Preventing Adolescent Depression Through Personalized Programs

Statement of Problem

About 10-20 percent of adolescents ages 12-17 report experiencing depression, an illness that affects many aspects of a youth's health and well-being. Interventions that prevent depression are essential to reducing the burden of the illness on youth. Prevention efforts are particularly important in adolescence since many individuals experience their first episode of depression during this critical developmental period. Researchers have developed and tested a number of depression prevention programs with adolescents. While these programs are effective, their benefits have been more modest than we would hope.

One explanation for prevention programs' relatively moderate impact is that they have not been individualized based on known risk factors for depression. In other words, these programs are designed in a one-size-fits-all approach and don't provide individual adolescents with targeted interventions that could address specific risk factors they might experience. We need to determine whether the effects of these programs can be enhanced by matching adolescents to interventions that take into account their unique vulnerabilities for depression.

Description

Along with collaborators at the University of Illinois, we are conducting a randomized controlled trial to examine the efficacy of personalized depression prevention programs. In this National Institutes of Mental Health-funded study, called the Personalized Depression Project (PDP), we match and mismatch youth to two evidence-based depression prevention programs that target different risk factors for depression:

- Coping with Stress, a cognitive-behavioral based prevention program that focuses on reducing negative thinking patterns, and
- Interpersonal Psychotherapy-Adolescent Skills Training, an interpersonal program that aims to increase support and reduce conflict within one's relationships.

The five-year PDP study examines whether youth who receive a prevention program that targets their individual risks experience fewer depression symptoms and diagnoses over time as compared to youth who receive non-personalized prevention. In addition, we will collect data on the mechanisms through which these prevention programs work and examine whether the delivery of these programs in adolescence can alter the developmental trajectories of first onset depression.

Next Steps

If personalized prevention approaches are effective, this research can inform clinical practice by helping clinicians identify which adolescents would benefit from a specific preventive intervention. By providing effective prevention interventions, we can substantially reduce the prevalence and burden of depression at this important stage of development and help youth transition into healthy, productive adults.

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PolicyLab Leads

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Dr. Young has received funding from the National Institute of Mental Health (NIMH) for her research on Interpersonal Psychotherapy–Adolescent Skills Training (IPT-AST), a group preventive intervention for adolescent depression which targets interpersonal vulnerabilities for depression. She has conducted three randomized controlled trials of IPT-AST delivered in schools and has examined the effects of this program on a variety of mental health, interpersonal and school-related outcomes. Currently, Dr. Young has a collaborative R01 to conduct a personalized prevention study to examine whether the effects of depression prevention programs can be maximized by matching youth to programs based on their vulnerabilities for depression.

Dr. Young's research has also included the study of risk factors for later psychopathology. She was the principal investigator of a collaborative R01 longitudinal study of genetic, cognitive and interpersonal risk factors for youth depression. Most recently, Dr. Young has begun to examine the identification and management of adolescent depression in primary care settings.

In addition to her research, Dr. Young has been involved in national and international efforts to train community clinicians in evidence-based prevention and treatment interventions for adolescent depression. She also serves as an NIH Grant Reviewer for the Psychosocial Development, Risk and Prevention study section. Taken together, Dr. Young's work aims to decrease the incidence of adolescent depression and increase children's access to evidence-based assessment, prevention, and treatment of depression and other behavioral health conditions.

Dr. Young received her PhD in clinical psychology from Fordham University. She completed an NIMH-funded post-doctoral fellowship in the Department of Child Psychiatry at Columbia University. Prior to coming to CHOP, Dr. Young was at Rutgers University where she was an Assistant and Associate Professor of Clinical Psychology.

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Related Tools & Publications

- Two-year Impact of Prevention Programs on Adolescent Depression: An Integrative Data Analysis Approach
  Article
  Feb 2018
- Cognitive and Interpersonal Vulnerabilities to Adolescent Depression: Classification of Risk Profiles for a Personalized Prevention Approach
  Article
  Oct 2018
- Developmental Trajectories of Attachment and Depressive Symptoms in Children and Adolescents
  Article
  May 2019
- Identification and Management of Adolescent Depression in a Large Pediatric Care Network
  Article
  Mar 2020
- Personalized Depression Prevention: A Randomized Controlled Trial to Optimize Effects Through Risk-informed Personalization
  Article
  Nov 2020
- Effects of Personalized Depression Prevention on Anxiety through 18-month Follow-up: A Randomized Controlled Trial

Article
Sep 2022

- Cognitive and Interpersonal Moderators of Two Evidence-based Depression Prevention Programs
Article
Apr 2024

- Personalized Depression Prevention Reduces Dependent Stressors Among Adolescents: Results from a Randomized Controlled Trial
Article
Feb 2025

- Prevention Bends Adolescent Internalizing Trajectories: Within-person Changes From Pre- to Post-prevention
Article
Dec 2025