A COGNITIVE BEHAVIORAL DEPRESSION PREVENTION PROGRAM FOR EARLY ADOLESCENTS

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ABSTRACT

The aim of this study was to present results of the author's one year experience with Cognitive Behavioral Psychology Program, in order to contribute to the building of whole school approach and positive psychology preventive mental health problems model. Based on Penn Resilience Program (PRP), they modify and create program for early adolescents: how to prevent depression and to develop resilience. The program should promote optimism and reduce depression in children. Her focus was on explanatory style and optimism. Program's goal is not simply to teach "positive thinking". The goal is realistic thinking. During one academic year the author implemented this program in four classes in one primary school in Stip, R. Macedonia. One hundredth and twenty, eight grade's adolescents, at the age of 14 years, 56 boys, 64 girls, were involved. She conducted a pre & post survey. Children's Attribution Style Questionnaire (CASQ, Seligman et al., 1995), was used in order to measure the optimistic and pessimistic level among students. According to the results gathered by the pre & post survey, She can see that there exist some changes in the children's optimistic and pessimistic level. Depression prevention research will live up to its promise if interventions like PRP can be successfully implemented by schools, clinics, and other community settings.

Key words: Positive , Psychology, Adolescence, Program, Prevent, Depression.

INTRODUCTION

The transition from primary to high school is marked by increased academic demands and often by a decrease in the individualized attention students receive from their teachers as they rotate through many classrooms each school day. These changes may increase risk for a variety of difficulties, including eating disorders, conduct problems, substance use, and underachievement, as well as depression (Cicchetti & Rogosch, 2002).

Young adolescents deal with a number of physical, cognitive, social, and environmental changes that often occur together and may increase their risk for emotional and behavioural problems. Early adolescence is also an important developmental period. Social relationships become far more complex. Peer relationships become more important, and children's vulnerability to peer pressure increases.

At the same time, early adolescents also make important cognitive gains that may enable them to learn cognitive and problem – solving skills that can increase their resilience. The meta cognitive skills are at the heart of cognitive behavioural therapy, currently one of the most widely researched and empirically supported therapies for depression.

Developmental research suggests that cognitive models of depression become increasingly applicable to children as they develop (Garber & Flynn, 1998). The transition to formal operations, and changes in self-concepts, causal thinking, and thinking about the future may make explanatory style and dispositional optimism especially relevant to depression in children by the end of the primary school years.

As children's thinking moves from the preoperational to the concrete operational, and finally, to the formal operational stage, it becomes increasingly governed by abstract schemas or rules. Although there is considerable debate and inconsistency in research on the age at which formal operations is achieved, interpretations of

events may be increasingly driven by cognitive styles such as explanatory style or dispositional optimism as children approach adolescence. Attributional (explanatory) style is the cognitive vulnerability factor that has garnered the most research and theoretical attention.

Young children are capable of drawing inferences about events and evidence potential for demonstrating a stable attributional style. In one study, third graders demonstrated greater pessimism in their attributions than seventh graders, were more likely to catastrophize, and viewed themselves as flawed following negative life events (Abela & Payne, 2003).

Adolescents who demonstrate a positive attributional style in sixth grade continue along the same linear trajectory (in the positive direction) over time (Garber, Keiley, & Martin, 2002).

Similarly, adolescents who manifest a negative attributional style in sixth grade continue on a trajectory to a more negative attributional style. Taken together, findings indicate that children and adolescents are capable of developing the attributions that have been linked with depression. Longitudinal evidence suggests that as early as middle childhood, negative attributions may place children on a trajectory toward an increasingly negative and pernicious attributional style. The nature and strength of associations between attributional style and depression may vary with development in function and/or content.

Negative life events or stressors may also predispose children to a pessimistic explanatory style. Early helplessness experiments demonstrated that exposure to uncontrollable aversive events leads to passivity and depressive symptoms in humans and other animals. Conversely, control and mastery experiences protect against helplessness (e.g., Seligman, 1995). Children who grow up in poverty, who are exposed repeatedly to violence or intense parental conflict, or who are exposed to chronic parental mental illness, and who repeatedly experience failure may be more prone to developing a pessimistic explanatory style.

