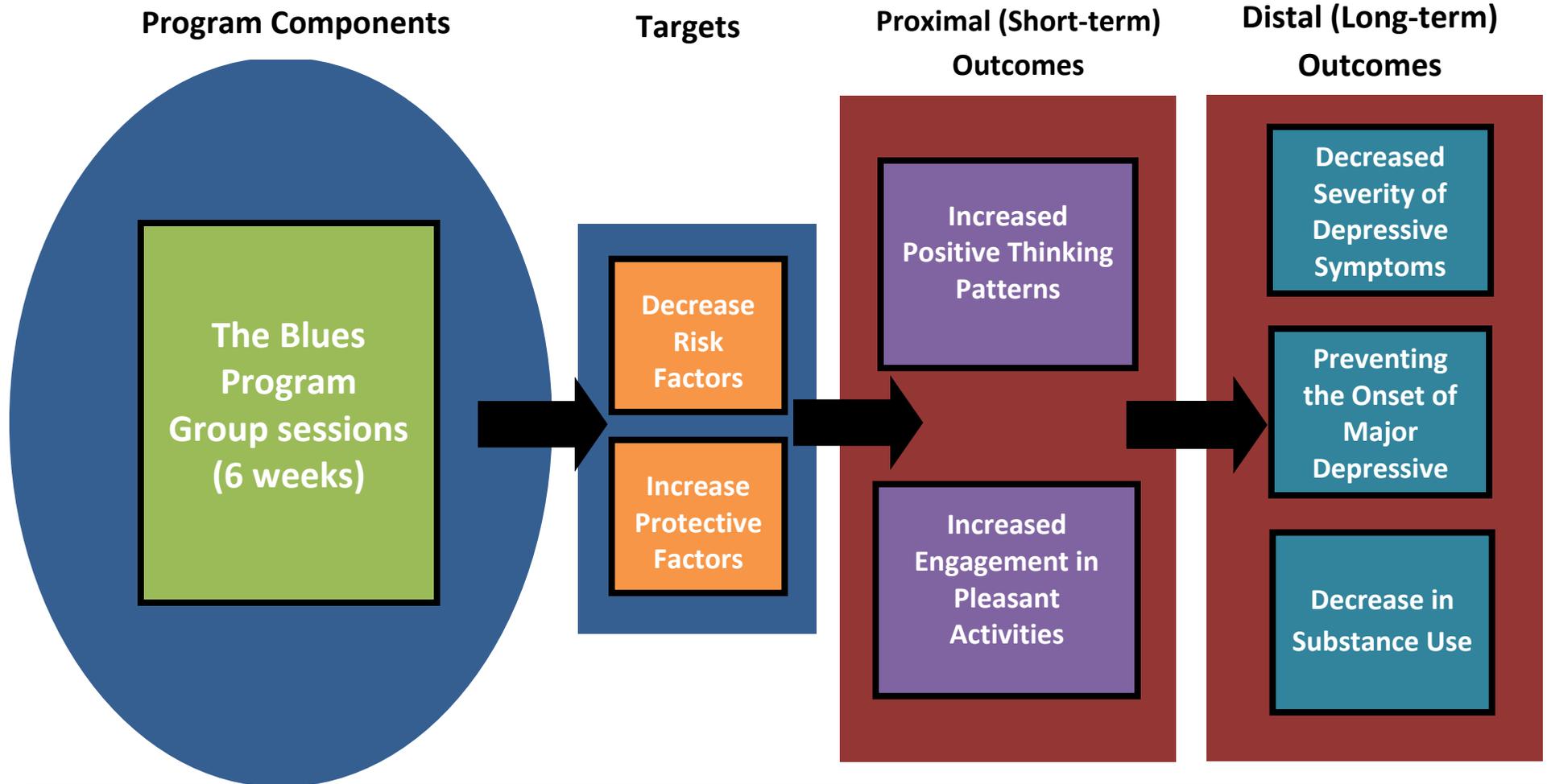


The Blues Program

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.



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.

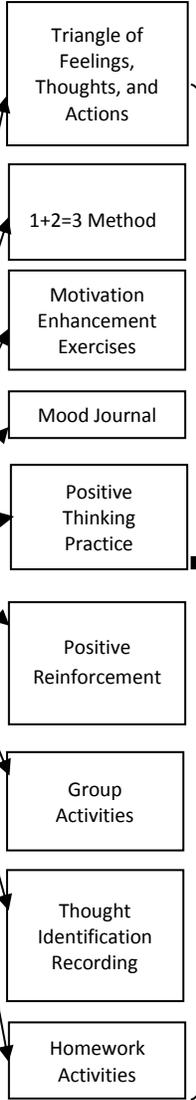
Distal (Long-term) Outcomes
 Outcomes impacted by the program *from months to years following* program completion that have been demonstrated through research. Studies compare The Blues Program with various depression interventions, and non-intervention groups. Significant findings are highlighted below.

Building Group Rapport

Increasing Involvement in Pleasant Activities

Learning and Practicing Cognitive Restructuring Techniques

Developing Response Plans to Future Life Stressors



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.

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).