

A Randomized Controlled Trial of a Depression Prevention Curriculum for Rural Middle School Girls: Initial Findings and 6-Month Follow-up

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Abstract

This study describes the development and immediate effects of a school-based, cross-age (high school), peer-led, targeted intervention to reduce and prevent the onset of major depression among girls ages 13-15 attending a rural middle school in Northern Florida. The intervention, Talk 'n' Time, is based on cognitive behavioral and positive youth development principles. This study is a single-blind randomized controlled trial of a school-based targeted intervention to reduce depressive symptoms and prevent the onset of major depression among middle school girls. Participants in the intervention arm of the study attended 12 weekly 90-minute sessions after school. Participants in the control arm of the study were placed on a monitored waitlist. Participants were recruited through an in-school special assembly for 6th, 7th, and 8th grade girls, posters with cultural diverse girls, and through mailings sent to the same group demographic. Depression symptoms and severity were assessed at baseline and again at 14 days

Much of the research concerning the characteristics of effective depression prevention programs for young people in general may also apply to rural middle school aged adolescents, as the conceptual model

implementation of Talk 'n' Time for the pilot study [25].

personalized feedback from a research staff person who viewed the session live. Finally, each peer group facilitator was rated using the training rating scales on their level of adherence and level of competence for each session. During the intervention phase, each session was observed live via telecam by a trained Master's level research staff member. The peer group facilitator supervisor (Middle School Personnel) was also onsite in case a need arose for emergency intervention.

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sparked and maintained my interest," "The training I have received so far offered

"I really enjoyed being with the girls and hearing them talk about their various problems that I could help with," "I loved it in the end but it was a bit scary at first," and "I loved it! It was so much fun & I felt like I was making a difference with the girls." During the interview, facilitators were asked if they would be a Talk 'n' Time facilitator again. Most respondents said that they would, although several mentioned practical barriers such as time constraints and scheduling conflicts. Examples of responses to this question are, "Yes, I would facilitate the program again if I had the opportunity," "Most definitely! I love this program & I love working with the girls," and "I really enjoyed being a facilitator but I am not sure I will have time next year to commit to it as it requires a lot of time commitment."

When asked whether they would recommend being a Talk 'n' Time facilitator to one of their friends, all of the peer facilitators said that they would. An example of a thoughtful response to this inquiry is

social work. Participants were contacted via telephone to set-up this final eligibility interview, which was a diagnostic interview using The Kiddie Schedule for Affective Disorders (K-SADS) to determine

the mean age differences of the intervention and control group, $t(32) = .597, p = .555$. 82.3% of our sample was African American, 11.7% was Non-Hispanic White, and 6% were Hispanic/Latino. There were equal numbers of Hispanic youth ($n=1$) in the control and intervention groups, but there were more African Americans and Non-Hispanic Whites in the intervention group ($n=14;3$, respectively) than in the control group ($n=12;1$, respectively). However, this difference was not significant. Related, all females aged 13-15 within the community were invited to participate in the study, yet the strict inclusion and exclusion criteria set by the research team resulted in an unintended oversampling of African Americans. This is likely because the selection of participants was based on these criteria from the potential applicant pool. The applicants were primarily African American and therefore those eligible from the applicant pool were primarily African American. Additionally, it is important to note that none of the participants (either in the intervention or control group) had previously been exposed to depression treatment, either through medication or psychotherapy.

Variable	Means		Standard Deviations	
	Control	Intervention	Control	Intervention
Age	13.64	13.85	0.842	0.898
Grade	7.625	7.5	0.496	0.488

and had the potential to create further differences between groups. The small sample size may also reflect that the referral procedures used did not yield as many potential participants as originally planned. Several of the students mentioned that they had reservations about being part of the group, but asked if they could submit an application after hearing what the participants were doing in the program. This highlights a need to modify recruitment strategies and the presentation of the program in the future. Another limitation of the present study is that the peer facilitators were given more support than is likely to be available outside of the research context, especially in rural areas. For example, it is unlikely that peer facilitators would get regular feedback on their performance from a practicing clinician. However, the effect size for the difference in depression scores between the intervention and control groups was quite large, suggesting that the program is likely to remain effective when the extra supports provided by the research team are no longer available. Even considering the limitations, the preliminary findings are promising and indicate that the intervention resulted in significant post-treatment improvements in depression scores within the intervention group when compared to the control group. These results tentatively suggest that peer-led depression prevention school-based programs can improve rural middle school girls' depression symptoms post-intervention with lasting effects at 6-month follow-up.

Future Research

Innovative programs are needed to reduce the risk and prevent the acquisition of major depression among middle school girls, particularly those that are marginalized and resource poor in rural

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