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# Adolescent Coping with Depression (CWD-A)

## Program Snapshot

### Evidence Ratings\*

Effective	Social Connectedness
Promising	Depression and Depressive Symptoms
Promising	Suicidal Thoughts and Behaviors
Promising	General Functioning and Well-Being
Ineffective	Disruptive Behavior Disorders and Symptoms
Ineffective	Internalizing Problems

\*Ratings definitions can be found in the appendix.

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### Dissemination/Implementation Contact

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**Program Type**

Mental health treatment

**Gender**

Male

Female

**Age**

13-17 (Adolescent)

18-25 (Young adult)

**Geographic Locations**

Urban

Suburban

**Settings**

Other

**Race/Ethnicity**

White

Other

**Implementation/Dissemination**

Implementation materials available

**Program Description**

Adolescent Coping with Depression (CWD-A) is a cognitive-behavioral treatment (CBT) intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities. The CWD-A consists of 16, 2-hour sessions that are conducted over an 8-week period for mixed-gender groups of up to 10 adolescents. Core components of the program include the CBT model of change, mood monitoring, increasing pleasant activities (behavioral activation), social-skills training, relaxation training, identification of negative thoughts and cognitive restructuring, communication and problem-solving training, and relapse prevention. Each participant receives a workbook that provides structured learning tasks, short quizzes, and homework forms. To encourage generalization of skills to everyday situations, adolescents are given homework assignments that are reviewed at the beginning of the subsequent session.

The CWD-A course was originally adapted from the adult version of the Coping with Depression course. In modifying the course for use with adolescents, in-session material and homework assignments were simplified, experiential learning opportunities (e.g., role plays) were enhanced, and problem-solving skills were added to the curriculum.

According to the program developer, CWD-A has been implemented with adolescents in more than 12 diverse settings, including urban and rural areas, schools, juvenile detention centers, and state correctional facilities. Numerous trainings in CWD-A have been conducted with therapists across the United States (Alabama, Alaska, Iowa, Nebraska, New Mexico, New York, Oregon, Utah, Washington, and Wisconsin) and in Canada (Banff, Calgary, and Toronto). More than 500 therapists have received some training in the intervention. The

therapist manual and student/client workbook have been translated into multiple languages, including French, German, Greek, Japanese, Norwegian, Portuguese (in Brazil), Spanish, and Swedish

## Evaluation findings by outcome

### OUTCOME: SOCIAL CONNECTEDNESS

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is effective for improving social connectedness. The review of the program yielded strong evidence of a favorable effect. Based on one study and one measure, the effect size for social connectedness is .53 (95% CI: .11, .96).</p>
KEY STUDY FINDINGS	<p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p> <p>Rohde et al. (2004) found that participants in the intervention group showed statistically significant improvement at posttest, compared with those in the usual care group, with regard to social adjustment (measured as being satisfied with one's social situation).</p>
MEASURES ADDITIONAL DETAILS	<p>Rohde et al. (2004): Social Adjustment Scale Self-Report (SAS-SR)                  Rohde et al. (2004): Social Adjustment Scale Self-Report (SAS-SR)</p>

### OUTCOME: DEPRESSION AND DEPRESSIVE SYMPTOMS

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is promising for reducing depression and depressive symptoms. The review of the program yielded sufficient evidence of a favorable effect. Based on three studies and nine measures, the average effect size for depression and depressive symptoms is .47 (95% CI: .42, .50).</p>
KEY STUDY FINDINGS	<p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p> <p>Three studies evaluated the effects of the program on depression, with differing results. Clarke et al. (2001) found that participants in the intervention group showed statistically significant, pretest-to-posttest improvements, compared with the control group, on two measures of depression (CES-D and CBCL-D), but not on the third (HAM-D). However, Clarke et al. (2002) found no significant, posttest differences between participants in the intervention group and the control group on the same three measures. A third study, by Rohde et al. (2004), found favorable, statistically significant effects at posttest on the BDI-II, the HAM-D, and diagnostic recovery rates for major depressive disorder.</p>
MEASURES	<p>Clarke et al. (2001, 2002): Center for Epidemiological Studies, Depression Scale (CES-D); Hamilton Depression Rating Scale (HAM-D); Child Behavior Checklist, Depression Scale (CBCL-D) Rohde et al. (2004): Schedule for Affective Disorder and Schizophrenia for School Age Children (SADS), Epidemiological Version; Beck Depression Inventory-II (BDI-II); Hamilton Depression Rating Scale (HAM-D)</p>

