

Cognitive-behavioral prevention program for teens at-risk of depression shows benefit

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A cognitive-behavioral prevention program for depression among at-risk youth showed benefit more than 6 years after the implementation of the intervention, according to an article published online by *JAMA Psychiatry*.

Depression is the leading cause of disability worldwide and commonly begins in adolescence. Adolescents whose parents have a history of [depression](#) are at risk for developing depression and functional impairment. The long-term effects of prevention programs on [adolescent depression](#) and functioning has not been known, according to background information in the article.

David A. Brent, M.D., of the University of Pittsburgh School of Medicine, and colleagues randomly assigned 316 participants (13 to 17 years of age at enrollment with at least 1 parent with current or prior depressive episodes [index parent]) to a cognitive-behavioral prevention (CBP) program (n = 159; 8 weekly 90-minute group sessions followed by 6 monthly continuation sessions) or usual care (n = 157; any family-initiated mental health treatment). The study was conducted at four sites.

Over a follow-up period of 75 months (with 88 percent retention), youths assigned to CBP had a lower incidence of depression. The CBP program's overall significant effect was driven by a lower incidence of [depressive episodes](#) during the first 9 months after enrollment. The CBP program's benefit was seen in youths whose index parent was not depressed at enrollment; benefit was also noted on depression incidence,

depression-free days, and developmental competence (i.e., educational and occupational attainment, romantic relationships, family and peers relationships and life satisfaction). The effects on developmental competence were mediated via the CBP program's effect on depression-free days.

"Overall, these findings demonstrate the effectiveness of CBP for preventing depression and promoting competence, but they also highlight 3 potential improvements to CBP. First, the main beneficial effect on the onset of new depression episodes occurred over the course of the intervention, suggesting that booster sessions might help extend these effects on new onsets even further in time. Second, CBP was not effective if the index parent was depressed at baseline, highlighting the possible importance of treating parental depression, either prior to or concomitant with their children's participation in the CBP program," the authors write.

"Third, CBP is focused exclusively on the adolescent. Interventions that also improve parenting and the quality of the parent-child relationship have been shown to have long-lasting benefits on a range of both externalizing and internalizing symptoms. Nevertheless, the current findings showed that CBP forms the basis of a promising intervention and that the prevention of depression is possible and can have longer-term developmental consequences."

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