Lobby

What does your setting provide for depressed adolescents? Please check all that apply.

- Individual therapy

- Family therapy

- Pharmacotherapy (medication)

- Group therapy

- Crisis intervention services

- Prevention groups

- Peer support groups

- My setting does not provide services for depressed adolescents

Northwest (HHS Region 10)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The Northwest PTTC is a partnership led by the Social Development Research Group (SDRG) at University of Washington (UW) School of Social Work in collaboration with the Prevention Science Graduate Program at Washington State University (WSU), and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada, Reno (UNR).

Northwest partnering institutes share a vision to expand the impact of community-activated prevention by equipping the prevention workforce with the power of prevention science.

Disclaimer

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.

Developed under SAMHSA Cooperative Agreement # H79SP080995-01

Preventing Adolescent Depression
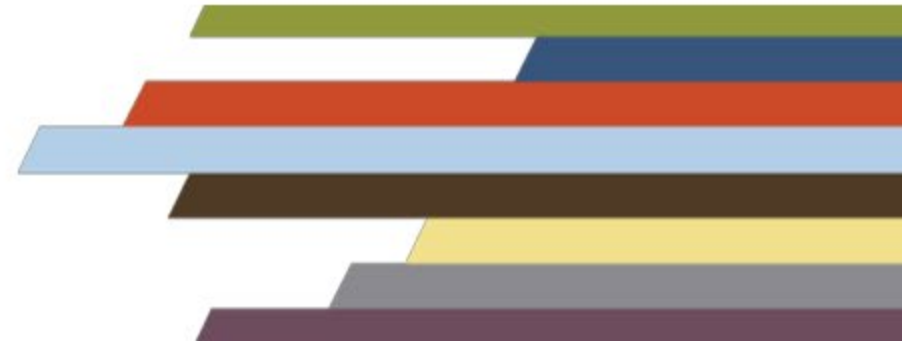
Introduction to the Blues Program in the
Context of COVID-19

Paul Rohde, Ph.D., Oregon Research Institute

Presenter

Dr. Rohde is a Senior Research Scientist at Oregon Research Institute (ORI) and has over 30 years of experience as a research scientist with a focus on the etiology, treatment, and prevention of adolescent and young adult depression, eating disorders, and obesity. He has managed 8 federally funded research projects and been the Co-Investigator on an additional 20 federally funded studies. Most of these studies have been randomized controlled trials (RCTs) evaluating prevention or treatment interventions in young people. He has published over 165 peer-reviewed articles, chapters, and books and has served on several journal and federal grant review boards. Dr. Rohde has been a licensed clinical psychologist in Oregon since 1990.

Webinar Overview

- Brief review of research on adolescent depression prevention
- Our program evaluating <u>the Blues Program</u>,
  - a cognitive-behavioral prevention group intervention for adolescents with subthreshold depressive symptoms
- Unresolved issues

- Impact of COVID-19

- Your questions & thoughts

Chat Question

How do you see adolescent depression in your setting (what signs or symptoms do you notice)?

Signs of Major Depression (5+)

1. Depressed mood
2. Loss of interest/pleasure in activities
3. Weight loss / gain
4. Insomnia / hypersomnia
5. Agitation / retardation
6. Loss of energy
7. Worthlessness / excessive guilt
8. Concentration / indecision
9. Suicidal thoughts or actions

- Lasts at least 2 weeks

Major Depression Onset
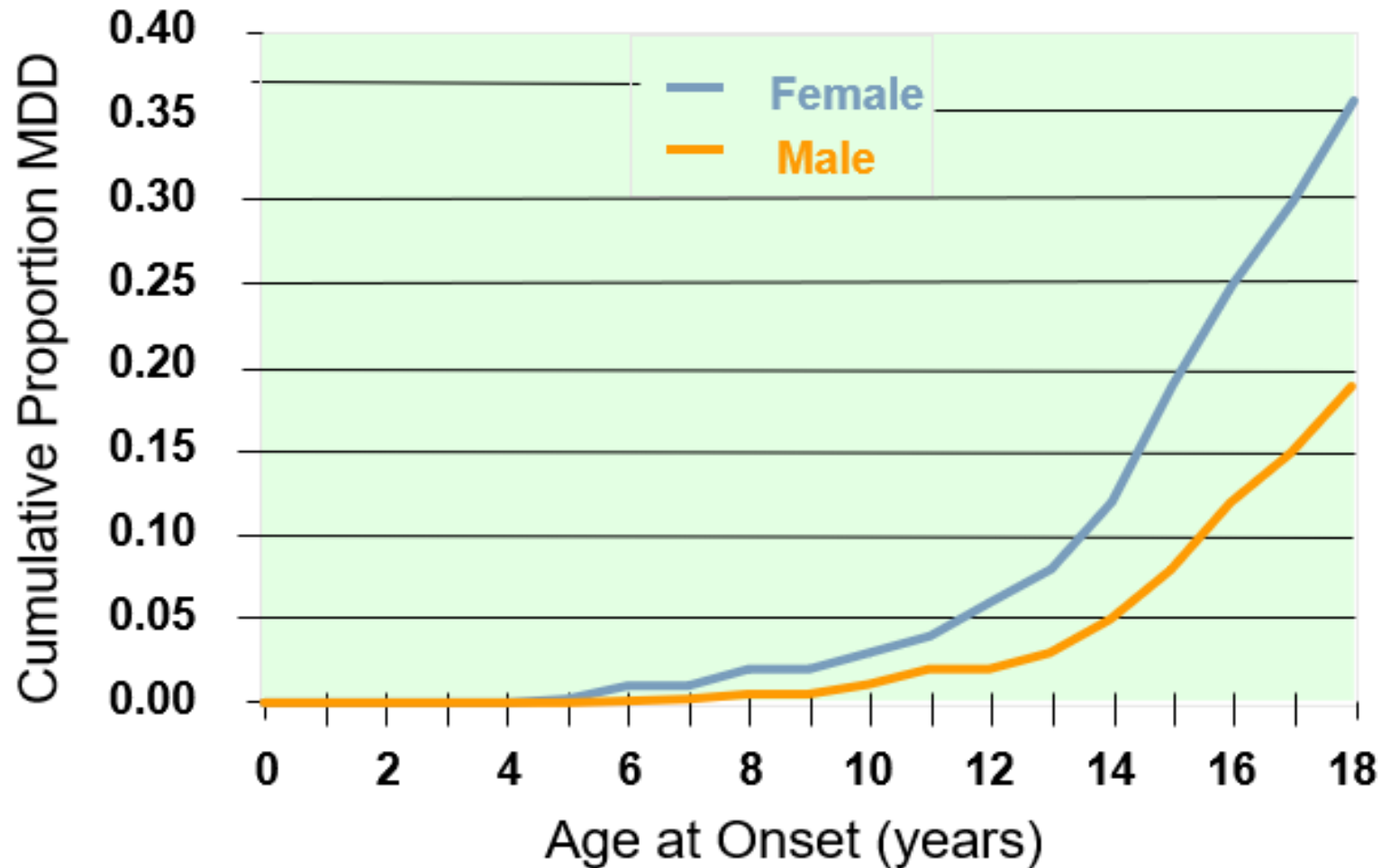
Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1998). Major depressive disorder in older adolescents: Prevalence, risk factors, and clinical implication. Clinical Psychology Review, 18, 765-794.

