

NIMH Outreach Partnership Program 2011 Annual Meeting

Preventing Depression in At Risk Adolescents

Presentation by Paul Rohde, Ph.D.

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At the National Institute of Mental Health's (NIMH) 2011 Outreach Partnership Program meeting, Paul Rohde, Ph.D., Senior Research Scientist, Oregon Research Institute presented findings from his research on the prevention of depression in adolescents.

Highlights

- In a meta-analysis looking at the effectiveness of depression prevention trials, Dr. Rohde and colleagues found 50 percent of the 37 programs examined demonstrated a significant reduction in depression onset and symptoms. Furthermore, selected programs that worked with children identified with certain risk factors or symptoms were more effective than interventions aimed at a whole school. These programs were also more successful when aimed at older adolescents and at females.
- In a recent prevention study, the Mood Enhancement Project, Dr. Rohde and colleagues compared three interventions: cognitive behavioral group therapy (CBT), a supportive-expressive group that provided rapport and emotional expression, and the *Feeling Good* self-help book in 341 high-risk adolescents. CBT reduced depressive symptoms and substance abuse, and all three interventions reduced the onset of future depression.

Presentation

A history of clinical depression in adolescence significantly increases the risk of having depressive episodes again in adulthood and is linked to difficulties with relationships, school, and work as well as suicidal thoughts and attempts.¹ But what is the most cost-effective way to prevent depression in adolescents? In a meta-analysis of prevention approaches, Dr. Paul Rohde—who focuses on the epidemiology, treatment, and prevention of adolescent depression and suicide—and his team found that programs focused selectively on at-risk students were more effective than those aimed at whole schools or other large adolescent populations (i.e., universal prevention).² The meta-analysis also revealed that programs were more successful when focused on older teenagers and in groups with larger proportions of females.

¹ Klein DN, Torpey DC, Bufferd SJ. Depressive disorders. In Beauchaine TP, Hinshaw SP (eds.), *Child and Adolescent Psychopathology*. Hoboken, NJ: Wiley. 2008: 477-509.

² Stice E, Shaw H, Bohon C, et al. A meta-analytic review of depression prevention programs for children and adolescents: factors that predict magnitude of intervention effects. *Journal of Consulting and Clinical Psychology*. 2009; 77:486-503. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2758769/>

Dr. Rohde's group recently rolled out a prevention study called the Mood Enhancement Project in a high school in Austin, Texas.^{3,4} In the study, researchers compared six one-hour sessions of group cognitive behavioral therapy (CBT), a supportive-expression group that focused on rapport-building and emotional expression (i.e., no CBT or advice given), and bibliotherapy using a self-help book called *Feeling Good* by David Burns in 341 at-risk adolescents.

"The aim of CBT is simple, but it is not easy," said Dr. Rohde. "We want to change what you're feeling by changing what you're thinking and doing." To further that goal, the group created materials that were simpler than those used in adult therapy, to help students learn new skills in resilience and coping.

Surprisingly, all three interventions were successful in reducing the onset of future depressive disorders. Group CBT, however, led to the biggest reductions in depressive symptoms and also reduced future substance abuse. "All three of these prevention interventions reduce the rates of future depressive disorders. Self-help books may be extremely cost-effective," said Dr. Rohde.^{5,6,7,8} "Group CBT seems to be a unique prevention method for reducing substance abuse in this population."

With the success of the Mood Enhancement Project, Dr. Rohde and colleagues are planning to modify the group CBT intervention for both college and middle school populations.

"This program is adaptable and may address both future depression and substance abuse problems. We need to evaluate if it's effective with a broad range of students," Dr. Rohde said.

³ Stice E, Rohde P, Seeley JR, et al. Brief cognitive-behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: a randomized efficacy trial. *Journal of Consulting and Clinical Psychology*. 2008 Aug;76(4):595-606. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2553682/>

⁴ Stice E, Rohde P, Gau JM, et al. Efficacy trial of a brief cognitive-behavioral depression prevention program for high-risk adolescents: effects at 1- and 2-year follow-up. *Journal of Consulting and Clinical Psychology*. 2010 Dec;78(6):856-67. <http://www.ncbi.nlm.nih.gov/pubmed/20873893>

⁵ Cuijpers, P. Bibliotherapy in unipolar depression: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*. 1997 Jun;28(2):139-47. <http://www.ncbi.nlm.nih.gov/pubmed/9194011>

⁶ den Boer PC, Wiersma D, Van den Bosch RJ. Why is self-help neglected in the treatment of emotional disorders? A meta-analysis. *Psychological Medicine*. 2004 Aug;34(6):959-71. <http://www.ncbi.nlm.nih.gov/pubmed/15554567>

⁷ Gregory KE, Vessey JA. Bibliotherapy: A strategy to help students with bullying. *Journal of School Nursing*. 2004 Jun;20(3):127-33. <http://www.ncbi.nlm.nih.gov/pubmed/15147230>

⁸ Malouff J, Rooke S. Empirically supported self-help books. *Behavior Therapy*, 2007; 30:129-131.