0,16 (IC 95%: -0,66 a 0,35)	⊕⊕○○ ^{1,2} Baja	Agregar terapia familiar a terapia individual comparado con terapia individual sola, podría tener menor eficacia, pero la certeza de la evidencia es baja.
Eficacia a largo plazo ***	-- 1 metanálisis en red [7]	DME: -0,02 (-0,67 a 0,59)	⊕⊕○○ ^{1,2} Baja	Agregar terapia familiar a terapia individual comparado con terapia individual sola, podría tener menor eficacia a largo plazo, pero la certeza de la evidencia es baja.
Aceptabilidad ****	-- 1 metanálisis en red [7]	OR: 0,71 (0,23 a 3,52)	⊕⊕○○ ^{1,2} Baja	Agregar terapia familiar a terapia individual comparado con terapia individual sola, podría tener menor aceptabilidad, pero la certeza de la evidencia es baja.

IC 95%: Intervalo de confianza del 95%.

OR: Odds ratio.

DME: Diferencia de medias estandarizada.

GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.

*Si bien los estudios definen como terapia familiar, en la práctica terapia familiar incluye algunas sesiones de terapia individual por lo cual responde la pregunta formulada. Además, no existe una definición o criterio universal explicitado por el network metanálisis y reconocen que la definición de cada estudio es heterogénea (y no permite establecer si existe algún subgrupo dominante).

** La diferencia de medias estandarizada se utiliza cuando el desenlace ha sido medido en diferentes escalas y es difícil de interpretar clínicamente. Una regla general es que valores menores a 0,2 son de poca relevancia clínica, valores de 0,5 de relevancia moderada y 0,8 relevancia clínica importante.

***Eficacia medida en diversas escalas de mejoría de sintomatología. Valores menores a 0 favorecen a terapia individual. Eficacia a largo plazo corresponde a la medición de mayor seguimiento de cada estudio, sin embargo no se reportan el promedio o rango de plazo.

****La aceptabilidad del tratamiento se definió operativamente como la interrupción por todas las causas, medida por la proporción de pacientes que suspendieron el tratamiento hasta el momento posterior a la intervención.

¹Se disminuyó un nivel de certeza de evidencia por ser indirecta, ya que las conclusiones provienen de metanálisis en red (Network metanálisis). Además, las terapias individuales analizadas constituyen un grupo muy diversos de intervenciones, por lo que es difícil asegurar que representen la terapia individual estándar contemporánea.

² Se disminuyó un nivel de certeza de evidencia por imprecisión ya que cada extremo del intervalo de confianza conlleva una decisión diferente.

Fecha de elaboración de la tabla: Enero, 2019.

