Identifying Opportunities for Prevention and Intervention in the Youth Depression Cascade: A Focus on Prevention

Tatiana Perrino, PsyD
Research Assistant Professor
Division of Prevention Science & Community Health
Department of Public Health Sciences
tperrino@miami.edu
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Describe importance of depression *prevention programs* as part of the *Youth Depression Cascade*

1. Risk factors for depression: Identifying youth at risk
2. Evidence-based interventions to prevent depression, suicide
3. Youth Depression Cascade: Prevention across development
4. Conclusions
Risk factors for Adolescent Depression

- Depression: Complex and multifactorial
- Risk factors for adolescent depression
  - Elevated, yet subclinical depressive symptoms
  - Early anxiety symptoms
  - Youth conduct problems, early substance abuse
  - Parents with depression
  - Poor family relations
    - Low warmth
    - Hostility, conflict
  - Chronic, stressful life events
    - Socioeconomic disadvantage
    - Childhood maltreatment

Capaldi, 1992; Garber, 2006; Restifo & Bogels, 2009; Saluja et al., 2004; Yoshikawa, Aber, & Beardslee, 2012
1. Risk Factors: Identifying Youth at Risk

Addressing Risk Factors through Preventive Interventions

Before depression develops, preventive interventions

- Identify youth at risk
- Target risk and protective factors for depression
- Enhance protection and resilience to reduce depression risk

Garber, 2006; IOM/ NRC, 2009b
Effectiveness of Prevention

- Evidence supports effectiveness of depression prevention

- Preventive interventions successfully delivered in various settings
  - Schools
  - Community settings
  - Homes
  - Primary care
  - Increasingly, via internet

Horowitz & Garber, 2006; IOM/NRC Reports, 2009a, 2009b; Muñoz, Beardslee, & Leykin, 2012; Stice et al., 2009
Youth with depressed parents and/or elevated depressive symptoms

• Cognitive-behavioral (CB) intervention for youth whose parent had depression history, and youth with depression history
  – Reduced youth clinical diagnoses, depressive symptoms (Garber et al., 2009)
  – Through 6 years, lower depression incidence sustained (Brent et al., 2015)
  – Not when parent was depressed

• Importance of prevention
  – Elevated symptoms can manifest years before disorder- a window for intervention
  – Interventions for youth with elevated symptoms can help prevent onset of disorder

Brent et al., 2015; Garber et al., 2009; IOM/ NRC Report, 2009a
2. Evidence-based Preventive Interventions

Youth with depressed parents and/or elevated depressive symptoms

- CB and family intervention for parents with depression & their children (Compas et al., 2009)
  - Positive results on parent and child depression outcomes

- Primary care depression prevention intervention for youth with depression symptoms (Van Voorhees et al., 2009)
  - Reduced likelihood of depressive episode, decreased self-harm thoughts, hopelessness
 parenting and family factors

- Common risk factors for multiple outcomes: drug abuse, sexual risk, depression
- Across development, family interventions can influence youth depression
  - Nurse-Family Partnership – prenatal & infancy period (Olds et al., 2014)
    - By school age, children had fewer emotional & behavioral problems
    - By child age 9, less internalizing & attentional problems

IOM/ NRC Report, 2009b; Olds et al., 2014
2. Evidence-based Preventive Interventions

Parenting and family factors

– *Family Check-up* Program - preschool period (Dishion et al., 2008; Reuben et al., 2015)
  • By child age 3 years, moms lower depressive symptoms
  • By age 7-8 years, child lower depressive symptoms

– *Familias Unidas* – adolescence period (Prado & Pantin, 2011; Perrino et al., 2014)
  • Targeted and reduced drug use and sexual risk behavior
  • Decreased depressive symptoms, by improving family communication for those with poor communication
2. Evidence-based Preventive Interventions

Prevention across development

Interventions by Developmental Phase

- Prior to Conception
- Prenatal
- Infancy
- Early Childhood
- Childhood
- Early Adolescence
- Adolescence
- Young Adulthood

- Pregnancy prevention
- Prenatal care
- Home visiting
- Early childhood interventions
- Parenting skills training
- Social and behavioral skills training
- Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex
- Prevention of depression
- Prevention of schizophrenia
- Prevention focused on specific family adversities (bereavement, divorce, parental psychopathology, parental substance use, parental incarceration)
Prevention of Suicide

• Suicide prevention in schools: *Youth Aware of Mental Health* (Wasserman et al., 2015)
  – Raised awareness and coping around depression, anxiety, suicidal thoughts
  – Reduced suicide attempts, severe suicide ideation

• Classroom behavior management: *Good Behavior Game* (Kellam et al., 2011)
  – Delivered in 1st and 2nd grade
  – By child age 19-21 years
    • Lower rates of drug and alcohol disorders
    • Lower suicide ideation and attempts
    • Possible mechanisms- Improved social relations, self-regulation
Depression Management Care Pathway
(Lewandowski et al., 2013)
Youth Depression Intervention Cascade

• For depressed youth, intervention opportunities at different time-points
  – Screening for depression
  – Linking individuals to care/ intervention
  – Addressing remission

• Integrating risk factor screening & preventive interventions, can
  – Decrease number of children who need treatment
  – Reduce suffering
  – Reduce economic, societal costs
4. Conclusions

Summary

• Opportunities to screen & refer to preventive interventions across development
  – School teachers/ administrators, court personnel, community workers
  – Primary care pediatricians - consistent with Bright Futures

• Internet adaptations will increase access to preventive interventions

• By targeting common risk factors, preventive interventions can impact multiple youth outcomes: drug abuse use, sexual risk, depression

• Evidence-based prevention can reduce burden of adolescent depression
References


Bright Futures. (n.d.). Available https://brightfutures.aap.org/Pages/default.aspx


