



Brief BA for depressed adolescents delivered by PWPs in a school setting: Two case studies

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Introduction

- Depression in adolescents is a common mental health problem worldwide¹, although it often goes unrecognised²
- Behavioural Activation (BA) is an effective treatment for depression in adults³; however there is a lack of research on BA with adolescents⁴
- Brief BA for adolescent depression⁵ has been developed and adapted from the adult Brief Behavioural Activation Treatment for Depression (BATD)⁶.

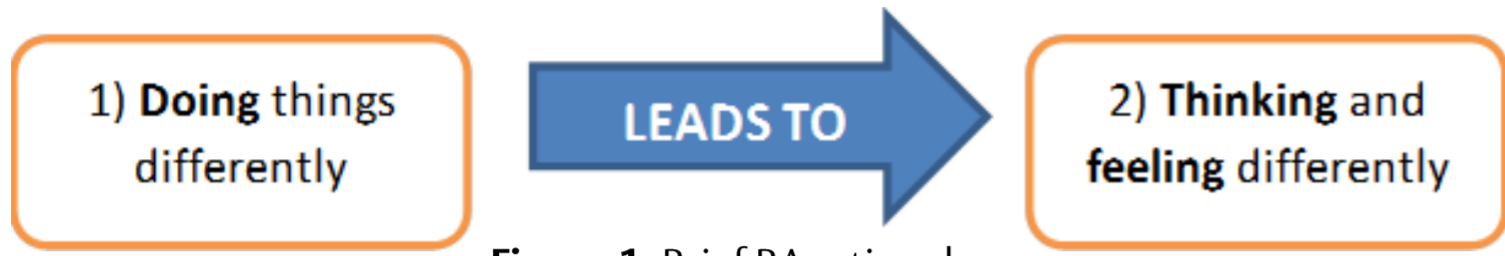


Figure 1. Brief BA rationale

- Brief BA helps young people identify their individual values, and link activities to them.⁴ Linking activities to values helps select more rewarding behaviours and increases engagement of young people in activities that are not immediately rewarding but are working towards a long-term value.⁴
- Brief BA for adolescents can be successfully delivered by non-specialist clinicians⁷, and has recently been adapted for delivery in schools
- Key differences include delivering therapy in a school setting; lack of parental involvement in sessions, and greater liaison with school staff.

Rationale

- Offering therapy in settings that are familiar and accessible to young people may increase the likelihood that appropriate interventions are delivered to those that need them most⁸. Schools are a promising site for delivering evidence-based mental health interventions and for making decisions about involvement of specialist services⁸.

Method

Brief BA treatment and Supervision

- Assessment, then 6-8x 50min individual sessions of Brief BA in school by a Psychological Wellbeing Practitioner (PWP)
- Group supervision with a Clinical Psychologist before the first session and weekly throughout treatment
- School safeguarding and risk management policies were followed

Routine Outcome Measures

- Pre and post: Full Revised Child Anxiety & Depression Scale (RCADS)⁹ self-report
- Session by session measures (self report): RCADS Depression subscale (an additional question "I thought about killing myself" was added to monitor risk), Outcome Rating Scale (ORS)¹⁰, Session Rating Scale (SRS).

Case Illustration 1; 'Rachel'

- 'Rachel' (pseudonym) is a 14 year old girl who at assessment presented with mild/moderate depression symptoms, no current or previous CAMHS input

