

# An Intervention to Promote Adolescent Mental Health using Community-Based Participatory Research

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# Consequences of Depression During Adolescence and Young Adulthood

- Adolescent depression associated with many negative outcomes, including: substance abuse, academic problems, cigarette smoking, high-risk sexual behavior, 30-fold increased risk of completed suicide (Birmaher et al, 1996; Brent et al., 1998; Le, Munoz, Ippen, & Stoddard, 2003)
- Roughly one-half to three-quarters of adolescents experiencing depression will have subsequent depressive episodes during later adolescence and young adulthood (Emslie et al., 1997; Lewinson, Rohde, Klein, & Seeley, 1999; Weissman et al., 1999)
- Few studies focused on prevention of depression among adolescents and young adults, however

# Study Background

- Center for Adolescent Health (CAH) at Johns Hopkins: CDC Prevention Research Center
- Collaboration with Baltimore City Youth Opportunity (YO) programs, Baltimore City Health Department, Mayor's Office on Employment & Development, community-based organizations, health & social service providers
- Community Advisory Board comprised of YO staff and members, health & social service providers, and other community stakeholders **prioritized mental health as focus for ongoing collaboration** between YO and CAH

# HEBCAC/YO Program

- Established in 1999
- Initially served East Baltimore empowerment zone, now city-wide
- Serves adolescents and young adults 16-24 not in school
- HEBCAC/YO provides:
  - Classes and tutorials to support academic achievement, including GED acquisition
  - Clubs to support job seekers and newly employed
  - Career training classes
  - Assistance with health/mental health concerns (e.g., mental health)

# Health & Opportunity Partnership (HOPE) Study: Core CAH Research Project

## Four research studies:

- Mental health screening for all new YO members
- Mental health training for YO staff advocates
- Interviews with adolescents & young adults to determine accessibility and patient-centeredness of East Baltimore mental health providers
- **Intervention to prevent depression among YO members**

# Depression Intervention Curriculum

- Two curriculum sources:
  - 6 sessions adapted from an evidence-based intervention, SPARCS (Structured Psychotherapy for Adolescents Responding to Chronic Stress)
  - 6 sessions developed by study team
- Curriculum adaptation and development since August 2006 using a participatory model involving YO alumni (Peer Leadership Group; PLG) and YO staff

# Depression Intervention: Curriculum Adaptation & Development

- Castro et al. (2004) describes two types of mismatches between evidence-based interventions and settings in which they are replicated:
  - Group characteristics (e.g., SES, number and severity of risk factors)
  - Program delivery staff (e.g., type of staff, cultural competence)
- Our adaptation of an evidence-based intervention (i.e., SPARCS) attended to these mismatches

# Curriculum Adaptation

- Adaptation related to group characteristics:  
Exposure to violence and personal relationships two significant stressors for urban Baltimore; SPARCS sessions adapted to make curriculum examples anchored to these stressors
- Adaptation related to program delivery staff:  
PLG members being trained as interventionists not mental health professionals; extra training needed

# Curriculum Adaptation: PLG Perspective

- Why was PLG involvement in the adaptation of the curriculum valuable?
- What were the strengths and limitations of the process used to involve PLG members in adapting the curriculum?

# Depression Intervention: 12-Session Curriculum

1. Stress, coping strategies
  2. Mental health stigma, mental health disparities
  3. Self-awareness
  4. Stress & the body/**Violence in Baltimore**
  5. Emotion expression in the African-American community
  6. Problem solving
  7. Stress vs. symptoms; mid-intervention assessment
  8. **Building/maintaining Relationships**
  9. “Make a link”
  10. Distress tolerance
  11. Identifying personal triggers
  12. Review/goals & hopes for future
- SPARCS session = black  
Non-SPARCS session = red

# Depression Intervention: Study Design

- YO members with mild depressive symptoms, as determined by CES-D score on mental health screen, eligible for study participation.
- As of 5/23/07, 157 completed screens, 71 (45%) exhibiting mild depressive symptoms (CES-D 10 – 26)
- Eligible individuals invited to group informational sessions where study is explained and CES-D re-administered to confirm depressive symptom level

# Depression Intervention: Study Design (cont...)

- Two concurrent intervention groups will be implemented, each comprised of 8-10 individuals
- Each group led by two PLG members (ages 22-24) who are YO alumni with support from a clinical psychologist
- Intervention will take place for 12 consecutive weeks; sessions occurring at YO center

# SPARCS Material: Problem Solving

- **L:** Losing It
- **E:** Emotions
- **T:** Thoughts
  
- **G:** Goal
- **O:** Options

*Amanda (age 15):*

- *Background:* Amanda's father has a drinking problem. He disappears without calling and then comes home drunk and beats up her mom.
- *Problem:* Amanda's boyfriend promised to call her last night but didn't. When she sees him, she gets angry and starts screaming at him.

# Sample NON-SPARCS Session

## *Mental Health Disparities and Stigma*

- Defining Mental Health
- Stigma and Mental Health in East Baltimore
- Myths/Facts related to mental health
- Understanding Mental Disparities
- Mental Health Resources in East Baltimore

- *Vignette:*

*Margaret (age 18): Her parents died when she was 5. She moved in and out of several foster homes, and she was abused by her foster parents. She has no real family members, and she feels no one loves her. She does not anyone she can talk to about her problems. She had one friend, but her friend got shot by a stray bullet, and then she started feeling really alone. She's very insecure, and she has slept around in search of love. She lost interest in things, sleeps most of the day, keeps to herself, doesn't eat well, rarely eats, and feels worthless. Sometimes she wonder why she is even here.*

# Depression Intervention: Data Collection

- Baseline interview (pre-intervention)
- 6 weeks after intervention begins (mid-intervention)
- 12 weeks after intervention begins (immediately post-intervention)
- 6 months after intervention begins

# Depression Intervention: Data Collection (cont...)

- Outcome Measures:
  - Depressive symptoms (CES-D)
  - Anxiety symptoms (Beck Anxiety Inventory)
  - Stress (Life Events Scale, D'Imperio et al., 2000)
  - Social support (Social Support for Adolescents Scale, Seidman et al., 1995)
  - Coping strategies (Children's Coping Strategies Checklist, Arizona State University Prevention Research Center)

# Depression Intervention: Data Collection (cont...)

- Additional measurement
  - “SOS” Thermometer at beginning & end of each session to measure: (a) personal distress and (b) level of control
  - Process measures at end of each session to assess: (a) comprehension of session content and (b) perceived usefulness of session content

# HOPE Project Team

- **Intervention Leaders:**
  - Benjamin Byrd III, Jahon Jones, Kenyatta Young
- **Clinical Psychologists:**
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  - Dr. Tamar Mendelson, JHSPH Faculty
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