Significance

- Depression is one of the most common mental health problems among adolescents
- MDD projected to be #1 disorder responsible for global disease burden in high-income countries by 2030 (Mathers & Loncar, 2006)
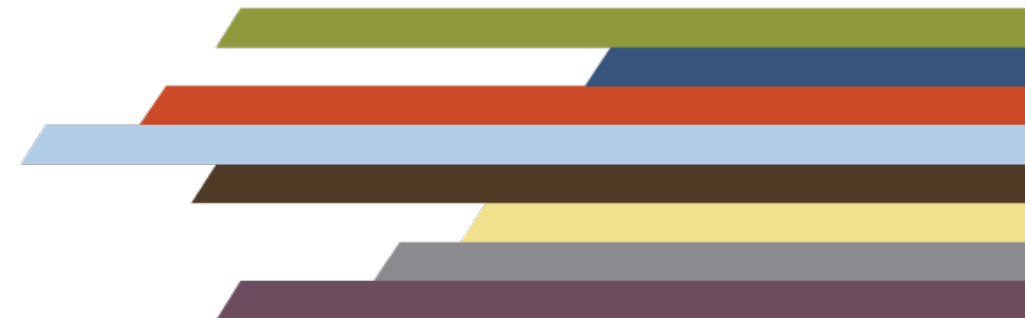
Significance

- 60-81% of depressed young people do not receive treatment
- Many do not fully benefit from extant treatments
- Effective prevention for this age group need to be developed & disseminated

A Meta-Analytic Review of Depression Prevention Programs

Eric Stice, Heather Shaw, Cara Bohon, Nate Marti, & Paul Rohde

Results of Review

- Good news:
  - 50% of programs lead to significant reductions in depressive symptoms or disorder onset

- Less good news:
  - average effects are very small and do not last beyond 6 months

Which Programs are More Effective?

- <u>Selected</u> programs had larger effects than universal programs

- Programs with <u>older</u> participants had larger effects than those with younger participants

- Programs with more <u>females</u> had larger effects than those with fewer females

Summary of Existing Prevention Research

- Cognitive-behavioral (CB) prevention has largest evidence base
  - Other approaches are Interpersonal Psychotherapy, problem-solving, social skills
  - CB has been examined the most often
- However, average depressive symptom reductions for CB are small:
  - post d = .30
  - follow-up d = .22
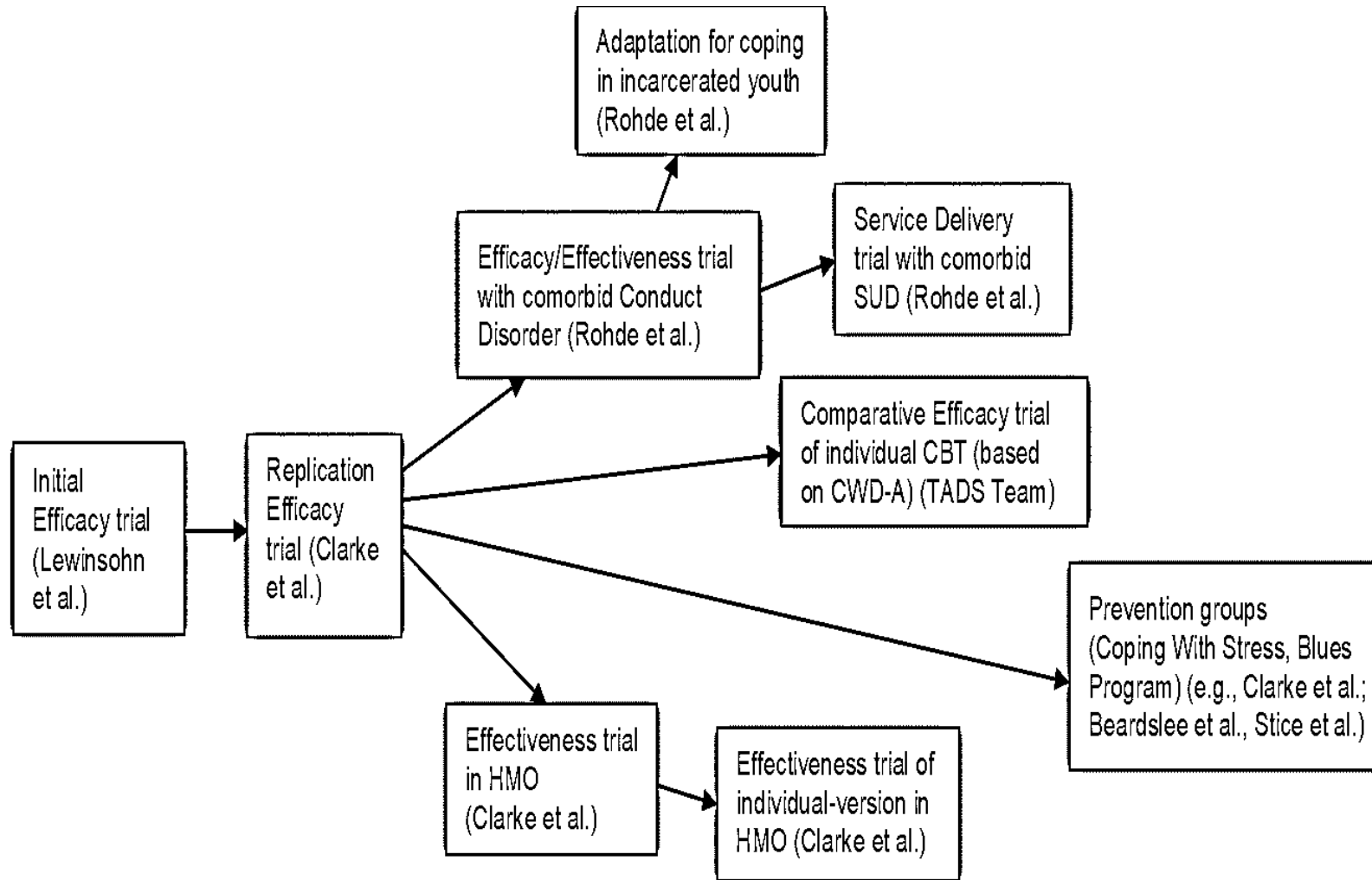
Our Prevention Work based on Tx

Fig 1. Program of Research Involving the Adolescent Coping With Depression Course (CWD-A)

The Blues Program

- **Indicated prevention**: Aimed at adolescents with elevated depressive symptoms
- Goal: reduce current and future depression
- Six 1-hour group sessions
- Cognitive-behavioral orientation
- **Aims for simple focus:** change how you think and change what you do!

