The Blues Program
Cognitive-Behavioral Group Depression Prevention Program developed by Paul Rohde, PhD, at the Oregon Research Institute.

Logic Model created by the Evidence-based Prevention and Intervention Support Project (EPIS) at Penn State University’s Prevention Research Center and in collaboration with Drs. Paul Rohde, Eric Stice, and Heather Shaw at Oregon Research Institute.

Program Components
- The Blues Program
  - Group sessions (6 weeks)

Targets
- Decrease Risk Factors
- Increase Protective Factors

Proximal (Short-term) Outcomes
- Increased Positive Thinking Patterns
- Increased Engagement in Pleasant Activities
- Decreased Severity of Depressive Symptoms
- Preventing the Onset of Major Depressive
- Decrease in Substance Use

Distal (Long-term) Outcomes

The Blues Program is a school-based prevention program for adolescents, ages 15-18, with depressive symptoms or adolescents who are at risk of onset of major depression. The program is delivered by 1-2 Facilitators who are familiar with cognitive behavioral methods of prevention and treating depression. It is preferred for at least 1 Facilitator to have a Master’s level degree related to the mental health field. Training on the model consists of 8 hours, all in one day or divided between two. The program is delivered to groups of 5-8 adolescents, in one-hour sessions over 6 weeks with home practice assignments included. Group sessions include: building group rapport, increasing participant involvement in pleasant activities, learning and practicing cognitive restructuring techniques, and developing response plans in future life stressors.
**Program Components & Goals**
The Blues Program is delivered over 6 weeks. Youth participate in weekly 1-hour group sessions and home practice assignments.

**Program Modalities**
Specific strategies, methods and techniques are used to accomplish the program goals.

**Targeted Risk and Protective Factors**
Risk factors, which increase the likelihood of negative outcomes, are targeted for a decrease. Protective factors, which exert a positive influence and buffer against negative outcomes, are targeted for an increase.

**Proximal (Short-term) Outcomes**
Targeted outcomes that the program has been shown in research to impact immediately following program completion.

**Distal (Long-term) Outcomes**
Outcomes impacted by the program from months to years following program completion that have been demonstrated through research. Studies compare The Blues Program with various depression interventions, and non-intervention groups. Significant findings are highlighted below.

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**Risk Factors:**

**Individual**
- Stress
- Depressive Symptoms
- Past History of Depression Diagnosis
- Poor problem-solving skills
- Poor social skills & emotion literacy

**Protective Factors:**

**Individual**
- Emotion Coping skills

**Therapy-Level**
- Therapeutic alliance
- Confide and trust
- Opportunity for emotion expression
- Therapeutic optimism
- Positive therapeutic relationship

**Increased Positive Thinking Patterns**

**Proven Outcomes:**
- Significantly higher scores of cognitive behavioral knowledge
- Reduced negative cognitions

**Increased Engagement in Pleasant Activities**

**Proven Outcomes:**
- Greater improvements in social adjustment
- Increased reports of pleasant activities

**Decreased Severity of Depressive Symptoms**
- Greater reductions in interviewer-rated depressive symptoms at post-test, six-month follow-up, and one and two-year follow-ups.
- Greater reductions in self-rated depressive symptoms at posttest, one-month follow-up, six-months, and two-year follow up (in 1 of 2 studies).

**Preventing the Onset of Major Depressive Disorder**
- Lower rates of MDD onset at six-month, and two-year follow ups.

**Potential Decrease in Substance Use**
- Greater reductions in self-reported substance use at posttest and two-year follow-up (in 1 of 2 studies).

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More information can be found by visiting: [https://www.blueprintsprograms.org/factsheet/blues-program](https://www.blueprintsprograms.org/factsheet/blues-program)