Referencias

1. David-Ferdon C, Kaslow NJ. Evidence-based psychosocial treatments for child and adolescent depression. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53.* 2008;37(1):62-104
2. Devenish B, Berk L, Lewis AJ. The treatment of suicidality in adolescents by psychosocial interventions for depression: A systematic literature review. *The Australian and New Zealand journal of psychiatry.* 2016;50(8):726-40
3. Forti-Buratti MA, Saikia R, Wilkinson EL, Ramchandani PG. Psychological treatments for depression in pre-adolescent children (12 years and younger): systematic review and meta-analysis of randomised controlled trials. *European child & adolescent psychiatry.* 2016;25(10):1045-54.
4. Harrington R, Whittaker J, Shoebridge P. Psychological treatment of depression in children and adolescents. A review of treatment research. *The British journal of psychiatry : the journal of mental science.* 1998;173:291-8
5. Hollon, Steven D., Ponniah, Kathryn. A review of empirically supported psychological therapies for mood disorders in adults. *Depression and Anxiety.* 2010;27(10)
6. Tamara Henken, Marcus J.H. Huibers, Rachel Churchill, Kathleen K Restifo, Jeffrey J Roelofs. Family therapy for depression. *Cochrane database of systematic reviews (Online).* 2007;(3):CD006728
7. Zhou X, Hetrick SE, Cuijpers P, Qin B, Barth J, Whittington CJ, Cohen D, Del Giovane C, Liu Y, Michael KD, Zhang Y, Weisz JR, Xie P. Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World psychiatry : official journal of the World Psychiatric Association (WPA).* 2015;14(2):207-22
8. Ackerson J, Scogin F, McKendree-Smith N, Lyman RD. Cognitive bibliotherapy for mild and moderate adolescent depressive symptomatology. *Journal of consulting and clinical psychology.* 1998;66(4):685-90.
9. Asarnow, Joan Rosenbaum, Scott, Cynthia V., Mintz, Jim. A combined cognitive-behavioral family education intervention for depression in children: A treatment development study. *Cognitive Therapy and Research.* 2002;26:221.
10. Bolton P, Bass J, Betancourt T, Spielman L, Onyango G, Clougherty KF, Neugebauer R, Murray L, Verdelli H. Interventions for depression symptoms among adolescent survivors of war and displacement in northern Uganda: a randomized controlled trial. *JAMA : the journal of the American Medical Association.* 2007;298(5):519-27.
11. Brent DA, Holder D, Kolko D, Birmaher B, Baugher M, Roth C, Iyengar S, Johnson BA. A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. *Archives of general psychiatry.* 1997;54(9):877-85.
12. Butler L, Mieztis S, Friedman R, Cole E.. The effect of two school-based intervention programs on depressive symptoms in preadolescents. *American Educational Research Journal.* 1980;17:111-119..
13. Clarke GN, Hawkins W, Murphy M, Sheeber LB, Lewinsohn PM, Seeley JR. Targeted prevention of unipolar depressive disorder in an at-risk sample of high school adolescents: a randomized trial of a group cognitive intervention. *Journal of the American Academy of Child and Adolescent Psychiatry.* 1995;34(3):312-21.

14. Clarke GN, Hornbrook M, Lynch F, Polen M, Gale J, Beardslee W, O'Connor E, Seeley J. A randomized trial of a group cognitive intervention for preventing depression in adolescent offspring of depressed parents. *Archives of general psychiatry*. 2001;58(12):1127-34.
15. Clarke GN, Hornbrook M, Lynch F, Polen M, Gale J, O'Connor E, Seeley JR, Debar L. Group cognitive-behavioral treatment for depressed adolescent offspring of depressed parents in a health maintenance organization. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2002;41(3):305-13.
16. Clarke GN, Rohde P, Lewinsohn PM, Hops H, Seeley JR. Cognitive-behavioral treatment of adolescent depression: efficacy of acute group treatment and booster sessions. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1999;38(3):272-9.
17. Curtis SE.. Cognitive-behavioral treatment of adolescent depression. Utah State University. 1992;
18. Dana E.. A cognitive-behavioral intervention for conduct disordered and concurrently conduct disordered and depressed children. Adelphi University School of Social Work. 1998;
19. De Cuyper S, Timbremont B, Braet C, De Backer V, Wullaert T. Treating depressive symptoms in schoolchildren: a pilot study. *European child & adolescent psychiatry*. 2004;13(2):105-14.
20. Diamond GS, Reis BF, Diamond GM, Siqueland L, Isaacs L. Attachment-based family therapy for depressed adolescents: a treatment development study. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2002;41(10):1190-6.
21. Diamond GS, Wintersteen MB, Brown GK, Diamond GM, Gallop R, Shelef K, Levy S. Attachment-based family therapy for adolescents with suicidal ideation: a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2010;49(2):122-31.
22. Eskin M, Ertekin K, Demir H.. Efficacy of a problem-solving therapy for depression and suicide potential in adolescents and young adults. *Cogn Ther Res..* 2008;;227-45.
23. Ettelson RG.. The treatment of adolescent depression. Unpublished doctoral dissertation.. 2003;Illinois State University.
24. Fine S, Forth A, Gilbert M, Haley G. Group therapy for adolescent depressive disorder: a comparison of social skills and therapeutic support. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1991;30(1):79-85.
25. Fischer SA. Development and evaluation of group cognitive-behavioral therapy for depressed and suicidal adolescents in juvenile detention. University of Alabama; Tuscaloosa. 1995;Unpublished doctoral dissertation.
26. Fleming T, Dixon R, Frampton C, Merry S. A pragmatic randomized controlled trial of computerized CBT (SPARX) for symptoms of depression among adolescents excluded from mainstream education. *Behavioural and cognitive psychotherapy*. 2012;40(5):529-41.
27. Hickman KA.. Effects of social skills training on depressed children attending a behavioral day treatment program. Hofstra University. 1994;
28. Hoek W, Schuurmans J, Koot HM, Cuijpers P. Effects of Internet-based guided self-help problem-solving therapy for adolescents with depression and anxiety: a randomized controlled trial. *PloS one*. 2012;7(8):e43485.
29. Jeong YJ, Hong SC, Lee MS, Park MC, Kim YK, Suh CM. Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. *The International journal of neuroscience*. 2005;115(12):1711-20.