Efficacy Prevention Study

Brief Cognitive-Behavioral Depression Prevention Program for High-Risk Adolescents Outperforms Two Alternative Interventions: A Randomized Efficacy Trial

Eric Stice, Paul Rohde, John Seeley, Jeff Gau
(*Journal of Consulting and Clinical Psychology, 2008; 2010*)

Efficacy Prevention Study

Brief Cognitive-Behavioral Depression Prevention Program for High-Risk Adolescents Outperforms Two Alternative Interventions: A Randomized Efficacy Trial

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Paul Rohde

John Seeley

Jeff Gau

(*Journal of Consulting and Clinical Psychology, 2008; 2010*)

Four Conditions Evaluated

1. <u>Cognitive-Behavioral (CB) group (Blues Program)</u>
    - 6 weekly 1-hour sessions
    - Goals = ↓ negative thinking & ↑ enjoyable activities
2. <u>Supportive-expressive group</u>
    - Goals = establish rapport, express emotions, provide support
    - No active advice or CBT material
3. <u>Bibliotherapy</u>
    - "Feeling Good" by David Burns (1980)
4. <u>Assessment control</u>

Sample and Procedures

- 341 high-risk adolescents (elevated CES-D)
- Mean age=15.6, SD=1.2
- 56% Female
- 46% White (33% Hispanic)
- Assessed to 2-year follow-up

Feeling Good (David Burns, 1999)
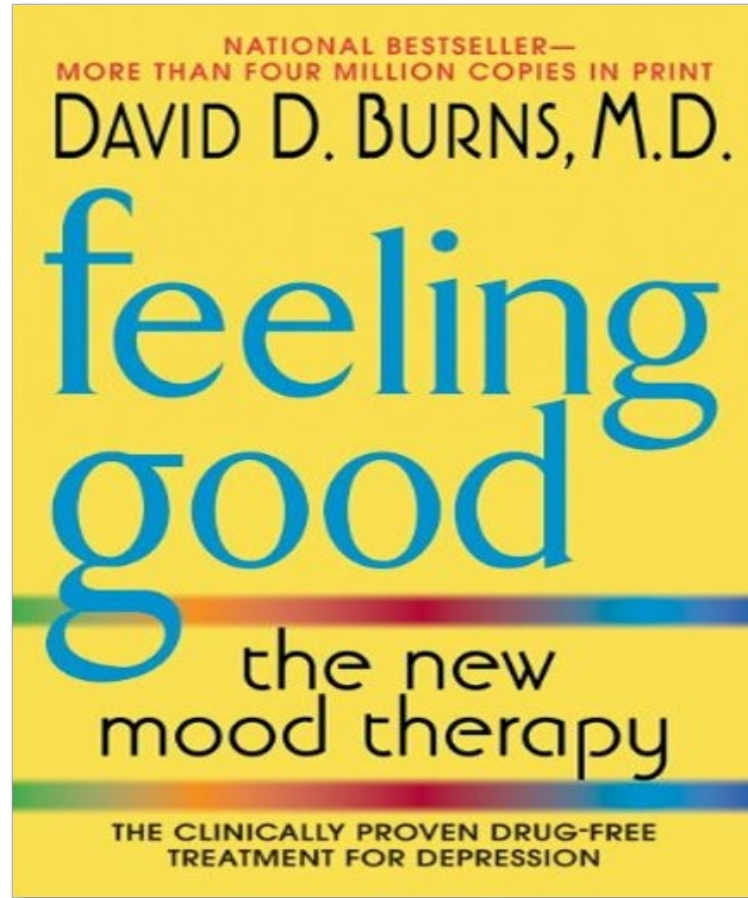
Value of Bibliotherapy (Self-Help Books)

- Meta-analyses of bibliotherapy for depressed adults/adolescents report positive effects (Cuijpers et al., 2010; Den Boer et al., 2004; Gregory et al., 2004)
- Mean effect size (vs. no treatment)

  d = .81 (large effect)
- Mean effect size (vs. in-person therapy)