The Penn Resilience Program (PRP) was inspired by cognitive-behavioural theories and treatments of depression, as well as by research on adolescent development. Adolescence may be a particularly important period for depression prevention efforts. Rates of depression increase dramatically during adolescence, beginning at about age 13 (Hankin, 2008; Nrughma, Holen, & Sund, 2010). In addition, recent research indicates that depression is often recurrent, with first episodes of depression occurring most often during adolescence (Southwick, Litz, Charney, & Friedman, 2011).

Although there is some debate about whether depressive symptoms and clinical depression exist on a continuum of severity or reflect qualitatively different experiences, recent reviews provide more evidence for the continuum model of depression (Hankin & Abela, 2005; Hankin, 2008). Research indicates that as resilience increases, depression decreases (Nrughma, Holen, & Sund, 2010; Wagnild & Young, 2010).

Thus, prevention of depression during adolescence may help to prevent suffering across the lifespan. By targeting the early adolescent developmental period, the author hoped to prevent the steep increase in depression that occurs just a few years later.

Methodology

The author grounded the research in the frame of cognitive – behavioural theories of depression. Several cognitive risk factors are implicated in depression, including negative self-schemas, stringent standards or dysfunctional attitudes, information-processing biases, and negative interpretative styles (Hankin & Abramson, 2002; Hankin, 2008). An interpretative style that has received a great deal of research attention is a pessimistic explanatory style, which is marked by the tendency to attribute negative events to internal, stable, and global causes (Hankin & Abramson, 2002).

Most cognitive–behavioural models of depression are vulnerability-stress models. Individuals with cognitive vulnerabilities or maladaptive cognitive styles are particularly susceptible to depression when confronted by negative life events. In support of this premise, several

studies have found that depression is predicted by an interaction between negative life events and explanatory style (Hankin & Abela, 2005; Abela & Skitch,2007).

As children enter adolescence, cognitive models of depression appear to become increasingly relevant. Negative life events appear to increase (Hankin & Abela, 2005; Hankin, 2008), and there is some evidence that cognitive styles become more stable and more closely linked to depressive symptoms (Nolen-Hoeksema, Girgus, & Seligman, 1992). Children's self concept become more complex and abstract. As self- perceptions rely more on abstract personality dimensions and less on concrete, observable behaviours, children may become increasingly vulnerable to cognitive distortions related to depression.

Design & Methods

The aim of this study was to implement Cognitive Behavioural Depression Prevention Program in one primary school in Stip, R. Macedonia, and to present results of our one year experience. The program should promote optimism and reduce depression in children. The focus was on explanatory style and optimism. Program's goal is not simply to teach "positive thinking". The goal is realistic thinking. We hope that will contribute to the building of whole school approach and preventive resilience mental health problems model.

Based on Penn Resilience Program, the author modified and created Cognitive Behavioural Psychology Program for early adolescents: how to prevent depression. During one academic year we have implemented this program in four classes in one primary school in Stip. One hundredth and twenty, eight grade's adolescents, at the age of 14 years, 56 boys, 64 girls, were involved in this study.

The Penn Resiliency Program

The Penn Resilience Program (PRP, Gilham et al.,1990), is a prevention program that is largely based on cognitive behavioral therapy and designed for early adolescents. PRP comprises twelve 90 – to 120 – minute group sessions. It is most often delivered by teachers and counselors in school, but can also be delivered in clinic or other community settings. The Cognitive Behavioral Psychology Program which we designed was based on Penn Resiliency Program.

PRP's pedagogic approach involves three major steps. The first step is to establish a conceptual framework for each skill. This is typically accomplished using skits, role plays, short stories, or cartoons that illustrate the underlying concepts on a basic level. Once the children have a firm grasp of the key concepts, the group tackles hypothetical examples that demonstrate how the skill is germane to real-world experiences. Finally, students apply the skills in their own lives. PRP includes two major components: a cognitive component and a social problem solving component.