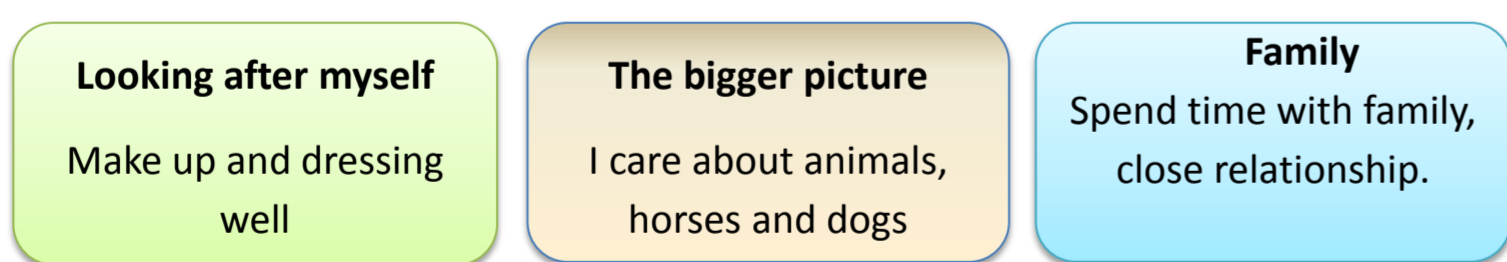


Figure 2: Rachel's key values

Value: Spending time with family	
Activity 1	Ask mum what she is doing at the weekend
Activity 2	Ask mum to arrange for the family to come over
Activity 3	Go to the movies with my sister

Figure 3: Example of Rachel's Valued Activities

Outcome

- Improvement in self-report depression symptoms and functioning. Rachel will have a review at the beginning of the next school year and a plan for continuing progress will be agreed with school and family.

