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

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Objective

To evaluate whether depression prevention programs can reduce adolescents' within-persons' depression and anxiety symptoms from pre-prevention assessed levels, which were obtained via naturalistic repeated measures for 1-year before randomization and intervention delivery, to post-prevention levels ascertained through 21-months follow-up.

Method

This randomized controlled trial included 204 adolescents (mean [SD] age 14.26 [1.65] years; 56.4 % female). Prior to delivery of interventions (Coping With Stress, cognitive-behavioral program, or Interpersonal Psychotherapy-Adolescent Skills Training, interpersonal program), youths' depression and anxiety symptoms were assessed every 3-months for 1-year naturalistically to establish pre-prevention symptom levels. Then, youth participated in preventive interventions and had internalizing symptoms outcomes measured repeatedly through 3-months follow-up and then longer-term through 21-months follow-up.

Results

Longitudinal slopes of youths' pre-prevention depression ($b = -0.30$, $p = .004$) and anxiety ($b = -0.54$, $p = .013$) symptoms naturalistically decreased across 4 time points from -12-months through -3-months assessments. Compared to -12-months pre-prevention symptom levels, preventive interventions significantly decreased within-person symptoms of depression ($d = 0.67$ [0.39,0.95], $p < .001$ at 3-months follow-up; $d = 0.45$ [0.17,0.73], $p < .001$ at 21-month follow-up) and anxiety ($d = 0.88$ [0.59,1.16], $p < .001$ at 3-months follow-up; $d = 0.74$ [0.45,1.02], $p < .001$ at 21-months follow-up).

Conclusion

This study used a novel head-to-head comparative effectiveness trial design with repeated internalizing symptoms assessments prior to randomization and interventions delivery to evaluate how much prevention can adjust within-person symptom changes over time and shift symptoms from pre-prevention ascertained levels to lowered post-prevention levels maintained across follow-ups. Findings support the utility of evidence-based depression prevention programs to bend individuals' internalizing symptom trajectories when anxiety and depression levels normatively rise throughout adolescence.

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