



Shorter communication

Pilot trial of a dissonance-based cognitive-behavioral group depression prevention with college students

Paul Rohde^{*}, Eric Stice, Heather Shaw, Jeff M. Gau

Oregon Research Institute, Eugene, USA

ARTICLE INFO

Article history:

Received 5 October 2015
 Received in revised form
 28 April 2016
 Accepted 2 May 2016
 Available online 3 May 2016

Keywords:

Depression
 Prevention
 Cognitive-behavioral
 Cognitive dissonance
 College students

ABSTRACT

Objective: Conduct a pilot trial testing whether a new cognitive-behavioral (CB) group prevention program that incorporated cognitive-dissonance change principles was feasible and appeared effective in reducing depressive symptoms and major depressive disorder onset relative to a brochure control condition in college students with elevated depressive symptoms.

Method: 59 college students (M age = 21.8, SD = 2.3; 68% female, 70% White) were randomized to the 6-session *Change Ahead* group or educational brochure control condition, completing assessments at pretest, posttest, and 3-month follow-up.

Results: Recruitment and screening methods were effective and intervention attendance was high (86% attended all 6 sessions). *Change Ahead* participants showed medium-large reductions in depressive symptoms at posttest ($M d = 0.64$), though the effect attenuated by 3-month follow-up. Incidence of major depression onset at 3-month follow-up was 4% for *Change Ahead* participants versus 13% (difference ns).

Conclusions: *Change Ahead* appears highly feasible and showed positive indications of reduced acute phase depressive symptoms and MDD onset relative to a minimal intervention control in this initial pilot. Given the brevity of the intervention, its apparent feasibility, and the lack of evidence-based depression prevention programs for college students, continued evaluation of *Change Ahead* appears warranted.

© 2016 Elsevier Ltd. All rights reserved.

Major depressive disorder (MDD) in young people is common, recurrent, and impairing (Klein, Torpey, & Bufferd, 2008). However, 60–81% of depressed young people do not receive treatment (Cummings & Druss, 2011), underscoring the need for effective depression prevention programs. Several depression prevention interventions for young people, predominantly focused on high school samples, have been developed, with cognitive-behavioral (CB) prevention interventions having the largest evidence base (e.g., Stice, Shaw, Bohon, Marti, & Rohde, 2009). However, the average depressive symptom reductions by post ($d = 0.30$) and follow-up ($d = 0.22$) were small in magnitude and only 13% of trials significantly reduced future MDD onset (Stice et al., 2009).

We conducted an efficacy trial in which 341 high school students with elevated depressive symptoms were randomized to CB group, supportive expressive group, CB bibliotherapy, or brochure control (Stice, Rohde, Seeley, & Gau, 2008). At post, CB group

participants showed significantly lower depressive symptoms than both active control conditions and brochure control. By 2-yr follow-up, MDD onset was significantly lower for CB group (14%) and bibliotherapy (3%) than brochure controls (23%); results for supportive expressive group were intermediate (15%). Based on these promising results, an effectiveness trial was conducted, in which high school personnel recruited 378 students with elevated depressive symptoms and delivered the CB group intervention, compared to CB bibliotherapy and brochure control (Rohde, Stice, Shaw, & Brière, 2014; Rohde, Stice, Shaw, & Gau, 2015). At post, CB group resulted in lower symptoms than brochure control (results for CB bibliotherapy were intermediate). By 2-yr follow-up, CB group participants showed significantly lower MDD onset (10%) versus bibliotherapy (25%) though effects relative to brochure controls (17%) were nonsignificant ($p = 0.15$).

Given the generally encouraging results with high school students, we explored the impact of group and bibliotherapy CB interventions in a college sample with a design that paralleled the effectiveness trial (Rohde, Stice, Shaw, & Gau, 2014). Depression is one of the most common mental health problems among college

^{*} Corresponding author. Oregon Research Institute, 1776 Millrace Drive, Eugene, OR, 97403, USA.

E-mail address: paulr@ori.org (P. Rohde).

students (American College Health Association, 2012), a high-risk population for which effective prevention programs have been elusive (e.g., Garlow et al., 2008). Though college students are sometimes viewed as a privileged population, more than 65% of US high school graduates attend some form of post-high school education (US Department of Education, 2008). Further, the prevalence of unipolar depressive disorders appears comparable for college and non-college-attending young adults (Blanco et al., 2008), as do low levels of mental health treatment utilization (American College Health Association, 2008). In this pilot, 82 college students with elevated depressive symptoms were randomized to CB group, CB bibliotherapy, or brochure control condition, completing assessments through 1-year follow-up. Contrary to previous findings, reductions in depressive symptom at post for CB group vs brochure and CB bibliotherapy ($d = 0.06$ and $-.08$, respectively) were nonsignificant. However, by 1-year follow-up, MDD onset rates were substantially (albeit nonsignificantly) lower for CB group (7%) and CB bibliotherapy (5%) compared to brochure control (15%). To our knowledge, only two other randomized trials using diagnostic data have examined depression prevention with college students (Seligman, Schulman, & Tryon, 2007; Seligman, Schulman, DeRubeis, & Hollon, 1999). Though both studies were adequately powered ($N = 231$ and 240 , respectively), had excellent engagement (attendance 84–85%), and found significant post effects for depressive symptoms (M across interview and questionnaire $d = 0.42$), neither reduced MDD onset.