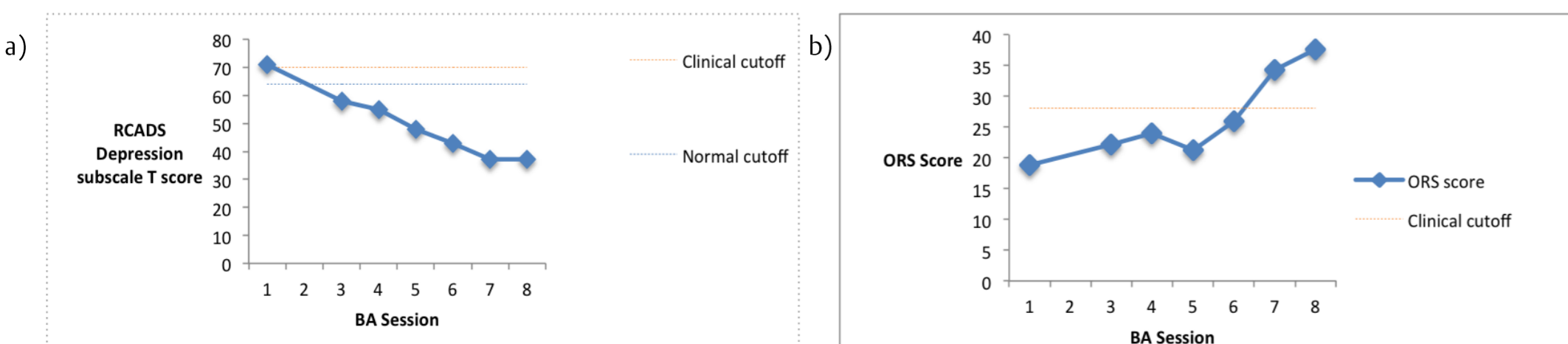


Figure 4: Rachel's, a) RCADS Depression subscale T-scores b) ORS Scores

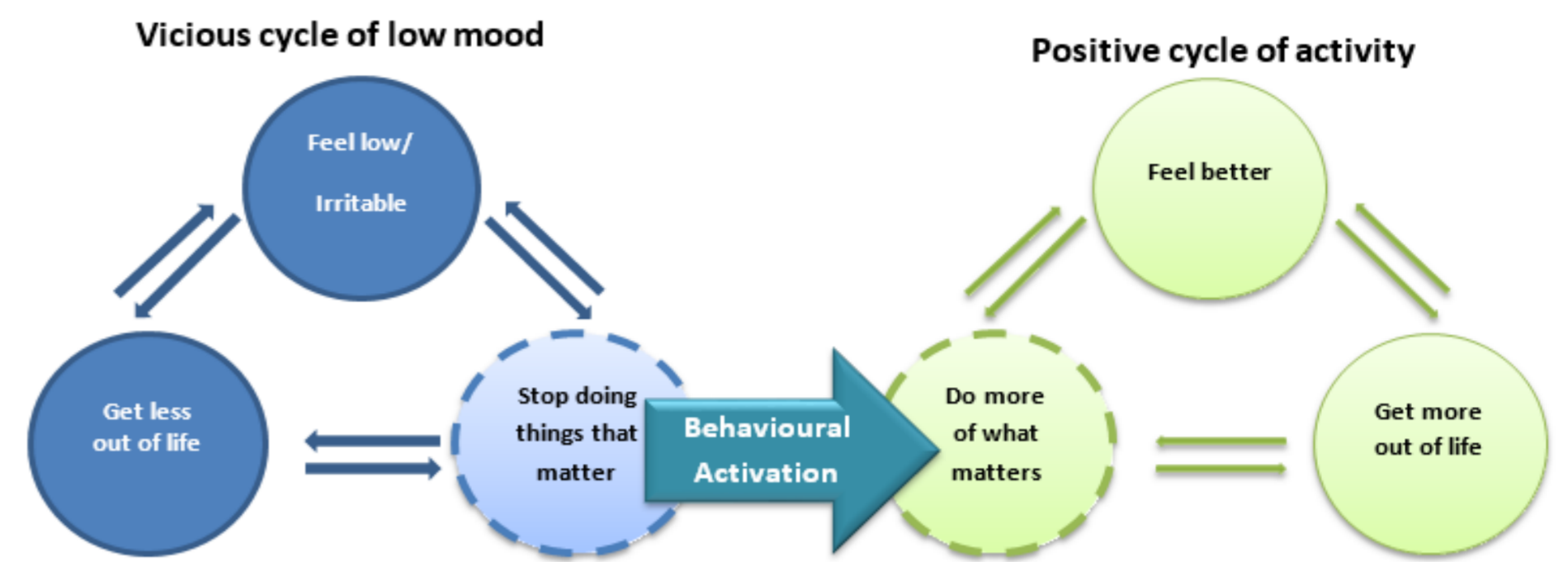


Figure 5: Brief BA maintenance and intervention cycle

Case Illustration 2: 'Hannah'

- 'Hannah' (pseudonym) is a 15 year old girl who at assessment presented with moderate depression and anxiety symptoms. She was on the waiting list for CBT for anxiety with CAMHS but no active treatment was being offered

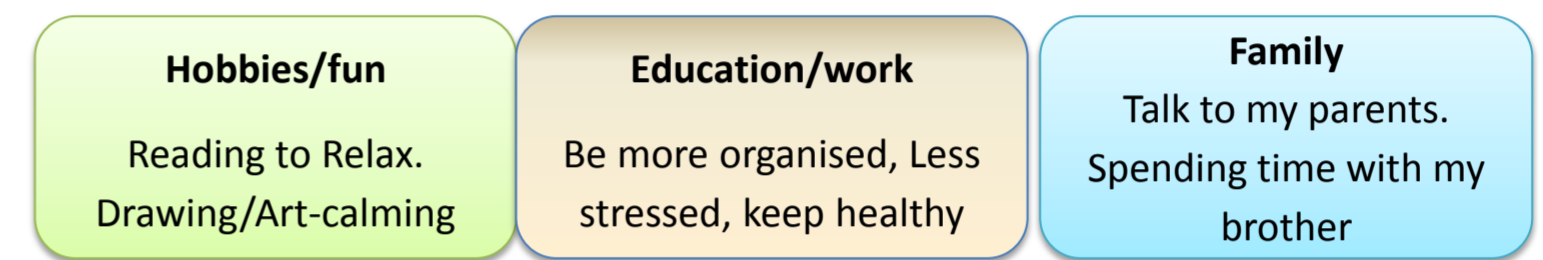


Figure 6: Hannah's key values

Value: Be less stressed	
Activity 1	Use time out card in lessons
Activity 2	Go for a walk
Activity 3	Go to the cinema with my brother

Figure 7: Example of Hannah's Valued Activities

Barriers to Brief BA in school

- Anxiety significantly impaired engagement in sessions, and completion of BA homework

Adaptations

- The activity log was causing Hannah additional anxiety so this was not completed between sessions but she verbally reported her activities
- The Brief BA therapist suggested starting sessions with a walk around school grounds which enabled Hannah to relax and engage in session material
- Target activities that were both valuable and helpful for Hannah's anxiety became more of a focus in Brief BA