## ADDITIONAL DETAILS

This outcome was also assessed at 6-month, 12-month, and 24-month follow-up periods (Clarke et al., 2001, 2002). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

**OUTCOME: SUICIDAL THOUGHTS AND BEHAVIORS**PROGRAM EFFECTS  
ACROSS ALL STUDIES

This program is promising for reducing suicidal thoughts and behaviors. The review of the program yielded sufficient evidence of a favorable effect. Based on two studies and two measures, the average effect size for suicidal thoughts and behaviors is .09 (95% CI: -.20, .24).

[Click here](#) to find out what other programs have found about the average effect sizes for this outcome.

## KEY STUDY FINDINGS

This program is promising for reducing suicidal thoughts and behaviors. The review of the program yielded sufficient evidence of a favorable effect. Based on two studies and two measures, the average effect size for suicidal thoughts and behaviors is .09 (95% CI: -.20, .24).

## MEASURES

Clarke et al. (2001, 2002): Schedule for Affective Disorders and Schizophrenia for School-Age Children–Epidemiologic Version (K-SADS-E)

## ADDITIONAL DETAILS

This outcome was also assessed at 12-month and 24-month follow-up periods (Clarke et al., 2001, 2002). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

**OUTCOME: GENERAL FUNCTIONING AND WELL-BEING**PROGRAM EFFECTS  
ACROSS ALL STUDIES

This outcome was also assessed at 12-month and 24-month follow-up periods (Clarke et al., 2001, 2002). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

[Click here](#) to find out what other programs have found about the average effect sizes for this outcome.

## KEY STUDY FINDINGS

This outcome was also assessed at 12-month and 24-month follow-up periods (Clarke et al., 2001, 2002). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

## MEASURES

Clarke et al. (2001, 2002): Global Assessment of Functioning (GAF) Rohde et al. (2004): Children's Global Adjustment Scale (CGAS)

## ADDITIONAL DETAILS

This outcome was also assessed at 6-month, 12-month, and 24-month follow-up periods (Clarke et al., 2001, 2002; Rohde et al., 2004). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

**OUTCOME: DISRUPTIVE BEHAVIOR DISORDERS AND SYMPTOMS**PROGRAM EFFECTS  
ACROSS ALL STUDIES

This program is ineffective for reducing disruptive disorders and behaviors. The review of the program yielded sufficient evidence of a negligible effect. Based on three studies and four measures, the average effect size for disruptive disorders and behaviors is -.39 (95% CI: -.46, -.36).

[Click here](#) to find out what other programs have found about the average effect sizes for this outcome.

KEY STUDY FINDINGS	Across all three studies (Clarke et al., 2001, 2002; Rohde et al., 2004), no statistically significant, posttest differences were found between participants in the intervention group and those in the usual care group on externalizing behaviors; however, one study (Clarke et al., 2002) found a significant pattern of effects across four waves of data collection.
MEASURES	Across all three studies (Clarke et al., 2001, 2002; Rohde et al., 2004), no statistically significant, posttest differences were found between participants in the intervention group and those in the usual care group on externalizing behaviors; however, one study (Clarke et al., 2002) found a significant pattern of effects across four waves of data collection.
ADDITIONAL DETAILS	Across all three studies (Clarke et al., 2001, 2002; Rohde et al., 2004), no statistically significant, posttest differences were found between participants in the intervention group and those in the usual care group on externalizing behaviors; however, one study (Clarke et al., 2002) found a significant pattern of effects across four waves of data collection.

