ADAPTATION GUIDE

Variations and Modifications for Using the
Adolescent Coping with Depression Course

Although the Adolescent Coping with Depression Course (CWD-A) was designed to be conducted as a stand-alone group of four to ten adolescents, we recognize that this format will not be possible in many settings. Fortunately, other effective variations are possible depending upon the situation and related goals. With some modification, material from the CWD-A course can be provided in alternative group formats (e.g., shorter sessions, a rotating modular format, in combination with other treatments), as an individual psychotherapy intervention with depressed adolescents (either as a single treatment or in combination with medications), in different settings (e.g., psychiatric inpatient settings, youth correctional facilities), or with at-risk adolescents as a depression prevention program. We describe these options below—but other formats or adaptations may be possible! Some of these modifications will require some practice and possibly consultation to be effective, but we introduce each of them here.

The skills taught in the Adolescent Coping with Depression Course have the potential for a wide range of applications. Although most of the modifications discussed in this Guide have not been empirically tested, it seems reasonable to assume that the intervention would have some utility for a variety of adolescents in diverse settings. We are looking forward to receiving feedback from clinicians, teachers, and others in the mental and medical field regarding their successes and failures in using variations of the course.

Overview of Adaptations to the CWD-A Group Intervention

Format	Description
Original Format	A closed group of 4-10 adolescents who meet for 16 two-hour sessions twice a week.
Four-Modular version	Conduct a "semi-open" group in which adolescents can join at the start of each of 4 modules. Each module provides an overview of the CBT change model but contains a unique set of skills from the CWD-A: (A) Mood Monitoring and Pleasant Activities, (B) Social Skills and Relaxation, (C) Cognitive Restructuring, and (D) Communication and Problem-Solving. Adolescents remain in the group until they complete all four components or can repeat modules, if that would be beneficial.
Shorter Group Sessions	Sessions can be shortened from 2 hours to 90 minutes, providing the key concepts with slightly less in-session practice.
Use of the CWD-A on an Individual Basis	Many clinicians may not be able to conduct groups and the CWD-A can be provided on an individual basis. Most sessions can be conducted in a 50-minute session. The biggest limitation is the lack of role-play opportunities; the biggest advantage is the opportunity to personalize material.
Using Selected Modules	Specific modules from the CWD-A course can be offered in either a group or individual format.
Companion Parent Course	A 9-session group Parent Course that serves as a companion to the CWD-A group was developed to (a) inform parents of what their children are doing in therapy and (b) teach parents the same communication and problem-solving skills taught to their children. Alternatively, therapists can offer two "Parent Education" meetings to inform parents of the CBT change concepts and skills and answer their questions to encourage their support.
Prevention Programs in Schools	The CWD-A skills can be modified for use as general coping skills for prevention in school settings (for either all students or specifically for those with low-level depressive symptoms).
Residential Settings (inpatient hospital, correctional facilities)	It can also be provided as part of a continuum of service offered to adolescents in residential settings or as part of an after-care plan following inpatient treatment.

Modular Group Format

One method we have used in the past to address the issue of rapid turnover of adolescents in some settings is to break the CWD-A material into four separate learning modules (Modules A, B, C, and D). This approach turns the CWD-A from a "closed group" (i.e., no new group members are introduced once a cohort is formed) into a "semi-open group," in which new group members can be added to (or graduate from) a group at the start of a new module. Each module consists of approximately six sessions that provide basically all of the CBT content information for specific change skills. Modules are continually provided on a rotating basis (A, B, C, D, A, B, C, D, etc.) and adolescents can enter the group at the start of any module and stay until they complete all four components (e.g., teen could come in at the start of Module C and complete C, D, A, B and then graduate). If possible, it is optimal to complete the course in the order it was designed (ABCD) as the skills build upon each other, but we have had success with this modularized approach when adolescents come in at any module start. If an adolescent has had difficulty with any of the concepts or is still significantly depressed, she or he could repeat the modules for a second cycle.

Each Module starts with the same Introduction, which orients the adolescents to the intervention and covers the following topics: (a) provides an explanation of the group, (b) reviews group rules and how all sessions are structured, (c) provides a brief layout of the complete course, and (d) gives a description of the personality triangle and emotion spirals (i.e., the core CBT model of depression). This material comes from Session 1 of the CWD-A and is repeated at the beginning of each module.

Module A (Mood Monitoring & Pleasant Activities)
After completing the Introduction, adolescents are taught how to be more aware of current emotions and how to complete the Mood and Fun Activity Diary, choosing and tracking appropriate fun activities (material from CWD-A sessions 1 and 2). They then set a goal for increasing the number of fun activities between sessions (material from CWD-A sessions 5 and 6). The module ends with a summary and review of skills, discussing ways to continue using these skills in the future, and the graduation of any adolescents who have completed all four modules.