Outcome

- Depression symptoms improved despite significant anxiety symptoms and reduced functioning
- Hannah discovered new behavioural strategies to manage her anxiety through Brief BA
- Hannah will have a review at the beginning of the next school year, and the Brief BA therapist will feed back findings to CAMHS and school to facilitate treatment decisions and join up Hannah's care

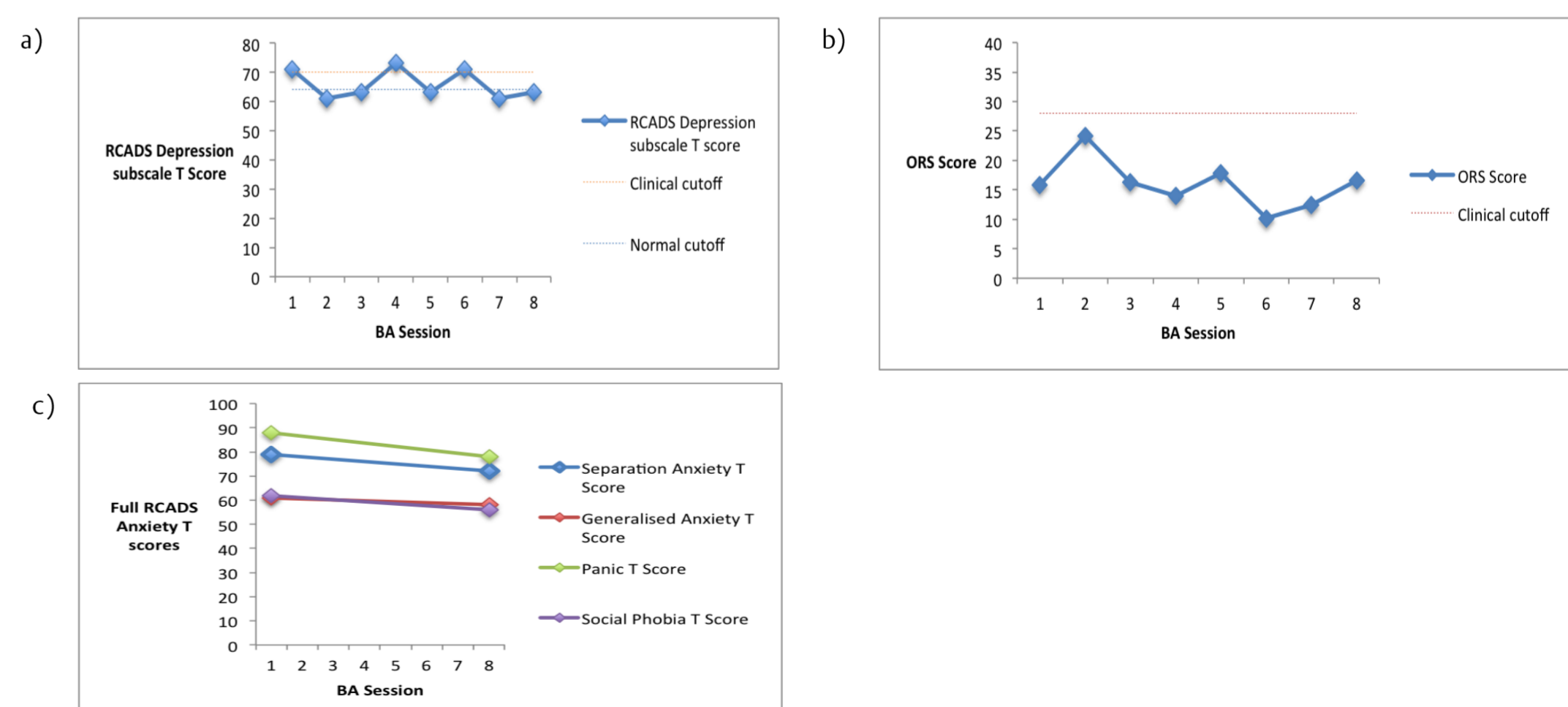


Figure 8: Hannah's, a) RCADS Depression subscale T scores b) ORS scores c) RCADS Anxiety measures beginning and end of BA.

Conclusion

- Brief BA can be successfully delivered by PWPs in a school setting and it improves capacity to monitor and facilitate appropriate specialist service input.

References

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