30. Kahn, James S., Kehle, Thomas J., Jenson, William R., Clark, Elaine. Comparison of cognitive-behavioral, relaxation, and self-modeling interventions for depression among middle-school students. *School Psychology Review*. 1990;19(2):196-211.
31. Kerfoot M, Harrington R, Harrington V, Rogers J, Verduyn C. A step too far? Randomized trial of cognitive-behaviour therapy delivered by social workers to depressed adolescents. *European child & adolescent psychiatry*. 2004;13(2):92-9.
32. Lewinsohn, Peter M., Clarke, Gregory N., Hops, Hyman, Andrews, Judy A.. Cognitive-behavioral treatment for depressed adolescents. *Behavior Therapy*. 1990;21(4):385-401.
33. Liddle B, Spence SH.. Cognitive-behaviour therapy with depressed primary school children: a cautionary note. *Behav Psychother*.. 1990;18:85-102.
34. Listug-Lunde LB. A cognitive-behavioral treatment for depression in Native American middle-school students. University of North Dakota. 2004;
35. Marcotte D, Baron P.. The efficacy of a school-based rational-emotive intervention strategy with depressive adolescents. *Can J Couns*. 1993;27:77-92.
36. McCarty CA, Violette HD, Duong MT, Cruz RA, McCauley E. A randomized trial of the Positive Thoughts and Action program for depression among early adolescents. *Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*. 2013;42(4):554-63.
37. Merry SN, Stasiak K, Shepherd M, Frampton C, Fleming T, Lucassen MF. The effectiveness of SPARX, a computerised self help intervention for adolescents seeking help for depression: randomised controlled non-inferiority trial. *BMJ (Clinical research ed.)*. 2012;344:e2598.
38. Moldenhauer Z.. Adolescent depression: a primary care pilot intervention study. University of Rochester. 2004;
39. Mufson L, Weissman MM, Moreau D, Garfinkel R. Efficacy of interpersonal psychotherapy for depressed adolescents. *Archives of general psychiatry*. 1999;56(6):573-9.
40. Mufson, Laura, Dorta, Kristen Pollack, Wickramaratne, Priya, Nomura, Yoko, Olfson, Mark, Weissman, Myrna M. A randomized effectiveness trial of interpersonal psychotherapy for depressed adolescents. *Archives of general psychiatry*. 2004;61(6):577.
41. Phillips J.. An evaluation of school-based cognitive-behavioral social skills training groups with adolescents at risk for depression. University of Texas at Arlington. 2004;
42. Reed MK. Social skills training to reduce depression in adolescents. *Adolescence*. 1994;29(114):293-302.
43. Reivich K.. The prevention of depressive symptoms in adolescents. University of Pennsylvania. 1996;
44. Reynolds WM, Coats KI. A comparison of cognitive-behavioral therapy and relaxation training for the treatment of depression in adolescents. *Journal of consulting and clinical psychology*. 1986;54(5):653-60.
45. Roberts C, Kane R, Thomson H, Bishop B, Hart B. The prevention of depressive symptoms in rural school children: a randomized controlled trial. *Journal of consulting and clinical psychology*. 2003;71(3):622-8.
46. Rohde P, Clarke GN, Mace DE, Jorgensen JS, Seeley JR. An efficacy/effectiveness study of cognitive-behavioral treatment for adolescents with comorbid major depression and conduct disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2004;43(6):660-8.