  d = -.02 (no difference)
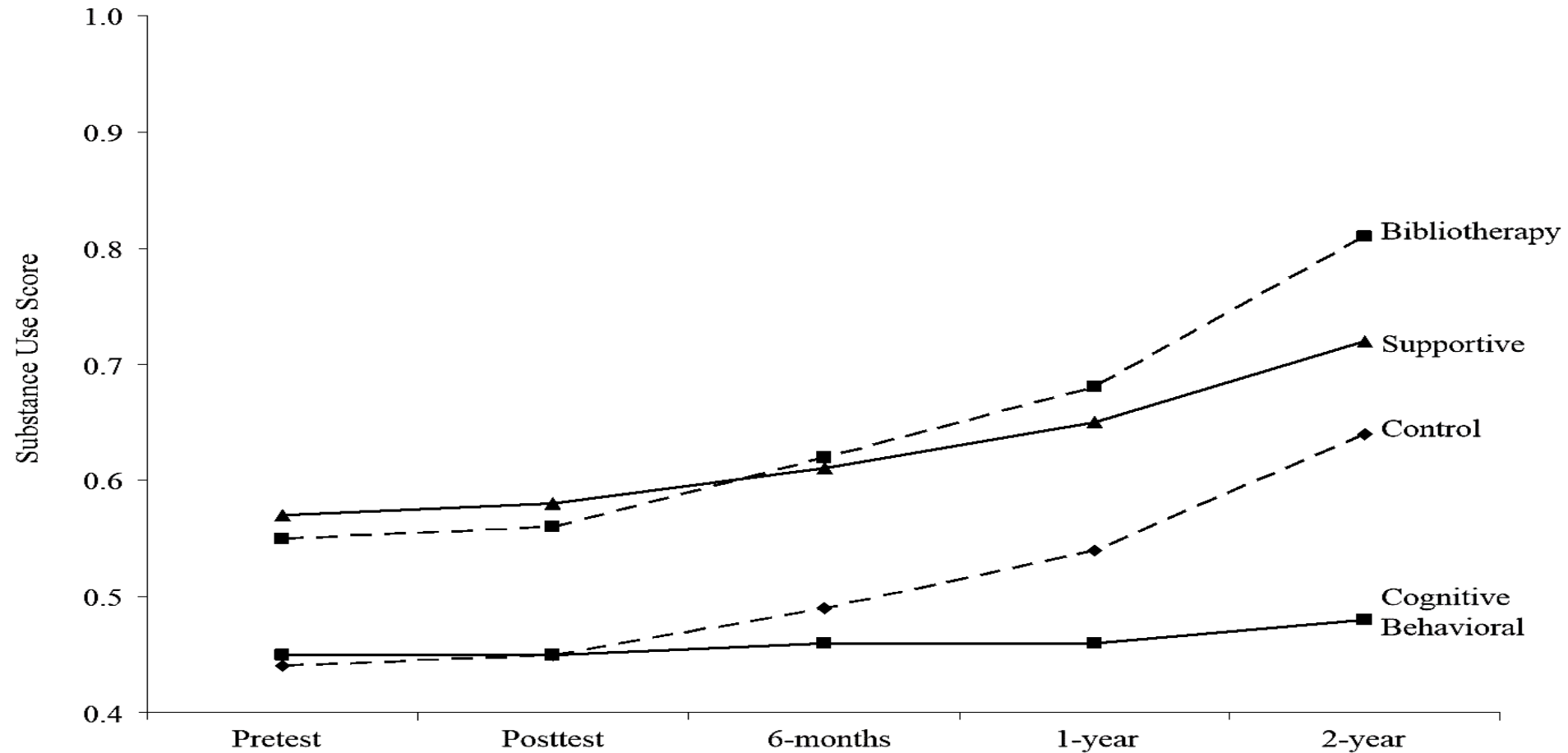
Onset of Depression Disorder by Intervention
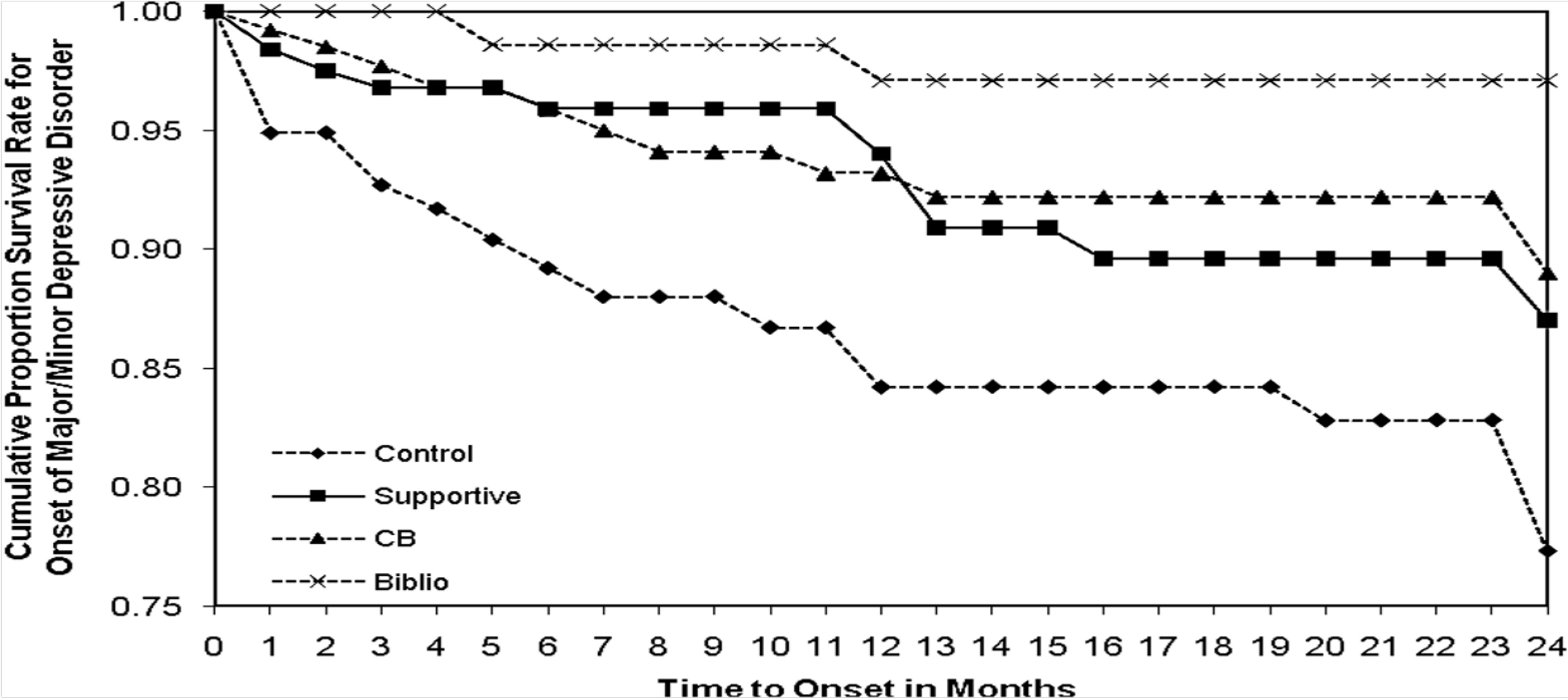
Efficacy Trial

- Blues Program showed ↓ post-test symptoms than both self-help book & brochure
- By 2-yr follow-up, MDD onset significantly ↓ for active conditions:
  - Blues Program = 14%
  - Self-help book = 3%
  - Brochure = 23%
- Results for supportive expressive group were intermediate (15%)

Reduced Substance Use = Secondary Benefit?

Effectiveness Prevention Study

Indicated Cognitive-Behavioral Group Depression Prevention Compared to Bibliotherapy and Brochure Control: Acute Effects of an Effectiveness Trial with Adolescents

Paul Rohde
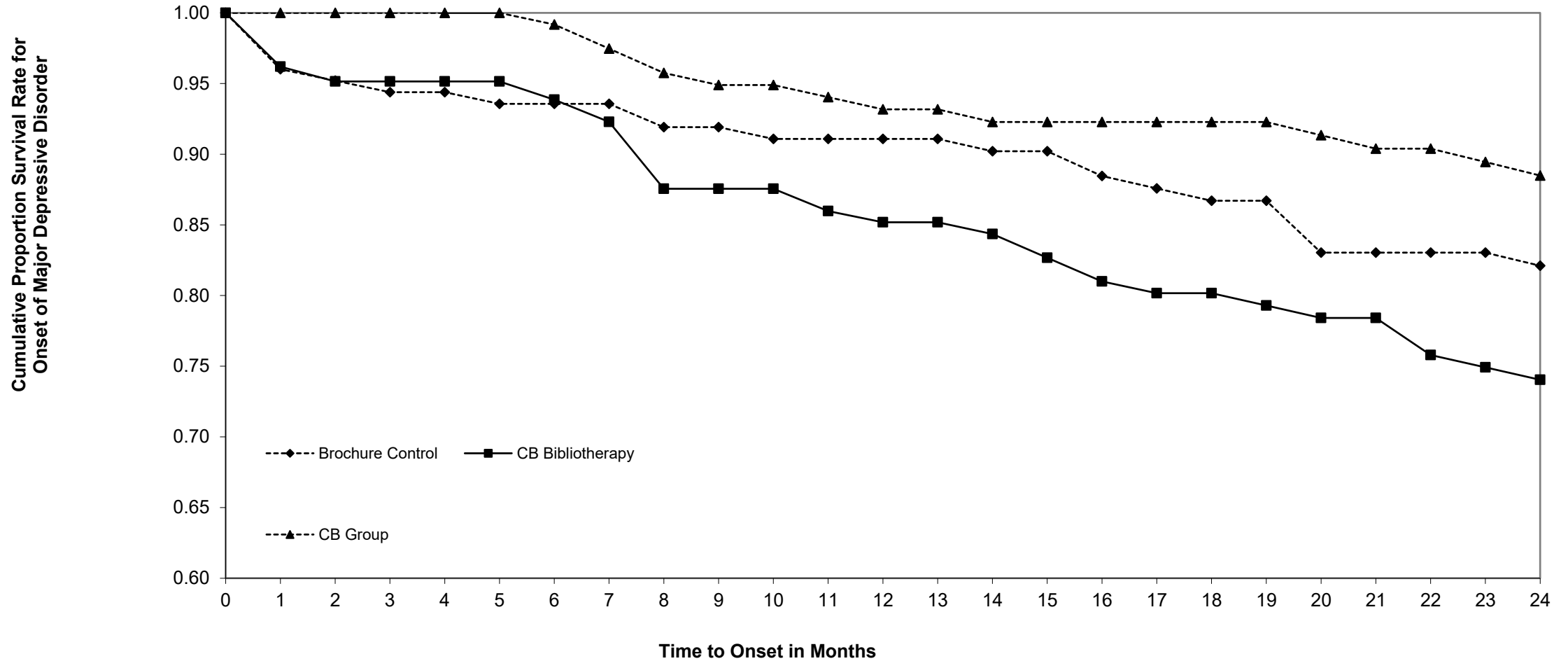
Eric Stice

Heather Shaw

Frédéric Brière

(*Journal of Consulting and Clinical Psychology, 2014*)

