Children's Hospital of Philadelphia PolicyLab

Telehealth-delivered Depression Prevention: Short-term Outcomes from a School-based Randomized Controlled Trial

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Objective: To examine short-term (i.e., postintervention) outcomes from a randomized controlled trial comparing a school-based telehealth-delivered depression prevention program, Interpersonal Psychotherapy-Adolescent Skills Training (IPT-AST), to services as usual (SAU). We expected IPT-AST would be acceptable and feasible and that IPT-AST adolescents would experience greater reductions in depression symptoms, anxiety symptoms, and impairment compared with SAU.

Method: Adolescents (*N* = 242; *M*age = 14.80 years, *SD* = 0.70; 65% female; 21% Black; 13% Hispanic/Latinx) with elevated scores on the Center for Epidemiologic Studies Depression Scale (Radloff, 1977) at screening provided data at baseline, 2-month (midpoint of IPT-AST), and 3-month (postintervention) assessments. They reported depression symptoms on the Center for Epidemiologic Studies Depression Scale, anxiety symptoms on the Screen for Child Anxiety Related Emotional Disorders (Birmaher et al., 1997), and impairment on the Columbia Impairment Scale (Bird et al., 1993). Baseline depression diagnosis was examined as a moderator.

Results: Hierarchical linear models showed that adolescents reported significant reductions in depression symptoms and impairment across conditions. IPT-AST adolescents reported significantly greater reductions in anxiety symptoms than SAU adolescents, *d* = .39, 95% CI [.05, .72], *p* = .003. Depression diagnosis moderated outcomes (*d*s = .33-.34, *p*s ? .05), such that IPT-AST adolescents without a diagnosis at baseline showed greater improvements in depression and anxiety symptoms than SAU adolescents. Adolescents in SAU with a depression diagnosis at baseline showed greater improvements in impairment compared with IPT-AST. Attendance and satisfaction data demonstrated the feasibility and acceptability of telehealth-delivered IPT-AST.

Conclusions: Results support telehealth-delivered IPT-AST as a promising intervention for improving short-term outcomes among adolescents with depression symptoms but without a depression diagnosis.

Journal:

Journal of Consulting and Clinical Psychology
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