Treatment of Depressed Mothers with Disruptive Children: A Controlled Evaluation of Cognitive Behavioral Family Intervention

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1.1 Aim
This study compared the effects of Behavioral Family Intervention (BFI) and Cognitive Behavioral Family Intervention (CBFI) in reducing mothers' depression and disruptive behavior problems in families with a clinically depressed parent and a child with significant conduct problems.

2.1 Hypotheses
It was hypothesized that immediately following intervention and again at 6-months follow-up CBFI would be more effective than BFI in
(1) alleviating mothers' depressed mood;
(2) reducing mothers' negative automatic thoughts;
(3) increasing mothers' sense of parenting competence;
(4) increasing mothers' perceived social support;
(5) reducing levels of negative child and negative parent behavior; and
(6) concurrently reducing both mothers' depression and negative child behavior in the same family.

3.1 Results
Our first hypothesis, that CBFI would have greater effects than BFI on mothers' depression, was supported. Although mothers' BDI scores improved significantly from pre- to post intervention for both treatments, and these improvements were maintained at follow-up, there were more women in CBFI (72%) than BFI (35%) who had moved into the non clinic range at follow-up.
Our second hypothesis, that CBFI would lead to greater change on measures of maladaptive cognitive style, was not supported. This finding suggests that greater improvements in depression for mothers in the CBFI condition may not be attributable to cognitive change.
Our third and fourth hypotheses, which predicted superior effects for CBFI on measures of parents' sense of competence and perceived social support, were once again not supported. There were no differences between groups.
Our fifth hypothesis, that child behavior outcomes would be greater for the CBFI than the BFI condition, was not supported. There were no statistically or clinically reliable differences between groups.
Our final hypothesis, that the relative strength of CBFI would be demonstrated by the greater spread of effects on measures of concurrent individual change in depression and disruptive child behavior, was supported.

4.1 Findings and Implications
Overall, this study suggests that the addition of a specific cognitive therapy component to BFI can enhance treatment outcomes for depressed mothers with conduct-problem children. However, the most important finding is that CBFI may be a viable alternative treatment for some women with clinically significant levels of depression.