47. Rosselló J, Bernal G, Rivera-Medina C. Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural diversity & ethnic minority psychology*. 2008;14(3):234-45.
48. Rosselló J, Bernal G. The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of consulting and clinical psychology*. 1999;67(5):734-45.
49. Spence SH, Sheffield JK, Donovan CL. Preventing adolescent depression: an evaluation of the problem solving for life program. *Journal of consulting and clinical psychology*. 2003;71(1):3-13.
50. Stark KD, Reynolds WM, Kaslow NJ. A comparison of the relative efficacy of self-control therapy and a behavioral problem-solving therapy for depression in children. *Journal of abnormal child psychology*. 1987;15(1):91-113.
51. Stice E, Rohde P, Gau JM, Wade E. Efficacy trial of a brief cognitive-behavioral depression prevention program for high-risk adolescents: effects at 1- and 2-year follow-up. *Journal of consulting and clinical psychology*. 2010;78(6):856-67.
52. Tang TC, Jou SH, Ko CH, Huang SY, Yen CF. Randomized study of school-based intensive interpersonal psychotherapy for depressed adolescents with suicidal risk and parasuicide behaviors. *Psychiatry and clinical neurosciences*. 2009;63(4):463-70.
53. Trowell, Judith, Joffe, Ilan, Campbell, Jesse, Clemente, Carmen, Almqvist, Fredrik, Soininen, Mika, Koskenranta-Aalto, Ulla, Weintraub, Sheila, Kolaitis, Gerasimos, Tomaras, Vlassis, Anastasopoulos, Dimitris, Grayson, Kate, Barnes, Jacqueline, Tsiantis, John. Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy. *European Child & Adolescent Psychiatry*. 2007;16(3):157-167.
54. Vostanis P, Feehan C, Grattan E, Bickerton WL. A randomised controlled out-patient trial of cognitive-behavioural treatment for children and adolescents with depression: 9-month follow-up. *Journal of affective disorders*. 1996;40(1-2):105-16.
55. Weisz JR, Thurber CA, Sweeney L, Proffitt VD, LeGagnoux GL. Brief treatment of mild-to-moderate child depression using primary and secondary control enhancement training. *Journal of consulting and clinical psychology*. 1997;65(4):703-7.
56. Wood A, Harrington R, Moore A. Controlled trial of a brief cognitive-behavioural intervention in adolescent patients with depressive disorders. *Journal of child psychology and psychiatry, and allied disciplines*. 1996;37(6):737-46.
57. Young JF, Mufson L, Davies M. Efficacy of Interpersonal Psychotherapy-Adolescent Skills Training: an indicated preventive intervention for depression. *Journal of child psychology and psychiatry, and allied disciplines*. 2006;47(12):1254-62.
58. Young JF, Mufson L, Gallop R. Preventing depression: a randomized trial of interpersonal psychotherapy-adolescent skills training. *Depression and anxiety*. 2010;27(5):426-33.
59. Israel P, Diamond GS. Feasibility of Attachment Based Family Therapy for depressed clinic-referred Norwegian adolescents. *Clinical child psychology and psychiatry*. 2013;18(3):334-50.