Sample & Procedures

- 378 high-risk adolescents (elevated CES-D)
- Mean age=15.5, SD=1.2
- 68% Female
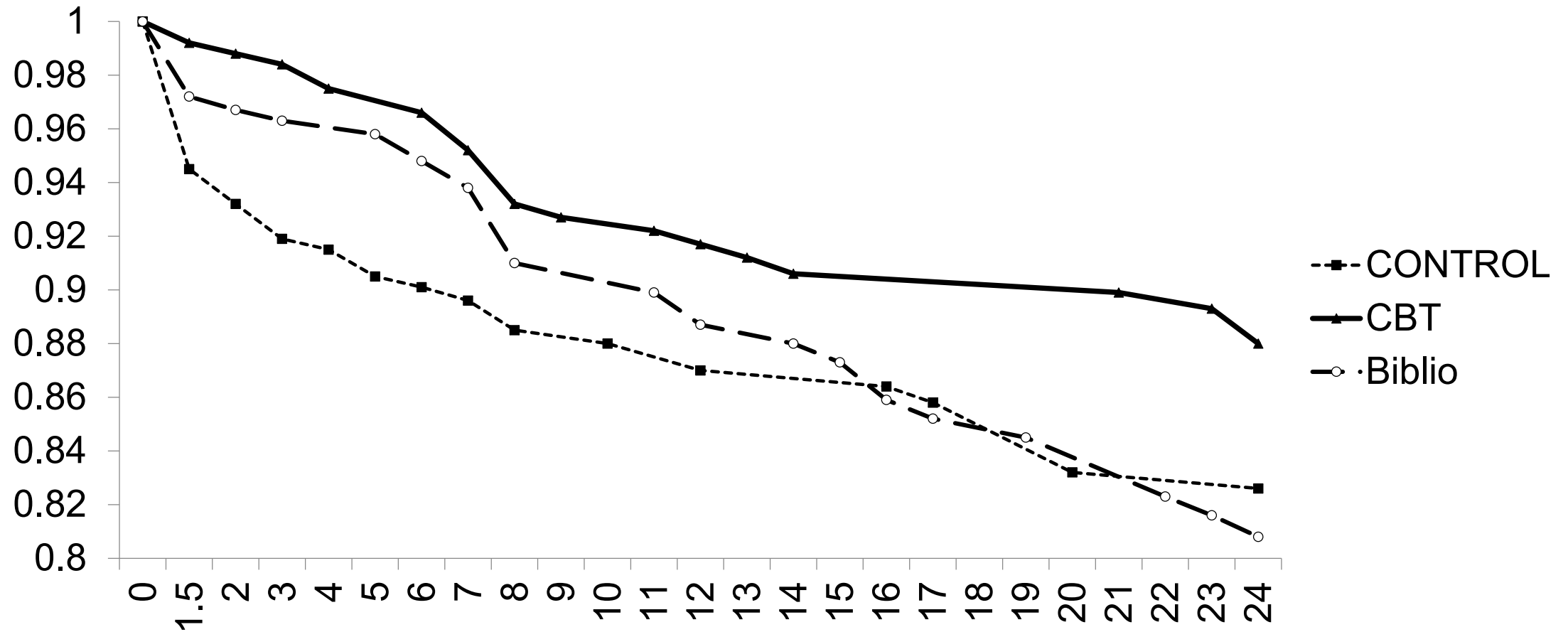- 72% White
- Assessed to 2-year follow-up

Onset of MDD by 2-years

Effectiveness Trial

- At post, Blues Program had ↓ symptoms than brochure control
    - Self-help book was intermediate

- By 2-yr follow-up, Blues Program showed significantly ↓ MDD than self-help book:
    - Blues Program = 10%
    - Self-help book = 25%
    - brochure = 17%

Summary of MDD Results for Blues Program

Summary of Combined Results

- Blues Program resulted in significantly ↓ MDD relative to brochure

  - Results were significant to 6-month follow-up

- By 2-years, Blues Program also had ↓MDD rate compared to self-help book

- Need to treat 10-20 students to prevent 1 case of major depression

Translating Results to Actual School

- Blues Program is aimed at 1/3 of students with elevated depressive symptoms

- Screen 1000 students

- ~ 250 students will be eligible and may participate

- Predicted # of depressed students over 6 months:

     Blues Program = 8
     Brochure control = 25

- Represents a 68% ↓ in MDD

CB depression prevention (compared to minimal control)

Study	Program length (hrs)	% Reduction in Depression Disorder Onset
Previous research conducted by our lab		
Stice et al. (2008a, 2010)	6	39% (14% vs 23% at 2-yr)
Rohde et al. (2014a,b)	6	41% (10% vs 17% at 2-yr)
Rohde et al. (2014c)	6	51% (7.4% vs 15.2% at 1-yr)
Rohde et al. (2015)	6	71% (3.8% vs. 13.3% at 3-mo)
Other research predicting depressive disorder onset		
Clarke et al. (2001)	15	68% (9.3% vs 28.8% at 15-mo)
Compas et al. (2011)	12	56% (14.3% vs 32.7% at 2-yr)
Garber (2009; Beardslee 2013)	21	29% (36.8% vs 47.7% at 2-yr)
Seligman et al. (1999)	16	39% (19% vs 31% at 3-yr)
Seligman et al. (2007)	16	6% (15 vs 16% at 6 mo)