- The Cognitive Component

Cognitive techniques are the foundation of the program and are pervasive throughout.

Skill 1 : The ABC Model

The goal of the initial PRP lessons is to establish the most fundamental concept of cognitive theories of depression: that our emotions and behaviors are not a direct consequence of the events that happen to us, but rather are a consequence of how we interpret these events. To illustrate this concept, the program introduces Ellis's (1962) ABC model.

There is an Activating event or Adversity, which prompts an automatic Belief or an interpretation of the situation, which in turn leads to an emotional and /or behavioral Consequence. This model states that the Belief mediates the relationship between the activating event and the resulting emotion or behavior.

In the model which we implemented, the first lesson focuses on the components of the model –adversities, beliefs, and emotions. Once the students have a firm grasp of these components, the group begins to examine the relationship between them.

The group leaders–psychologists, facilitated a discussion of Adversities (or problems) that adolescents commonly face in everyday life. The students were so inventive and generated a lot of problems, such as poverty, stress and failure in school, interpersonal relationships with peers,

family members, etc. The main goal was two-fold: to help students think about adversities that can be addressed in the program and to demonstrate that problems are a normal part of life.

The next step was to establish the role of Beliefs, or cognitions, in the ABC model. The group leaders-psychologists, introduced the concept of internal dialogue, or "self-talk". Students performed several skits that illustrated self-talk as characters confront adversities that are common during early adolescence.

The goal of this step was to help students understand self talk as a normal process and to encourage them to be aware of their underlying cognitions.

The third step was to ensure that students were able to label and describe emotional experiences - one type of "C" in the ABC model. The group leaders prompted the students to describe the emotions which they experience. Students described the bodily sensations and actions that typically accompany each emotion. Initially, the conversation focused on the most basic emotions-happiness, sadness, anger – and then progressed to more complex emotions such as shame and guilt.

The group leaders were working as well, on encouraging students to learn how to recognize the intensity of the experience. The students have tasks to share instances in which they felt each emotion and to describe how intense the experience was, using illustrative scale with drawings of 1 (a little) to 10 (extremely intense). Students have learned that cognitions not only determine the type of emotional experience, but also the intensity of the experience.

In order to establish the casual influence of cognitions, the group leaders first used a role play to demonstrate that people often experienced different emotions in response to the same activating event.

For example, group leader was pretended the role of sports coach who berated a team's performance. Students were instructed to visualize the situation and to imagine that it was actually happening. Each student then described his or her feelings during the role play (such as shame, sadness, anger, or anxiety). After that, the group leader asked the student to describe their internal dialogues during the role play. In doing so, it became apparent that there was a pattern in which specific thoughts elicit specific emotions.

Skill 2 : Recognizing Cognitive ("Thinking") Styles

Students learned about "thinking styles", such as a pessimistic explanatory style, that can precipitate and perpetuate negative emotions. This program was focused primarily on the stable (or permanent) dimension of explanatory style for negative events. Stable and global attributions appear to be more closely linked to depression than internal attributions (Abramson et al.,1989).

Skits were used to portray and contrast different thinking styles. For example, a character named "Dark Niki" demonstrated a pessimistic thinking style. When a friend encouraged Luka to try out for the school soccer team, Luka mentioned several personal and stable deficiencies. He convinced his friend that "trying out for the team would be fruitless and that it is not worth the effort to practice".

In a parallel skit,"Hopeful Viki" encountered the same situation but responded with an optimistic thinking style. Although she recognized that making the team would be difficult, she concluded that "she has a good chance if she practices before the tryouts".

The group members discussed the emotional and behavioral consequences of both cognitive styles. Students learned that, in addition to making them feel bad, permanent negative beliefs are typically erroneous and counterproductive. In contrast, optimistic thinking styles promote emotional well- being and more effective coping strategies. They learned that over optimistic beliefs can hinder effective coping and prevent people from taking action to avert negative consequences. This conversation reinforces the main goal of the program: resilience through accurate thinking.

