Abstract

Background: Comorbidity of common mental disorders are highly prevalent among adolescents.   Evidence of shared temperamental and cognitive risk factors and maintenance factors for anxiety and depressive disorders supports the need for transdiagnostic psychological treatments by addressing these common factors.   The Unified Protocol (UP), an emotion-focused cognitive-behavioural intervention, is developed by Barlow and colleagues (2017) to target shared information processing and behavioural strategies common to anxiety and depressive disorders.   Ehrenreich and colleagues (2018) modified the UP and developed the unified protocol for adolescents (UP-A).   The current study is a pilot study which aimed at adapting UP-A and evaluating its effectiveness as a treatment of common mental disorders in Chinese adolescents in Hong Kong.

Methods: A Chinese treatment protocol, UP-A(HK), is developed based on UP-A and UP.   It is an individual psychological treatment program consisting of pre-intervention and orientation sessions (2 sessions), eight modules for the adolescents (8 to 12 sessions), three modules for their parents (1 to 6 sessions), and a post-intervention assessment (1 session).   A total of 27 Chinese adolescents were recruited in an outpatient clinic of a Child and Adolescent Psychiatric unit in a public hospital in Hong Kong.   All participants aged from 13 to 18 years, and had a primary diagnosis of any anxiety disorders, depressive disorders or adjustment disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).   They were randomized into one of the two treatment arms, namely UP-A treatment condition (UP-A), and treatment-as-usual (TAU) condition.   Following randomization, participants in the UP-A condition attended individual treatment based on UP-A(HK), while participants in the TAU condition were provided with usual care

in clinical psychological out-patient service, i.e. treatment as usual.   In the current study, all the analyses were performed according to the principle of intent-to-treat, where the missing data were handled by using the standard Last-Observation-Carried-Forward method, i.e. the missing values were replaced by that participant's last observed values of the same variables.   Primary outcomes were participants' self-rated measures on anxiety and depressive symptoms. Secondary outcomes included information about clinical diagnoses, functional impairments, other self-reported mood symptoms, competence and parent-ratings.

Results: When the two primary outcomes were used as the dependent variables, results of the univariate Mixed ANOVA analyses yielded significant interaction effects of treatment condition × time (partial eta squared ranged from 0.18 to 0.19) and main effect of time (partial eta squared ranged from 0.15 to 0.21).   Participants in the treatment condition showed significant within-subject improvements with large effect sizes (Cohen's d ranged from -0.85 to -0.81).   In addition, large between-subject improvements favouring UP-A(HK) at post-intervention (Cohen's d ranged from -0.89 to -0.83) and at 3-month follow-up (Cohen's d ranged from -0.94 to -0.72) were also observed.   Analyses of most secondary outcomes showed similar pattern of results.

Conclusion: Results of the current study provided strong evidence supporting that, the immediate treatment effects of UP-A(HK) were comparable to most transdiagnostic treatments for adolescents with common mental disorders.   Future direction were discussed.

研究摘要

背景：外地醫學文獻顯示「整全認知行為情緒治療」（Unified Protocol, UP）是有效的跨診斷心理治療，能明顯減輕成年及青少年情緒病患者的抑鬱、焦慮病徵，或其他與情緒失調有關的行為。是次研究的目的是探討「整全認知行為情緒治療」〔青少年版〕應用於本地青少年情緒病患者的治療成效。

方法：「整全認知行為情緒治療」〔青少年版〕是一個以個別形式進行的心理治療，包括 2 節治療前評估及面談、共 8 至 12 節青少年課程、1 至 6 節家長課程，及 1 節治療後評估。是次研究於本港其中一所公立醫院兒童及青少年精神科門診招募參加者，共 27 名年齡介乎 13 至 18 歲，確診情緒病（如抑鬱症、焦慮症，或適應障礙等）的青少年及其家人參加。根據隨機方式，13 位參加者安排到治療組接受「整全認知行為情緒治療」〔青少年版〕，而另外 14 位則安排到常規性心理服務對照組，繼續接受常規性的臨床心理服務。所有參加者於完成治療後約 3 個月再接受隨訪評估。

結果：當參加者的抑鬱病徵及焦慮病徵設定為單變量變異數模型混合設計分析（univariate Mixed ANOVAs）的依變數（dependent variables）時，結果顯示顯著的交互作用（interaction effects, partial η^2 = 0.18 及 0.19）及時間主要作用（main effects, partial η^2 = 0.18 及 0.19）。相比接受治療前，治療組別參加者的抑鬱及焦慮病徵均有顯著改善（Cohen's d = -0.85 至 -0.81）。他們於治療後評估（Cohen's d = -0.89 及 -0.83）及隨訪評估（Cohen's d = -0.94 及 -0.72）時，比常規性心理服務對照組別的參加者有較少抑鬱及焦慮病徵。

結論：本研究結果證實，「整全認知行為情緒治療」〔青少年版〕比常規性心理服務更有較減低青少年的抑鬱病徵、焦慮病徵及其他情緒問題。