### OUTCOME: INTERNALIZING PROBLEMS

PROGRAM EFFECTS ACROSS ALL STUDIES	<p>This program is ineffective for reducing internalizing problems. The review of the program yielded sufficient evidence of a negligible effect. Based on two studies and two measures, the average effect size for internalizing problems is -.08 (95% CI: -.37, .07).</p> <p><a href="#">Click here</a> to find out what other programs have found about the average effect sizes for this outcome.</p>
KEY STUDY FINDINGS	In the two studies by Clarke et al. (2001, 2002), neither found statistically significant, between-group differences on a measure of internalizing problems, which examines depressed, anxious, and withdrawn behaviors.
MEASURES	Clarke et al. (2001, 2002): Child Behavior Checklist, Internalizing Scale (CBCL-I)
ADDITIONAL DETAILS	This outcome was also assessed at 12-month and 24-month follow-up periods (Clarke et al., 2001, 2002). Follow-up findings are not rated and therefore do not contribute to the final outcome rating.

## Study Evaluation Methodology

### CLARKE, HORN BROOK, LYNCH, POLEN, GALE, BEARDSLEE... & SEELEY (2001)

STUDY DESIGN NARRATIVE	The study comprised adolescent participants who had subclinical levels of depression and had parents who 1) were enrolled in the Kaiser Permanente Northwest health maintenance organization (HMO) and 2) had experienced a depressive episode in the last 12 months. Adolescents were randomly assigned to the intervention group or to a usual care control group. Participants in the usual care group were permitted to enroll in any non-study intervention provided by the HMO.
SAMPLE DESCRIPTION	Participants included 94 adolescents between 13 and 18 years of age with subclinical depression symptoms (45 in the intervention group and 49 in the control group). The intervention group included 53% female and 18% nonwhite participants. The usual care group included 65% female and 4% nonwhite participants. The two groups did not differ on any of the demographic, covariate, or outcome measures.

**CLARKE, HORN BROOK, LYNCH, POLEN, GALE, O'CONNOR... & DEBAR (2002)**

STUDY DESIGN NARRATIVE	Adolescents with a current depression diagnosis were randomly assigned to the intervention group or to a usual care control group. Participants in the usual care group were permitted to enroll in any non-study intervention provided by the HMO.
SAMPLE DESCRIPTION	Adolescents with a current depression diagnosis were randomly assigned to the intervention group or to a usual care control group. Participants in the usual care group were permitted to enroll in any non-study intervention provided by the HMO.

**ROHDE, CLARKE, MACE, JORGENSEN, & SEELEY (2004)**

STUDY DESIGN NARRATIVE	Adolescent participants who met diagnostic criteria for depression and conduct disorder were randomly assigned to the Adolescent Coping with Depression intervention group or to a life skills/tutoring control group. Participants in the life skills/tutoring group discussed current events, received academic tutoring, and received training in such life skills as applying for jobs or renting an apartment. The control group intervention included 16, 2-hour sessions conducted in group format.
SAMPLE DESCRIPTION	The sample comprised 93 adolescents between 13 and 17 years of age who met diagnostic criteria for depression and conduct disorder. They were randomly assigned to either the Adolescent Coping with Depression (n = 45) or life skills/tutoring (n = 48) group. The Adolescent Coping with Depression group included 60% female and 80% white participants. The life skills/tutoring group included 38% female and 81% white participants. The two groups did not differ on any of the demographic, covariate, or outcome measures.

**References**

## STUDIES REVIEWED

Garvik, M., Idsoe, T., & Bru, E. (2014). Effectiveness study of a CBT-based adolescent coping with depression course. *Emotional and Behavioural Difficulties*, 19(2), 195-209.

Rohde, P., Seeley, J. R., Kaufman, N. K., Clarke, G. N., & Stice, E. (2006). Predicting time to recovery among depressed adolescents treated in two psychosocial group interventions. *Journal of Consulting and Clinical Psychology*, 74(1), 80.

## SUPPLEMENTAL AND CITED DOCUMENTS

None provided.

## OTHER STUDIES

Garvik, M., Idsoe, T., & Bru, E. (2014). Effectiveness study of a CBT-based adolescent coping with depression course. *Emotional and Behavioural Difficulties*, 19(2), 195-209.

Rohde, P., Seeley, J. R., Kaufman, N. K., Clarke, G. N., & Stice, E. (2006). Predicting time to recovery among depressed adolescents treated in two psychosocial group interventions. *Journal of Consulting and Clinical Psychology*, 74(1), 80.

