Making EBP Real

A SUCCESS STORY

Improving Outcomes for Depressed Adolescents With the Brief Cognitive Behavioral COPE Intervention Delivered in 30-Minute Outpatient Visits

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STEP 0

The Spirit of Inquiry Ignited

Major depressive disorder is a treatable medical illness. Despite a prevalence of 12.8% of the U.S. population aged 12 to 17 years (SAMHSA, 2016) with major depressive disorder or depressive symptoms that impair their functioning, less than 25% of depressed adolescents receive the evidence-based treatment they need. In outpatient mental health settings, advanced practice psychiatric nurses conduct comprehensive psychiatric evaluations with adolescents; spend time learning about their strengths, symptoms, and struggles; and establish and implement treatment plans. For teens with symptoms of depression, their day-to-day life can be a painful struggle. Typically, parents come to the practice feeling helpless and wanting the best most active treatment to help their child feel less depressed and function better. We, as psychiatric advanced practice registered nurses (APRNs), know that the most robust treatment for depression in adolescents involves psychotherapy (which historically has been in 50-minute "hours") and medication (if indicated). Many psychiatric APRNs now practice in settings where there has been a shift to brief 20- to 30-minute medication visits with patients, because of agency requirements to see an increasing number of patients each work day. APRNs are expected to adhere to the clinic schedule while providing the best evidence-based care to our young patients. Often we do not know how to bridge the gap between what the research indicates is best practice for treatment of depression in teens and what is happening in practice. This led me to wonder about whether it would be possible to deliver evidence-based cognitive behavioral therapy (CBT) and improve treatment outcomes for depressed adolescents within the limitation of 30-minute medication evaluation appointments. I needed to use the evidence-based practice (EBP) process to find out.

STEP 1

The PICOT Question Formulated

In depressed adolescents (P), how does CBT (I) compared to other psychotherapy interventions (C) improve depressive symptoms (O) over a 3-month period (T)?

STEP 2

Search Strategy Conducted

The Cochrane Database of Systematic Reviews (CDSR) was searched first with the keywords adolescent, depression, treatment effectiveness evaluation, and psychotherapy. A systematic review by Watanabe, Hunot, Omori, Churchill, and Farukawa (2007) was found that reviewed studies of psychotherapy effectiveness for children and adolescents with depression. Next, MEDLINE, PsycINFO, and Cumulative Index to Nursing and Allied Health Literature (CINAHL) were searched using the same keywords. The search also included the National Guidelines Clearinghouse for practice guidelines to treat depression in adolescents (Cheung et al., 2007). Both level I and level II evidence studies (Melnyk & Fineout-Overholt, 2014) were found in the search process.

STEP 3 Critical Appraisal of the Evidence Performed

Rapid critical appraisal checklists were used to evaluate the validity, reliability, and applicability to practice (Melnyk & Fineout-Overholt, 2015) for each of the studies found from the search. The systematic review by Watanabe et al. (2007) supported CBT and interpersonal psychotherapy as effective treatments for adolescents with depression. In the search of PsycINFO and other databases, several meta-analyses of randomized controlled trials (RCTs), including one conducted by McCarty and Weisz (2007), supported CBT as an effective treatment for depressed adolescents. One of the RCTs, The Treatment of Adolescent Depression Study (TADS) by March, Hilgenberg, Silva, and TADS Team (2007), was a landmark 13-site RCT that compared (1) CBT, (2) placebo, (3) antidepressant medication (fluoxetine), and (4) a combination of fluoxetine and CBT. The study determined the superior effectiveness of the combination of CBT and fluoxetine in the acute and continuation treatment of adolescent major depression.

The **level I evidence**, the strongest level of evidence to guide practice, found a systematic review and a meta-analysis of RCTs that tested the efficacy of CBT for adolescent depression. Level II evidence was also found in the TADS RCT, which is the strongest study design for controlling extraneous or confounding variables (Melnyk & Fineout-Overholt, 2011) and supported that CBT is a very efficacious treatment for adolescent depression. In the studies included in the meta-analysis, individual CBT sessions were 60 minutes long. Group CBT programs for adolescents were also included in the meta-analysis.

Cited CBT treatment manuals for depressed adolescents in the studies were reviewed for their applicability to brief sessions. In these treatment manuals, the authors recommended individual CBT sessions of 60 minutes duration. For this project, a CBT-based intervention entitled Creating Opportunities for Personal Empowerment (COPE; Melnyk, 2003) was selected because it included all of the components identified in the literature that comprise effective CBT interventions for depressed adolescents. The manual for each of the seven COPE sessions is concise, and the COPE intervention is usable in 30-minute sessions. The seven CBT-based skill-building sessions in COPE had been previously embedded into a 15-session healthy lifestyle intervention for adolescents that was delivered in required high school health courses, but it had not yet been evaluated in a community health setting (Melnyk et al., 2007, 2009). Therefore, the purpose of this EBP change project was to implement and evaluate the outcomes of delivering COPE to teens in a community mental health clinic.