Skill 3 : Cognitive Restructuring

Students learned to actively dispute negative cognitions by generating alternatives and examining evidence. In order to demonstrate the importance of hypothesis testing, our group leaders – psychologist, was reading a

short story describing two detectives , one good and one bad. The good detective made a list of possible suspects and was looking for clues before drawing any conclusions, whereas the bad detective simply blamed the first suspect that came to mind. The basic idea was to point out that, when faced with real- world problems, people often behave just like the bad detective by accepting their initial beliefs without considering alternatives or looking for evidence.

Students were practicing searching for evidence with a hands-on activity called the "File Game". The group leader distributed file folders containing documents with information pertaining to fictional but realistic adolescent characters. Each file was including: diary, report cards, graded tests, awards, notes from teachers, friends and family members. In diary entry, each character wrote about a problem he or she was experiencing, along with several pessimistic beliefs. The students worked in small groups and perused the contents of the file to find the evidence that supported or refused the character's beliefs. After that, the students were practicing generating alternatives and examining evidence for pessimistic beliefs that seem to be operating in their own lives.

Skill 4 : Put It in Perspective

The program introduces the concept of catastrophic thinking, or the tendency to exaggerate and distort the implications of negative events. The group leaders-psychologist, recounted the well-known parable "Chicken Little", to make the concept of catastrophic thinking highly accessible and to provide a point of reference for future discussions. The main point is that students learned that when faced with an adversity, people often focused exclusively on the most negative contingencies at the expense of accurate appraisal. Such beliefs are likely to initiate a spiral of negative thoughts that can result in intense anxiety or sadness. The "Putting It in Perspective" skill is designed to counter this spiral. Students learned to consider the worst, best, and most likely outcomes of problematic situations. After they discussed and was practicing the worst - case and best- case scenario, guided by the group leader-psychologist, they applied this skill to situations in which they found themselves to be not realistic.

Skill 5 : Hot Seat

The "Hot Seat" is a skill for challenging negative thoughts rapidly in situations that do not allow for extensive deliberation. The "Hot Seat " combines several skills-searching for evidence, generating alternatives, and putting the situation in perspective – that can be used to fight back against negative thoughts in the moment as they occur. Each student was presented with hypothetical adversities that required immediate refutation of negative beliefs. The group leaders ensured that the students are providing plausible refutations and not simply minimizing the problem or denying their personal contributions to the problem. Students were practicing using the "Hot Seat" with their own experiences several times during the rest of the program.

- *The Social- Problem- Solving Component*

The goal of the social-problem-solving component was to provide students with a variety of skills for handling difficult interpersonal situations and circumstances that elicit over- whelming emotions (Gillham et al.,1990, p.316).

Skill 6 : Assertiveness

In this part of the program, students learned to identify three behavioral approaches to interpersonal conflict-aggressiveness, passiveness, and assertiveness-and the consequences of each. Students enacted three skits involving an interaction between a child and a friend who repeatedly cancelled plans at the last minute. The three skits illustrated aggressive, passive, and assertive responses to this situation. Students discussed with the group leaders, the advantages and the disadvantages of the different styles. Assertiveness model which was provided with this model has four steps, denoted by the acronym DEAL (Describe…..Express…Asks…..Lists……).

The group leaders worked with students to identify situations in their own lives in which the DEAL model could be helpful. Students then role-played the skill during the session in anticipation of applying the skill in their lives.

Skill 7: Relaxation

The program which we implemented, included by itself, a variety of relaxation skills, including deep breathing,

progressive muscle relaxation, and positive imagery. These strategies can be used to cope with strong negative emotions and uncontrollable stressors, such as family conflict or school failure. The goal of relaxation techniques is not to alter the type of emotion experienced, but rather to assuage the emotional intensity. Once the emotion is manageable, the child can use cognitive skills to evaluate the situation accurately and develop an adaptive coping strategy. Relaxation skills are designed to counteract the body's sympathetic response to stress (muscle tension, increased heart rate, rapid breathing, etc.), which can contribute to and exacerbate negative cognitions and emotional states.