Summary of Research

- Fairly consistent pattern across studies increases confidence in findings

- Suggests that CB group prevention interventions reduces MDD onset by ~40

Aspects Common to Each Session

- Present and review agenda

- Ask questions regarding last session's material

- Review home practice assignments

- Introduce new skill

- Practice skill in session

- Assign home practice

Personality Triangle (basic CBT model)
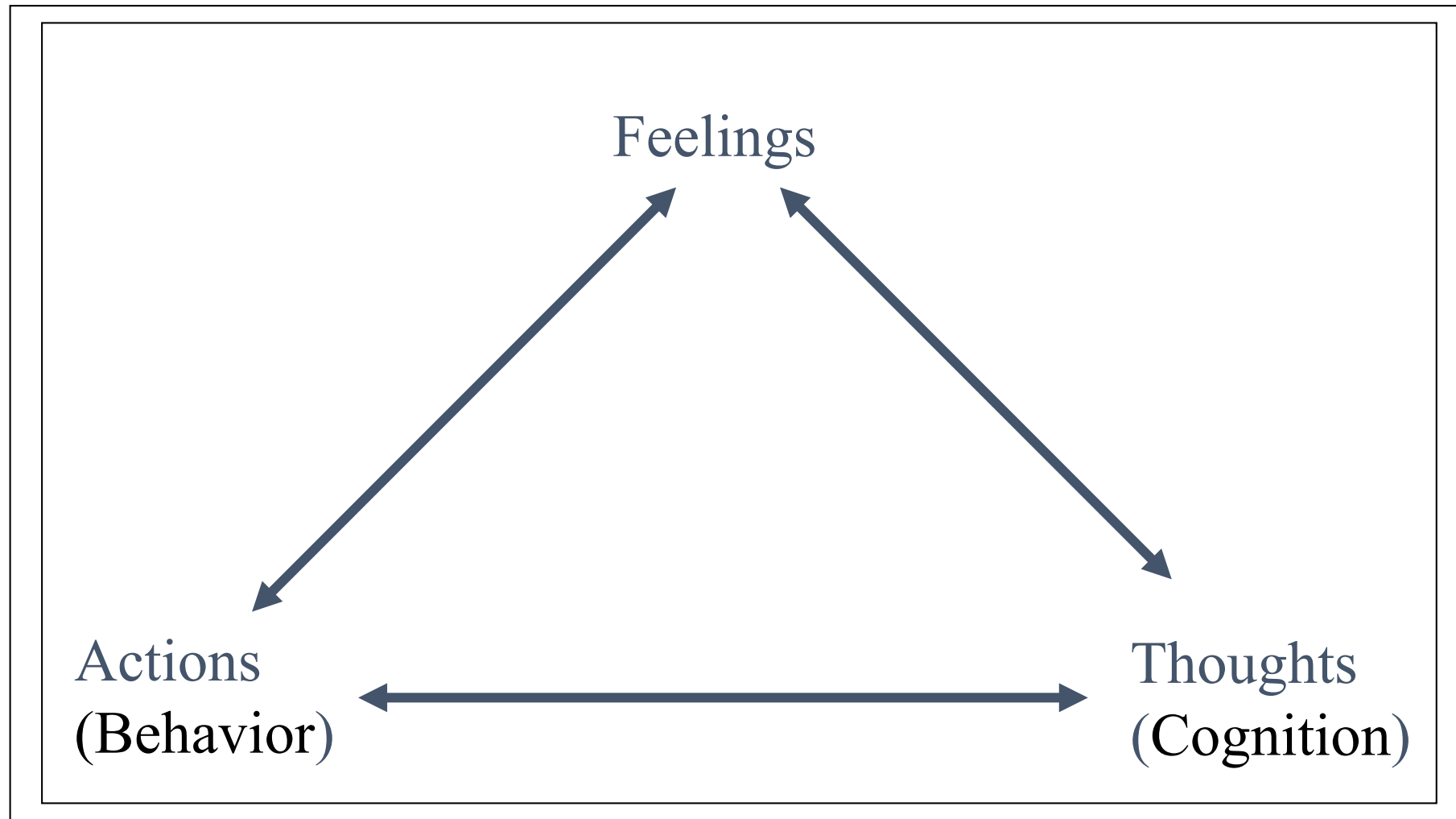
THE 1+2=3 METHOD OF ANALYZING YOUR EMOTIONS

Negative emotions are the result of both what happens to us (the Trigger) and what we think about the trigger or ourselves (Negative Thoughts). We'll be using this model throughout the program. By learning more about this model, you will begin to understand your emotions and learn new ways of feeling at least a little better.

1. **TRIGGER:** The situation or experience that sparks negative feelings or thoughts.

2. **NEGATIVE THOUGHTS:** The thoughts we have about ourselves in response to these activating events.

3. **FEELINGS:** Your feelings, which are the result of those thoughts.

1 TRIGGER:
You forgot your book and can't study for a big test.

2 NEGATIVE THOUGHTS:
"I am going to fail my test! I'm such a screw-up!"

3 FEELINGS:
You feel sad and hopeless about the future.
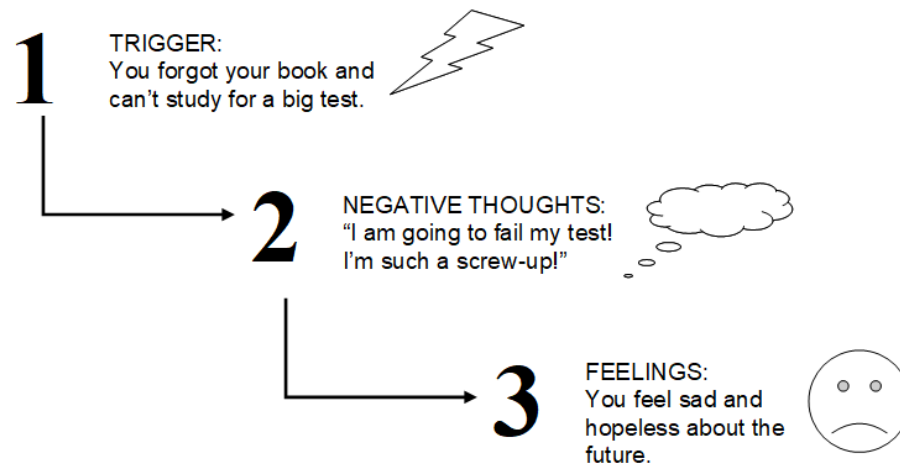
Behavioral Activation

Positive Activities that have Biggest Impact on Mood:

1. Social
2. Physical
3. Success
4. Service

Pick behaviors you can do at least weekly, that you can afford, that are possible

Steps towards a Big Fun Event!

Big fun activities often take planning to happen. Pick one bigger fun activity that you would like to do in the next few months and start making plans for how that can happen.

What would you like to do in the next few months?

_____

What steps are needed for that activity to happen?

1. _____

2. _____

3. _____

4. _____

What can you do this week as a step towards doing this fun event?

_____

Positive Counter-Thought

Two things make up Positive Counter-Thought:

1. It needs to be on the <u>same topic</u>

2. It needs to be <u>more truthful or realistic</u> (and more positive!)

Challenging Negative Thoughts: What's the Alternative?

Just like every cloud has a silver lining, there is more than one way to look at most situations. Here are some questions to help you challenge negative thoughts using the "what's the alternative?" approach:

★ **Is there another way to think about this situation, even if it seems unlikely?**

★ **What advice would I give a friend who was feeling the way I do?**

★ **Are there positive things about this situation or myself that I am overlooking?**

★ **How likely is it that my thought is correct?**

★ **When things like this have happened before, what have been the reasons?**

Challenging Negative Thoughts: What if it's true?

Sometimes we spend so much time feeling bad about negative thoughts, we don't think about what it would mean if they really were true. Is it we don't think about what it would mean if possible that it might not be that bad? How terrible would it really be?