Module B (Social Skills & Relaxation)
After completing the Introduction, adolescents are taught the Social Skills contained in the CWD-A (e.g., learning and practicing friendly skills, starting conversations with others, recognizing when to start conversations and what to say, making introductions, how to join and leave conversation groups). This material comes from CWD-A session 3 and 4. Then they are taught and practice two forms of relaxation (Jacobsen progressive muscle relaxation, Benson deep breathing). The module ends with a summary and review of skills, discussing ways to

continue using these skills in the future, and the graduation of any adolescents who have completed all four modules.

Module C (Cognitive Restructuring)
After completing the Introduction, adolescents are taught how to identify current negative and positive thoughts, followed by the Thought Change Method (Challenge Method) using positive counter-thoughts to change negative thinking into more positive/realistic thinking. Alternative methods for handling negative thoughts (e.g., Worry Time, thought stopping) are also taught and practiced. These concepts and skills come from CWD-A sessions 7-9. The module ends with a summary and review of skills, discussing ways to continue using these skills in the future, and the graduation of any adolescents who have completed all four modules.

Module D (Communication & Problem-Solving)
After completing the Introduction, adolescents are taught communication (listening and expressing skills) and a 4-step problem-solving method (define the problem, brainstorm solutions, evaluate and choose a solution, write a contract). The module ends with a summary and review of skills, discussing ways to continue using these skills in the future, and the graduation of any adolescents who have completed all four modules.

Using Selected Modules

Because the CWD-A course offers a structured, curriculum-based instruction, specific modules can be selected to address skill deficits of an individual client (as mentioned above) or a group of clients with similar needs. For example, if family conflict is a problem for several adolescents and their parents, the therapist could form a treatment group and administer the sessions that deal solely with communication, problem-solving, and negotiation. Similarly, the modules that offer instruction on controlling negative and irrational thoughts could be used with a group of teenagers with depressogenic thinking styles. Regardless of which modules are selected, Session 1 should be retained since it provides an overview of the ground rules for the entire course and explains the core basis for understanding cognitive behavioral therapy.

Shorter Group Sessions

Some depressed adolescents have difficulty concentrating for a full 2-hour group. We have adapted the CWD-A sessions from 120 minutes to 90 for use with depressed adolescents who have comorbid externalizing and/or substance use problems. This has been accomplished by simplifying the presentation of some concepts, shortening writing assignments, and removing secondary material. If possible, it is recommended to have two group facilitators when conducting abbreviated sessions to assist with in-session reading and writing and to better monitor in-session behavior.

In addition, when working with groups of depressed adolescents with externalizing problems, we have included a points system to reward attendance and good in-session participation. The point system is broken into five different headings and the adolescents are given the opportunity to earn points (0-2 per session) in each category: (1) homework completion, (2) in-session behavior (e.g., following group rules, being respectful to others), (3) degree of voluntary participation, (4) total group behavior (a single score that is given for the entire group's behavior to encourage collaboration and prosocial support), and (5) attendance (including completion of a make-up session). Points are announced at the end of each session and periodically adolescents who earn a certain number of points are rewarded with small incentives (e.g., coupons for treats). We have found this system to be effective in encouraging more positive behaviors in the group setting.

Use of the CWD-A on an Individual Basis

We recognize that there are many settings in which it would be difficult to assemble a group of depressed adolescents at any one time. For example, clinicians who work in private practice or small clinic settings typically see a wide variety of patients, and the CWD-A group would be appropriate for only some of them. If this is the case, the CWD-A program can be modified to be provided on an individual basis.

Almost all of the material in the manual can be provided individually "as-is" and most of the full 2-hour group sessions can be covered with an individual client in 50 minutes. The most significant changes would involve the role-play exercises, which are designed for pairs of adolescents. For these exercises, the leader would have to assume a dual role as therapist and role-playing teenager. For example, during the communication skills exercises this would mean playing the part of another teenager, and in the family problem-solving sessions it would mean taking the role of the adolescent's parents. It is definitely possible to do this successfully but it does require some preparation and creativity on the part of the therapist.

A significant advantage to offering the CWD-A course on an individual basis is that it can be individualized to meet the specific needs of the specific adolescent. For example, if increasing pleasant events is particularly important, more time could be spent on that skill area. Conversely, if the adolescent already has good communication skills, a brief assessment of those skills may be all that is necessary before moving on to the next lesson.

