

RAP With Teens to Prevent Psychological Problems

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TORONTO — A pilot program aimed at building resiliency and coping skills in teenage girls appears to decrease symptoms of depression and increase self-esteem in those at risk for major depressive disorder.

Researchers also hope that skills taught in the Resourceful Adolescents Project (RAP) will have a positive impact on other psychological problems the teens might face, such as eating disorders, substance abuse, and rule violations, Vicky Veitch Wolfe, Ph.D., said at the joint annual meeting of the American Academy of Child and Adolescent Psychiatry and the Canadian Academy of Child and Adolescent Psychiatry.

"We see a sharp increase in mental health problems in adolescents," said Dr. Wolfe of the Children's Hospital of the University of Western Ontario, London. "Up to 10% of high school girls develop depression, and 24% of girls report at least one episode of depression during their adolescence. This program is designed to help girls transition between middle school and high school, where we start to see the increase in depression."

RAP, first developed in Australia and New Zealand, is administered as part of a school's health curriculum. In Dr. Wolfe's pilot project, the program consisted of 10 70-minute sessions taught by a RAP psychologist and other mental health professionals.

Classroom topics included recognizing and regulating bodily stress; correcting negative self-talk; building personal strengths, problem solving, and conflict resolution skills; developing a strong social support network; using humor as a coping mechanism; and effective goal setting.

In addition to classroom activities and discussion, the students used a specially designed workbook and received regular homework assignments. Those activities were graded.

The program was instituted in 12 schools in one Ontario county; 807 ninth-grade girls were enrolled, with half receiving the intervention program and half receiving their normal health education class. Dr. Wolfe presented an analysis of the program's effects on 110 girls who were considered at high risk of depression.

At baseline, the girls had an average score of 22 on the Children's Depression

Index (CDI). On the Harter's Self-Perception Profile for Children (SPPC), the average baseline score was about 11 for self, 14.5 for friends, 14 for job, and 9 for appearance.

After the program, the intervention group had significantly decreased their total CDI scores from baseline (22-16.5) as well as their individual scores on mood (5.6-4.0), anhedonia (6.7-4.9), and negative self-esteem (4.5-3.1).

Total CDI scores decreased to a lesser

extent in the control group (22-20.5), as did scores for mood (5.5-4.9), anhedonia (6.7-6.1), and negative self-esteem (4.3-4.1).

On the SPPC scale, the intervention group made significant improvements in all areas: self (10.5-12.7), friends (14.3-15.4), job (13.8-15.5), and appearance (8.9-10.6). No significant changes were found in the control group.

A mechanism of change score identified the social domain as the area of greatest change, Dr. Wolfe said. "We saw improved

copied and improved interpersonal relationships, particularly with parents," she said.

Dr. Wolfe cautioned against overinterpretation of her results. "It's relatively small sample for a prevention program, and we would like to examine other indices of change—parent report, for example." She will also be conducting longer-term analyses of the effects in the entire group, with follow-up at 6, 12, and 18 months. ■

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