Children's Hospital of Philadelphia PolicyLab

Personalized Depression Prevention: A Randomized Controlled Trial to Optimize Effects Through Risk-informed Personalization

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OBJECTIVE: To evaluate whether evidence-based depression prevention programs can be optimized by matching youth to interventions that address their psychosocial vulnerabilities. METHOD: This randomized controlled trial included 204 adolescents (M = 14.26 years, SD = 1.65; 56.4% female). Youth were categorized as high or low on cognitive and interpersonal risks for depression and randomized to Coping with Stress (CWS), a cognitive-behavioral program, or Interpersonal Psychotherapy - Adolescent Skills Training (IPT-AST), an interpersonal program. Some participants received a match between risk and prevention (high cognitive-low interpersonal risk teen in CWS, low cognitive-high interpersonal risk teen in IPT-AST), others received a mismatch (e.g., low cognitive-high interpersonal risk teen in CWS). Outcomes were depression diagnoses and symptoms through 18 months post-intervention (21 months total). RESULTS: Matched adolescents showed significantly greater decreases in depressive symptoms than mismatched adolescents from post-intervention through 18-month follow-up and across the entire 21-month study period (effect size [d] = .44, 95% confidence interval [CI] = .02, .86). There was no significant difference in rates of depressive disorders among matched adolescents as compared to mismatched adolescents (12.0% vs. 18.3%, t(193) = .78, p = .44). CONCLUSION: This study illustrates one approach to personalizing depression prevention as a form of precision mental health. Findings suggest that risk-informed personalization may enhance effects beyond a "one size fits all" approach.

Journal:

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