Skill 8 : Problem Solving

The final skill taught in the frame of this program is a five-step approach to problem solving that is based largely on Dodge and Crick's (1990) social-information-processing model. When confronted with problems, students learned to

- Stop and think, and made sure they are interpreting the problem situation and others' perspectives accurately,
- Identify their goals,
- Brainstorm to create a list of possible solutions, and to put assertiveness and other skills they have learned on this list as appropriate,
- Make a decision by considering the likely outcomes and listening plus and minus of different solutions,
- Enact a solution.

This problem-solving technique was originally included in PRP to help reduce behavioral problems that are often co morbid with depression in children.

Results and Discussion

The first step in the program was to identify explanatory style and optimistic level in our example of early adolescents.

The author conducted a pre-survey before starting the program implementation. First, we applied screening method. Children's Attributional Style Questionnaire (CASQ, Seligman et al.,1995), was used in order to measure explanatory style and optimism among students.

Here in Table 1, the authors present results which they have gained from the screening method.

PMG (Permanent –Good Events)

PSG (Personal-Good Events)

TG(Total Good Events)

PMB (Permanent- Bad Events)

PVB (Pervasive – Bad Events)

HoB(Hopelessness-Bad Events)

PSB (Personal – Bad Events)

TB (Total Bad Events)

The second step after that the authors implemented the Cognitive Behavioural Depression Prevention Program, which we briefly described previously.

The third step was to conduct a post-survey in the end of the program using the same CASQ questionnaire (CASQ, Seligman et al.,1995).

In Table 2, the authors present results which we have gained from the post-survey results after the program implementation.

PSG (Personal- Good Events)

PMG (Permanent –Good Events)

TG (Total Good Events)

PMB (Permanent- Bad Events)

PVB (Pervasive – Bad Events)

Girls		Boys	
PMB: 4.25	PMG: 6.85	PMB: 5.04	PMG:6.30
PVB: 4.30	PVG: 6.10	PVB: 4.06	PVG: 5.90
HoB: 8.55	PSG: 6.25	HoB: 9.10	PSG: 6.10
PSB: 4.60	Total G: 19.20	PSB: 5.10	Total G: 18.30
Total B: 13.15		Total B: 14.20	
G-B: 6.05		G-B: 4.10	

Table 1. Pre-Survey Results Before the Program Implementation

Girls		Boys	
PMB: 3.78	PMG: 7.55	PMB: 4.80	PMG:6.80
PVB: 3.96	PVG: 6.25	PVB: 4.08	PVG: 5.95
HoB: 7.74	PSG: 6.65	HoB: 8.88	PSG:6.25
PSB: 5.46	Total G: 20.45	PSB: 4.92	Total G: 19.00
Total B: 13.20		Total B: 13.80	
G-B: 7.25		G-B: 5.20	

Table 2. Post-Survey Results After the Program Implementation

HoB (Hopelessness-Bad Events)

PSB (Personal – Bad Events)

TB (Total Bad Events)

According to the results gathered by the pre & post survey (Tables 1 & 2), they see that there exist some changes in the children's optimistic and pessimistic level. We divided our example according to sex (girls and boys) because the scoring and norms for this test are different.

As the authors can see from the results from pre survey (which are presented in Table 1), the total G score for girls is 19.20 and for boys is 18.30. Differences between scores for good and bad events (G-B) for girls is 6.05, and for boys is 4.10 (the higher the total G score is, the more optimistic child the is) (Seligman et al.,1995).

As we can see from the results from post survey (which are presented in Table 2), the total G score for girls is 20.45 and for boys is 19.00. Differences between scores for good and bad events (G-B) is 7.25 (which is higher than the score from pre-survey) for girls, and 5.20 for boys ((which is higher than the score from pre-survey, as well) (Seligman et al.,1995).