Use these questions to challenge negative thoughts using the "what if it's true" approach:

★ **If my negative thought is true, how can I cope with this situation?**

★ **How will thinking negatively about this situation help me? How might it work against me?**

★ **If it is true, what is the worst thing that can happen? How likely is it that this will happen?**

★ **If it is true, will this matter in one week? One year? Ten years?**

The Positive Emotions Toolbox

Remember to USE all of the tools in your toolbox. You can't magically change your emotions, but you can change your <u>thinking</u> and what you <u>do</u>!

Changing Thinking by Challenging Negative Thoughts.

- **What's the Alternative?**

*Is there another way to think about my problem or situation? Is the way I am thinking about my problem making it better or worse?*

- **Where's the Evidence?**

Is there any evidence, or proof, that what I am thinking is true? Is there any evidence, or proof, that what I am thinking is NOT true?

- **What if it's true?**

Maybe the negative thoughts I am having about this situation are true. Now what?
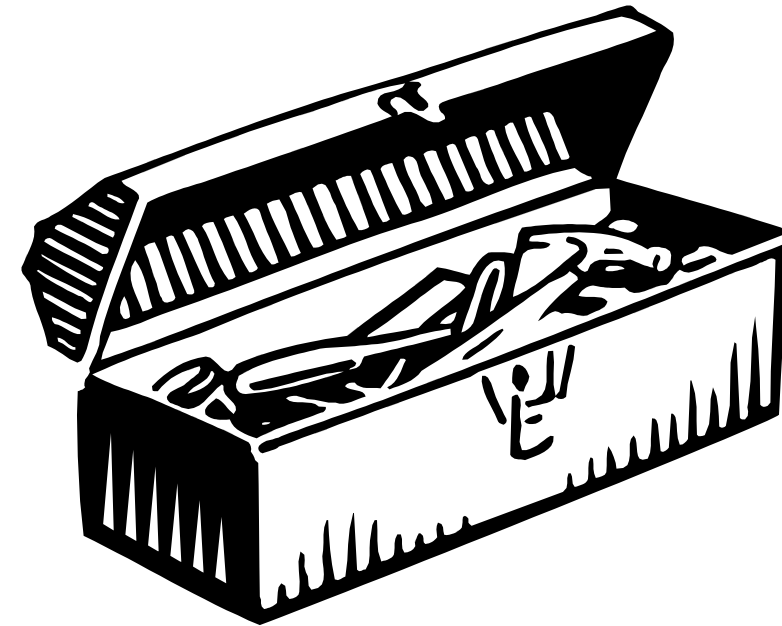
The Positive Emotions Toolbox

Remember to USE all of the tools in your toolbox. You can't magically change your emotions, but you can change your thinking and what you do!

Changing doing by….

- **Giving myself Rewards**

I have done something well, or accomplished a goal, I deserve a reward!

- **Getting up and getting moving!**

Doing something physical, especially when you don't feel like it, can really improve your mood.

- **Hang out with others!**

Social activities – the things we do with friends – can help improve how you feel. Don't wait for others to invite you, pick up the phone and organize a get-together.

- **Having more fun.**

Doing something fun, whether with someone else or on your won, will help you when you are down. Don't wait to feel better to get active. Get active, and you will feel better!
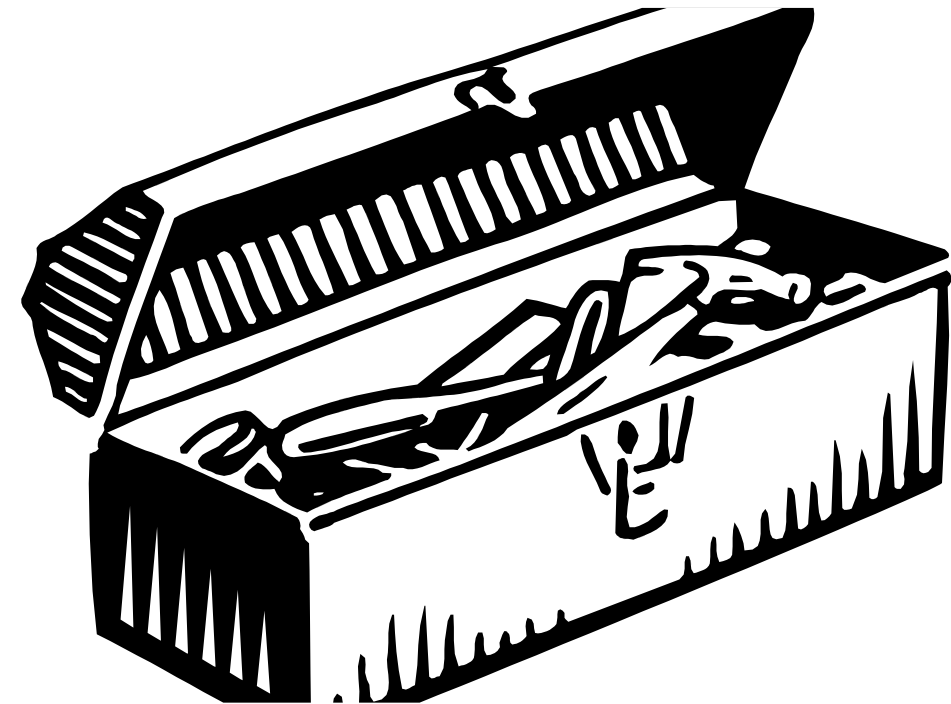
PRACTICE WITH "WHAT IF IT'S TRUE?"

The situations below describe some <u>triggers</u> (⚡) which may cause changes in your mood. Think about the <u>negative thoughts</u> (💬) that might be generated by these triggers, as well as the <u>feelings</u> (☹) that could result. Use the "What If It's True?" technique to think of other ways to think about and deal with the events listed below.

1. <u>**Trigger:**</u> **A kid at your schools picks on you.**

   What <u>negative thoughts</u> might be generated? _____

   What <u>feelings</u> could result? _____

   Positive counter-thought using "What If It's True?" technique:

   _____

   _____

   How might this change the <u>feelings</u> above? _____

   _____

2. <u>**Trigger:**</u> **Your mother has a history of serious depression and is becoming depressed again.**

   What <u>negative thoughts</u> might be generated? _____

   What <u>feelings</u> could result? _____

   Positive counter-thought using "What If It's True?" technique:

   _____

   _____

   How might this change the <u>feelings</u> above? _____

   _____

PRACTICE FINDING NEW WAYS OF COPING

Below are examples of situations where someone is using coping strategies that are no longer working. What different ways of acting or thinking could you try?

You've had a fight with your girlfriend/boyfriend. Talking to your friend about it is only making you feel worse!

What else can you try?
1.
2.
3.
4.
5.

Tomorrow you have a presentation that is worth a lot of your grade. You've done all the work you need to do, but you're still feeling worried. Going over your notes isn't helping.

What should you try next?
1.
2.
3.
4.
5.

You've been feeling down all day, and you don't know why. You've been watching TV, and that usually helps you get your mind off your problems, but you aren't feeling any better.

What else might work?
1.
2.
3.
4.
5.

