A cognitive-behavioural programme for the treatment of depressive disorders in child and adolescent psychiatric patients is described. The treatment is based on research findings from studies on cognitive abnormalities in adult depression and on similar abnormalities which have been described in child populations. Similar treatment programmes for adult depressed patients and children from non-clinical populations are also discussed. The aims of this treatment package are, the recognition and labelling of emotions, the change of negative cognitive attributions, and the enhancement of social skills. Each of the nine treatment sessions includes a review of previous homework, an introduction to the theme of the session, practice of tasks with the therapist, and homework assignments. The implications for future research are also discussed.

Introduction

In the past decade there has been increasing recognition that depressive disorders can and do occur in childhood and adolescence. Indeed, a recent British study reported that one quarter of young people attending a university-based child psychiatric clinic met criteria for major depression (Kollin et al., 1991). Such cases constitute a substantial psychiatric problem. They tend to be associated with much impairment of psychosocial functioning (Puig-Antich et al., 1985, 1993) and the available data suggest that the recurrence risk is high (Kovacs et al., 1984) with strong continuity into adulthood (Harrington et al., 1990). The public health importance of depressive conditions among the young is further underlined by recent changes in the prevalence of suicide. Although adolescence still represents a time of relative protection from suicide there has been an increase in suicide rates among 15- to 19-year-olds between the 1950s and 1980s (McClure, 1986). Suicide is now the second most common cause of death (after accidents) among 15- to 24-year-olds in England and Wales (OPCS, 1990). Several recent studies have reported that many adolescents who commit suicide have suffered from depressive disorders (Brent et al., 1988; Marttunen et al., 1991), and a follow-up study showed that children with major depression have a significantly increased rate of suicide (Rao et al., 1993).

Despite the importance of depressive disorders in young people, there has been relatively little systematic research on the efficacy of psychiatric treatments in this age group. Unfortunately, the large body of research on the treatment of depression in adults is of limited value because of the uncertainties regarding the precise nature of the links between child and adult depressions.
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(Harrington, 1989). Up to now, much of the research carried out with young people has been with the tricyclic antidepressants (TCAs), but the findings from recent controlled trials have not been encouraging, with most investigators reporting that the TCAs were no more effective than placebo (reviewed by Harrington, 1992; see, for example, Puig-Antich et al., 1987; Geller et al., 1990).

A variety of psychological interventions are available for the treatment of depression in children and adolescents, such as social skills training (Fine et al., 1991) and interpersonal psychotherapy (Moreau et al., 1991). However, probably the most promising of the existent psychological treatments is cognitive-behaviour therapy (CBT), which has been evaluated in several studies of depressed children and adolescents from non-clinical samples (Butler et al., 1980; Reynolds & Coats, 1986; Stark et al., 1987; Lewinsohn et al., 1990; Stark, 1990). This paper describes the background and development of a cognitive-behaviour therapy programme suitable for use with child psychiatric patients suffering with depressive disorders.

Cognitive Abnormalities and Cognitive Treatments in Adult Depressive Disorders

There are a variety of different types of cognitive-behavioural explanations of depressive disorders in adults. Seligman's theory of learned helplessness was based on observations that dogs exposed to uncontrollable electric shocks failed subsequently either to learn the response to terminate the shock or to initiate as many escape attempts. In human terms, there was an expectation of helplessness that was generalised to the new situation (Seligman & Peterson, 1986). Subsequently, the notion of learned helplessness has been reformulated within an attributional framework (Abramson et al., 1978).

It is asserted that the expectation of uncontrollable adverse events leads to depression, but only if the person attributes them to internal, stable and global causes. For example, "I failed the exam because I was useless". The reformulated learned helplessness theory (now called the "hopelessness theory" – see Abramson et al., 1989) has many similarities with the so-called "cognitive" theories of depression. Beck (1976), for example, saw depressed people as characterized by a negative "cognitive set": they have a negative view of themselves, of the world and of the future. According to this model (Beck & Burns, 1976), adults with depression are characterized by several maladaptive thinking patterns such as overgeneralisation, dichotomous thinking and selective abstraction. These cognitive structures interact with depressed mood and maladaptive behaviour. Although they have not been found to have a causal effect on depressive symptoms (Sacco & Beck, 1985), they can still play a causal role in maintaining the depressive episode (Williams, 1989).

The development of cognitive and behavioural techniques for adult patients with depressive disorders aimed at breaking the self-maintaining pattern of impaired activity, sense of personal incompetence, hopelessness, lack of positive reinforcement and low mood (Beck et al., 1979). Cognitive techniques include the identification and evaluation of negative automatic thoughts, and the identification and change of dysfunctional beliefs, while behavioural techniques include activity scheduling, mastery and pleasure tasks, and graded task assignments (Haaga & Beck, 1992). Cognitive-behavioural therapy has been shown to lead to remission of a depressive episode as well as to prevent further relapse for a period of up to two years after the termination of treatment (Hollon et al., 1991; Haaga & Beck, 1992).

Cognitions and Development

In order to examine the relationship between cognitive abnormalities, such as those experienced in adult life, and depressive symptoms in young people, it is important to understand how cognitions are affected by developmental changes (Rutter, 1986). Research in social-cognitive development has been significantly influenced by Piaget's theory of "cognitive stages" (Piaget, 1970). Although the theory has been disputed as children of the same age are often found to operate at different levels for different aspects of social-cognitive functioning (Selman et al., 1977; Gelman & Baillargeon, 1983), research findings on the characteristics of social cognitions at certain chronological ages can be generalised and linked with concurrent changes in social behaviour (Berndt, 1981).

There is evidence that children are capable of recognising their own emotional states from as