Keeping in mind that influence of other moderator variable are also present, the author can notice and conclude that as a result of this program at the end of the academic year the optimistic level increases among both girls and boys. This is a good indicator and contribute in the development of strategies and skills to prevent depression in schools. We must emphasize that these results are only preliminary and that additional statistical analysis is needed in order to check statistical significance of differences.

Although we focus on explanatory style and optimism, program's goal is not simply to teach "positive thinking." The goal is realistic thinking. We have found that many children are reflexive pessimists; they habitually interpret events pessimistically and often this pessimism seems to exceed what is warranted given the situation.

Today, Cognitive Behavioral Programs address a broad range of academic and cognitive, social, behavioral challenges and has transformed from a singular focus on individual case planning to systems level implementation especially involving school-wide issues. Through implementation of this kind of programs, teachers will find that many of their concerns about classroom management will be dissolved, and preventing social and behavioral problems will be more effective.

Conclusion

Adolescence appears to be a crucial time in the etiology of depression and an important opportunity for prevention efforts. Interventions that teach cognitive and problem solving skills may prevent depression by helping students to navigate the challenges of adolescence more successfully. Several group cognitive – behavioral interventions, including PRP (Penn Resiliency program), show promise in preventing depression and appear to improve other outcomes, such as anxiety and conduct problems, that often co-occur with depression in youth. Depression prevention research will live up to its promise if interventions like PRP can be successfully implemented by schools, clinics, and other community settings.

It is important to consider some of the limitations of the study as they provide an important perspective for understanding the results obtained.

First, based on the above discussion, the primary limitation of this study appears to be due to difficulty in the operational definitions of the variables examined. A second limitation may be related to the samples used for the present study. The sample was convenient and it was restricted with respect to representativeness of Macedonian adolescents.

Implications for Future

Given the significance of optimism and satisfaction in the lives of children and adolescents, these findings have important implications for further research in education in R. Macedonia and clinical practice. Future research is still needed to focus on teacher training for developing resilience among children and adolescents, as well as strategies to assist students with risk to depression.

Building the Foundation for an Optimistic Explanatory Style is the main idea for future programs and research. Cognitive behavioural techniques and programs offer promise as a means of increasing optimism and

explanatory style, and as a means of preventing depression in late childhood and adolescence (Gillham, Brunwasser, & Freres, 2008).

However, there are many other possible paths through which optimistic interpretive styles can be promoted, and these may be effective for young children as well. If children learn optimism and explanatory style from adults, a powerful intervention may be to increase explanatory style in parents, and significant others. If repeated failure leads children to attribute events to permanent causes and to expect continued failure, they may benefit from interventions that improve their academic, athletic, artistic, social, and other skills.

Finally, providing children with control and mastery experiences may help lay the foundation for an optimistic interpretive style. By facing challenges, struggling, and, eventually, succeeding, children may learn to view even large problems as temporary and changeable. All of these paths should increase children's resiliency (Gillham, Brunwasser, & Freres, 2008).

In summary, analysis of recent research suggests that depressive symptoms and depressive disorders are common during primary school and rise dramatically during the high school years (Griciute,2011). Cognitive vulnerabilities, such as a pessimistic explanatory style or dispositional pessimism, that are implicated in adult depression are relevant to childhood depression at least by the end of primary school or beginning of high school (Gillham, Brunwasser, & Freres, 2008).

Our interpretation of these findings suggest that the primary school years offer an important window for intervention programs. We are encouraged by recent research indicating that CBT techniques and programs, effective in treating adult depression can also be used to foster an optimistic explanatory style and prevent depressive symptoms in children. Despite these findings, researchers still know very little about the origins of optimistic interpretive styles or how to build these styles in children. It is likely that there are many pathways through which optimistic styles can be fostered in children. Discovering these pathways is an important and exciting area for future research.

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