When there are cultural issues that conflict with the CWD-A course material, the therapist can substitute more culturally appropriate ways of using the material. An example of this is in the social skills area where the course material encourages the use of direct eye contact when meeting new people. In some cultures this is not recommended or valued and the therapist can substitute a more culturally acceptable behavior (e.g., eyes down).

Companion Parent Course

Given that parents are such an important part of the adolescent's social system and may contribute to the onset and maintenance of depression, we developed a parallel group intervention for the parents of depressed adolescents (Lewinsohn, Rohde, Hops, & Clarke, 1991). The parent course has two primary goals: (a) inform parents of the CWD-A material in order to encourage support and reinforcement of the adolescent's use of skills, and (b) teach parents the communication and problem-solving skills being taught to their son or daughter. Parents meet with a separate therapist weekly for 2-hour sessions that are conducted at the same time as the adolescent group. Two joint sessions are held in the seventh week during which the adolescents and the parents practice these skills on issues that are salient to each family. Workbooks have been developed for the parents to guide them through the sessions. Materials for the companion parent course are available at:
http://www.saavsus.com/adolescent-coping-with-depression-parent-course

We evaluated the added benefit of the Parent Course in both our primary efficacy trials (Lewinsohn et al., 1990; Clarke et al., 1999) by comparing depressed adolescents who received just the CWD-A to adolescents who got the CWD-A while their parents received the companion Parent Course (both treatments were compared to a wait-list control). In both studies, adolescents who got the CWD-A, either alone or with the Parent Group, improved significantly more than those on a wait-list. However, contrary to our expectation, the "adolescent plus parent group" was not associated with significantly greater improvement. We were surprised by these negative findings and recognize that these results are contrary to widely-held clinical beliefs concerning the importance of parental involvement in adolescent treatment. Attendance by parents (especially for fathers) was not as strong as it could have been and both of these studies examined only one method of involving parents in treatment. It may be that other forms of working with parents, such as an integrated family therapy approach, would yield better outcomes. However, our results are consistent with the findings of Brent et al. (1997), who also found no advantage to family therapy relative to individual CBT for adolescent depression. The encouraging news is that depressed adolescents appear to benefit well from group therapy on their own, without the required involvement of their parents.

An alternative to conducting the full (9-session) Parent Course is to host two "Parent Education" meetings during a CWD-A course where parents are invited to come and hear the skills that their son or daughter is learning, and to answer any questions they might have. Parents often do not have a clear sense of what is being done with psychological treatments with their children and knowing more about the CBT model and the specific skills can be reassuring to them. In addition, it can increase the likelihood that they will support the changes that hopefully will be occurring in their children (e.g., increased engagement in positive activities, which may need to be supported or paid for by the parents; clearer communication practices).

Modifications for Specific Settings

Many of the skills taught in the CWD-A course are essential for general adaptive functioning. Consequently, there are a number of ways in which this intervention could be used with adolescents who may not be suffering from clinical depression. For example, the course could be offered as a "life skills" class for normal teenagers or as a preventive program for teenagers who are at risk for depression due to elevated depressive symptoms. The CWD-A course can also be offered as part of a continuum of care provided to adolescents receiving more intensive inpatient services. The following is a discussion of some of the possibilities.

<u>High school health classes</u>

In most high schools, students are required to attend health classes. Thus, health classes are a promising vehicle for teaching both high-risk and nondepressed adolescents to recognize the danger signals of depression and for helping them to develop related coping skills. In addition, skills in the CWD-A course can be applied to most negative emotions, including anxiety, fear, boredom, irritation, and anger. Specific aspects of the CWD-A course could be used to develop the curriculum for a mini-series on depression. Depending on the number of class periods available, the content might consist of two to four lectures on the symptoms of depression, how students can recognize the symptoms in themselves and their peers, common causes and risk factors, and most importantly, effective coping skills to handle negative emotions.

<u>Psychiatric hospitals and juvenile detention or incarceration centers</u>

The CWD-A course is appropriate for use in psychiatric hospitals or other group residential facilities for adolescents. An adult version of the intervention (the original Coping With Depression Course) has been successfully used with depressed adults in inpatient settings. Some changes would be necessary since there are limitations on the activities allowed in such settings. For example, the acceptable range of pleasant activities would have to be approved by the staff, and relevant hospital situations and activities might have to be incorporated into the role-playing exercises. Staff members could also be involved in helping the adolescents practice their communication, problem-solving, and negotiation skills. One advantage of a residential setting is that it is possible to conduct the sessions much more quickly—twice or even three times a week would be effective, though it is important to have some time between sessions for clients to practice the skills they are learning. In addition, skills taught in the CWD-A course would continue to be useful to the adolescents after they have been discharged from the hospital or facility so it could be provided as part of the aftercare treatment plan.