STEP 4 Evidence Integrated With Clinical Expertise and Patient Preferences to Inform a Decision and Practice Change Implemented

The plan for this project based on the evidence found was to translate evidence-based CBT into brief 30-minute sessions and assess its feasibility and outcomes with 12- to 17-year-old clinically depressed adolescents treated at a community mental health center in a small, rural town in the southwestern United States.

When adolescents are seen in community mental health practices and diagnosed with moderate to severe depression, the usual treatment is antidepressant medication. Antidepressants are an effective treatment to relieve symptoms of depression, but the evidence strongly supports the combination of antidepressant medication and CBT as the most effective treatment plan. In terms of patient preferences and values, many parents who bring their adolescents for treatment do not want medication as part of the treatment plan. However, some families feel that pharmacologic treatment will provide the most rapid relief for their child's depressive symptoms. The advanced practice psychiatric nurse, with education and skills in both psychotherapy and pharmacology, can provide evidence from current literature and her own practice and encourage parents and teens to share experiences, concerns, and

questions related to the acceptability of various treatment options. It is helpful to provide the families with written handouts to take home, such as the American Academy of Pediatrics' (AAP) "Evidence-based Child and Adolescent Psychosocial Interventions" (2011, revised 2012, 2017-2018) PDF handout. Together, the advanced practice nurse and the family can establish a mutually agreed upon treatment plan. With the implementation of this project, informed consents by parents and teen assents were signed. None of the families seen for initial psychiatric evaluation of their adolescent declined the COPE cognitive behavioral skills building intervention when it was explained, reviewed, and offered as an option.

A pre- and postintervention outcomes evaluation was used. Fifteen adolescents aged 12 to 17 years who came for intake to the community mental health center and presented with significant depression, were enrolled in the project. All of the adolescents, along with their parents, agreed to receive COPE, which was presented in seven 30-minute sessions scheduled at weekly intervals. They also agreed to fill out project-related outcome measures both before and after the COPE seven-session intervention. The measures included the Beck Youth Inventory, which has five subscales (anxiety, anger, depression, self-concept, and destructive behavior), a personal beliefs scale, a COPE content quiz, and a form that asked for demographic data about the teen and family. The parents and teens were both given post-COPE evaluation forms to fill out anonymously to provide feedback regarding their experiences with the COPE intervention.

Outcomes Evaluated

All 15 teens enrolled completed all seven sessions of COPE. Adolescents reported significant decreases in depression, anxiety, anger, and destructive behavior as well as increases in self-concept and personal beliefs about managing negative emotions (Lusk & Melnyk, 2011a). Evaluations indicated that COPE was a positive experience for teens and parents (Lusk & Melnyk, 2011b). It was concluded that COPE is a promising brief CBT-based intervention that can be delivered within 30-minute individual outpatient visits. With this intervention, advanced practice nurses can work within busy outpatient practice time constraints and still provide evidence-based treatment for the depressed teens they manage.

Project Outcomes Successfully Disseminated

This project was presented at national conferences and was published. The COPE intervention is now standard practice for treating depressed and anxious teens. Other psychiatric and pediatric advanced practice nurses in community mental health and pediatric primary care settings as well as schools across the country are now being trained in using COPE to prevent and treat depressed and anxious adolescents. Further studies and evaluation projects have continued to show positive outcomes with the cognitive behavioral skills building COPE intervention, including decreases in depression, suicidal ideation, and anxiety; improvements in self-esteem; and increases in healthy lifestyle behaviors (Hart, Lusk, Hovermale, & Melnyk, 2018; Hickman, Jacobson, & Melnyk, 2014; Kozlowski, Lusk, & Melnyk, 2015; Melnyk et al., 2013, 2015; Melnyk, Kelly, Jacobson, Arcoleo, & Shaibi, 2013; Melnyk, Kelly, & Lusk, 2014; Ritchie, 2011). A recent study published in the AAP journal *Pediatrics* (Dickerson et al., 2018) showed that a CBT delivered in a primary care setting is a cost-effective way to treat adolescents with depression declining antidepressants and the CBT intervention can be brief and still deliver long-term benefits in terms of cost and clinical outcomes. The COPE intervention is increasingly being used in schools and colleges as well as primary care clinics to assist *all* youth who are coping with current life stressors.

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