## Resources for Dissemination and Implementation \*

*\* Dissemination and implementation information was provided by the program developer or program contact at the time of review. Profile information may not reflect the current costs or availability of materials (including newly developed or discontinued items). The dissemination/implementation contact for this program can provide current information on the availability of additional, updated, or new materials.*

### Implementation/Training and Technical Assistance Information

A broad range of mental health professionals can deliver the program, provided that they have had training in the assessment and treatment of adolescent affective and nonaffective disorders, and may include psychologists, psychiatrists, psychiatric social workers, psychiatric nurse practitioners, and counselors. Group leaders must have relevant experience and training before attempting to offer the course. Individuals who are not adequately trained for independent practice (e.g., students, and teachers who do not have a mental health background) should only conduct the course under the supervision of a licensed mental health professional.

Individual therapists, multidisciplinary teams, or agency groups can deliver the program to groups of up to 10 or to individuals. Providers interested in implementing the program must have bachelor's and master's degrees. They may complete self-administered training or be trained in groups of up to 12.

There are no costs for obtaining the CWD-A program materials; both the leader's manual and student workbook are available for free download from Kaiser Permanente's Center for Health Research website at <http://www.kpchr.org/public/acwd/acwd.html>.

The manual provides an introduction to the course, session-by-session scripts, and a discussion of common problems and potential solutions. A therapist with experience in treating depressed adolescents might anticipate spending 5-10 hours reading the manual before conducting groups, and 1-2 hours before providing each treatment session to preview the material, make reminder calls to clients, and conduct any make-up sessions. First-time providers of the CWD-A should receive approximately 1 hour of weekly supervision, assuming the two CWD-A sessions are being provided each week.

In addition to the therapist manual, a training DVD ("Mastering the Coping Course") is available for sale at <http://www.saavsus.com/store/adolescent-coping-with-depression-course>. The aim of the interactive DVD program is to act as a cost-effective adjunct to the existing treatment manual.

Onsite and videoconference training programs for individual therapists or groups of therapists (\$1,500/day plus travel costs) are conducted by the developer or a designee and can be organized by contacting Saavsus (see website above). The training consists of reading key outcome papers and the treatment manual, discussing the treatment rationale, modeling and role play of all key intervention components, discussing process issues, and reviewing crisis response plans.

### Dissemination Information

Brief testimonials for dissemination are located on a contracted website, <http://www.saavsus.com/store/adolescent-coping-with-depression-course>.

## Summary Table of RFDI Materials

Description of item	Required or optional	Cost	Where obtained
<b>Implementation Information</b>			
Implementation Information “The Adolescent Coping with Depression Therapist” manual For clinicians Required Included with training costs <a href="http://www.kpchr.org/research/public/acwd/acwd.html">http://www.kpchr.org/research/public/acwd/acwd.html</a>	Required	Information not available	<a href="http://www.kpchr.org/research/public/acwd/acwd.html">http://www.kpchr.org/research/public/acwd/acwd.html</a>
CWD-A student workbook For student group members	Required	Information not available	<a href="http://www.kpchr.org/research/public/acwd/acwd.html">http://www.kpchr.org/research/public/acwd/acwd.html</a>
“Mastering the Coping Course” 5-hour video For clinicians	Optional	\$249	<a href="http://www.saavsus.com/store/adolescent-coping-with-depression-course">http://www.saavsus.com/store/adolescent-coping-with-depression-course</a>
Treatment adherence and competence rating forms For clinicians and/or supervisors	Optional	Free	Contact the program supplier: Paul Rohde <a href="mailto:paulr@ori.org">paulr@ori.org</a>
<b>Dissemination Information</b>			
Dissemination information is available on the website	Optional	Free	<a href="http://www.saavsus.com/adolescent-coping-with-depression-course">http://www.saavsus.com/adolescent-coping-with-depression-course</a>

## Appendix

### Evidence Rating Definitions

#### Effective

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

#### Promising

The evaluation evidence has strong methodological rigor, and the short-term effect on this outcome is favorable. More specifically, the short-term effect favors the intervention group and the size of the effect is substantial.

#### Ineffective

The evaluation evidence has sufficient methodological rigor, but there is little to no short-term effect. More specifically, the short-term effect does not favor the intervention group and the size of the effect is negligible. Occasionally, the evidence indicates that there is a negative short-term effect. In these cases, the short-term effect harms the intervention group and the size of the effect is substantial.