PLANNING AHEAD: MAJOR LIFE EVENTS

Major life events are just that – they're a MAJOR change. The change doesn't have to be for the worse, but any change can disrupt our lives and impact our mood. Examples of major life events might include the death of a loved one (a bad change), or moving to a new city (might be a good change). Just as with daily hassles, some major events are within our control, while others are not. Below are some major life events you may face in the future. Write in a way you might avoid the event or respond to it by changing what you do or how you think about it.

Description of Event	Response Plan
Ex. Moving away from home for job / college.	*Look at it as an adventure; Visit the new city several times to familiarize yourself with it; Schedule visits and phone calls to/from friends to help with transition*
Ex. Close friend / family member diagnosed with terminal cancer.	*Realize that it's OUT of your control; Make the most of time with friend / relative and you have together; Ask other friends / family to be there for support*
1. Breaking up with boy or girlfriend.	
2. Getting married.	
3. Getting in a car accident.	

Unresolved Issues - Mediation

- Mediation = why does a program work?

    - Stice et al. (2010) examined mediation in Efficacy trial

- As predicted:

    - Blues Program ↓ depressive symptoms and negative cognitions and ↑ pleasant activities

    - ↓ in mediators predicted ↓ in depression

    - Intervention effects became weaker controlling for change in mediators

Unresolved Issues - Mediation

- However, depression ↓ for Blues Program (and other interventions) occurred <u>before</u> change in mediators

- Suggests that non-specific factors play important role
  - include caring professional who listens, hope, & realization that others have the same problems as me

Unresolved Issues - Moderation

- Moderation = who benefits most from Blues Program?

    - Gau et al. (2012) examined moderation in Efficacy trial

- Examine 5 variables

1. Depression Severity

2. Motivation

3. Negative life events
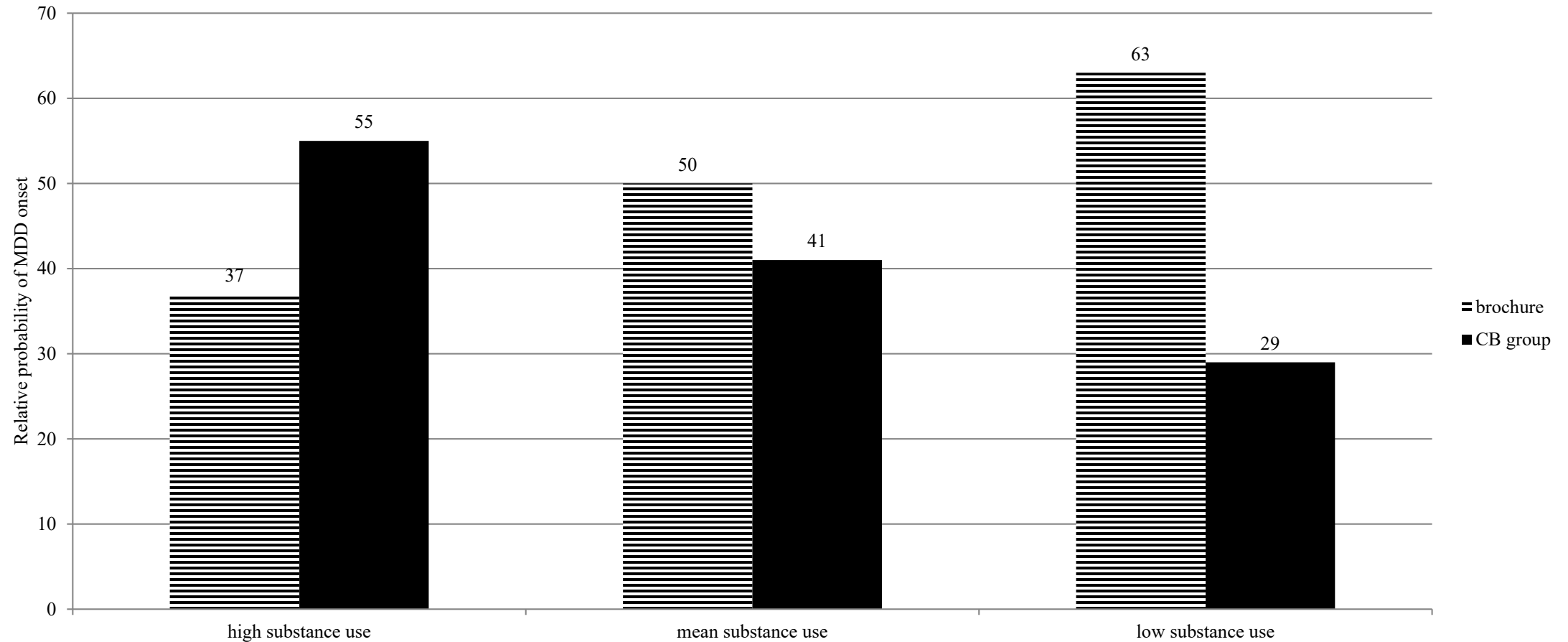
4. Social support

5. Substance use

Moderation (Cont'd)

- Significant results for 2 variables: negative life events & substance use

- Blues Program > Brochure
  - If stress level was lower
  - If teen was not using many substances

- Blues Program = Brochure
  - If stress was high
  - If teen was using more substances

Chat Question!

What changes related to teen depression have you seen since COVID-19?

Impact of COVID-19

- Impact of COVID on adolescents:
  - Clear increases in stress, anxiety, depression
  - Concern about ↑ suicidality but not detected (yet)
  - Challenges to school engagement/success
  - Social isolation
  - Increases in videogaming & social media
- Impact on behavioral activation
- Loss of milestones & positive major life events (e.g., graduation, proms, sporting, other club activities)

Prevention during COVID-19

- Our delivery shifted to virtual format
  - modifications included:
    - More time for technology challenges
    - Smaller group sizes
    - Therapist must be more proactive

- Modifications to behavioral activation

  (these programs have been used in youth correctional facilities so doable)

- Program effects appear comparable

Additional Issues

- Groups can be challenging to set up

  - how to provide concepts from the Blues Program in alternative formats?

- Better <u>screening</u> of most appropriate teens

- Use of <u>peer educators</u> for ↑ effects?

- Blues Program less effective, given <u>substance use</u> – what to do instead?

Applying These Ideas to your Setting

- Program is flexible and concepts are adaptable

- Use of these skills 1-on-1

- Use of these skills with other populations

- Involvement of parents?

- Web-based programs

- Questions, thoughts, and suggestions?

Chat Question!

How do you think you can apply this intervention into your setting moving forward?

Post-Webinar Feedback

Please click on the link in the chat to complete a very brief online feedback form!

Thank you!

Contact Information

Email: paulr@ori.org

Please contact for copy of the manual or research articles

References

Stice, E., Rohde, P., Seeley, J. R., & Gau, J. M. (2008). Brief cognitive-behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: A randomized efficacy trial. Journal of Consulting and Clinical Psychology, 76, 595-606.

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Rohde, P., Stice, E., Shaw, H., & Brière, F. (2014). Indicated cognitive-behavioral depression prevention compared to bibliotherapy and brochure control: Acute effects of an effectiveness trial with adolescents. Journal of Consulting and Clinical Psychology, 82, 65-74.

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Thank you!