The absence of acute-phase reductions in depressive symptoms for our standard CB prevention program with college students was surprising, given consistently significant effects post-intervention in younger samples. The college participants had lower attendance and fewer positive expectancies for CB group than high school students, implying poorer engagement. It appeared that a prevention program that increased motivation for change and produced stronger effects was needed. Given our past success in a cognitive dissonance-based eating disorder prevention intervention (e.g., Stice, Shaw, Burton, & Wade, 2006), we sought to incorporate elements of cognitive dissonance change principles to improve depression prevention, creating a new CB depression prevention program, which we entitled *Change Ahead*.

Cognitive dissonance has been shown to be maximized by four factors (e.g., Green, Scott, Diyankova, & Gasser, 2005): (1) underscoring the voluntary nature of completing dissonance-inducing activities; (2) absence of an external justification for completing dissonance-inducing activities (e.g., subject payments, school credits); (3) high public accountability for dissonance-inducing behaviors; and (4) dissonance-inducing behaviors required a high level of effort. The first factor that maximizes cognitive dissonance (i.e., voluntary engagement) was also incorporated into a second eating disorder prevention program (*Healthy Weight*) that relied on participant-driven changes to promote small but sustainable improvements in diet and physical activity; this intervention has reduced both eating disorder symptoms and disorder onset in multiple trials (e.g., Stice et al., 2006). In *Healthy Weight*, all lifestyle change plans are explicitly selected by the individual, with the goal of promoting internalization of health goals. We incorporated these principles into *Change Ahead* so that cognitive and behavioral changes were explicitly selected by the participant rather than prescribed by the therapist (i.e., voluntary engagement) and added dissonance-induction activities (e.g., discussing the costs of depression). We also focused on increasing positive thoughts and physical activity and minimized group discussion in which participants repeatedly articulate negative cognitions and actions, which could undermine counter-depressive attitudes and behaviors.

We explored the impact of this new intervention in a preliminary trial with a sample of 59 college students with elevated

depressive symptoms. Participants were randomized to either *Change Ahead* or an educational brochure which covered the signs of depression and the importance of seeking treatment as needed. We decided to use an educational brochure control condition for several reasons. First, this was a preliminary evaluation of the new dissonance-based CB depression prevention program, which focused on acceptability and sought to gather qualitative input on how we could refine this new intervention. Second, we did not have a basis to predict that it would produce significantly stronger reductions than an active intervention such as CB bibliotherapy, which has proven effective in reducing depressive symptoms and future depressive disorder onset. Third, using the educational brochure control condition allowed us to benchmark effects for this intervention relative to the effects for standard CB group depression prevention programs from past trials that have used this control condition. Fourth, one typically needs a great deal of statistical power to detect differences between two active interventions and this preliminary study was not adequately powered to detect such differences. The first aim of the study was to assess feasibility, as indexed by achieving recruitment goals, screening efficacy, attendance rates, and study retention. The second aim was to explore whether *Change Ahead* participants showed greater reductions in depressive symptoms than controls, as measured by both diagnostic interview and self-report questionnaire. The third aim explored whether *Change Ahead* participants showed lower incidence of MDD onset over follow-up. Given that we had a power of 0.80 to detect only medium magnitude effects ($d = 0.50$) or greater, we focus primarily on the magnitude of effect sizes when interpreting study results, while recognizing that parameter estimates from small studies need to be interpreted with caution (Kraemer, Mintz, Noda, Tinklenberg, & Yesavage, 2006).

1. Method

1.1. Participants and procedures

Participants were 59 college students (68% female) between 18 and 28 years of age ($M = 21.8$; $SD = 2.3$). The sample was composed of 70% Caucasians, 9% Asian Americans, 3% Hispanic, 2% Native American, and 16% other/mixed. Participants were recruited in 2013–2014 from a large state university using a mass postcard mailing and posters. Postcards invited students to participate in a study evaluating interventions aimed at helping students reduce depressive symptoms. If interested, they were directed to an enrollment webpage, which included the Center for Epidemiologic Studies-Depression Scale (Radloff, 1977). College students who endorsed scores of 20 or greater (primary inclusion criteria, as in Stice et al., 2008) were invited to enroll and complete the baseline assessment. If the student had a current diagnosis of MDD or acute suicidal ideation (exclusion criteria; $n = 1$), they were offered referrals and not enrolled. Participants were not excluded on the basis of prior or concomitant treatment, and 39% had received mental health treatment in the prior year. Eligible participants were randomly assigned by the project coordinator using computer-generated random numbers to either *Change Ahead* group ($n = 28$) or educational brochure control ($n = 31$).

Participants completed assessments at pretest, posttest, and 3-month follow-up; receiving \$25 for each assessment. Assessors were blind to condition, had a Bachelor's in psychology, and had received 40 h of training and achieved a minimum symptom agreement kappa of 0.80 with experts before data collection. The Oregon Research Institute (ORI) Institutional Review Board approved this study.

Download English Version:

<https://daneshyari.com/en/article/7262096>

Download Persian Version:

<https://daneshyari.com/article/7262096>

[Daneshyari.com](https://daneshyari.com)