

POSITIVE PSYCHOLOGY PROGRAM : HOW TO PREVENT DEPRESSION IN EARLY ADOLESCENCE

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Abstract

We grounded our research in the frame of cognitive – behavioural theories of depression. The Penn Resilience Program (PRP) was inspired by cognitive-behavioural theories and treatments of depression, as well as by research on adolescent development. The aim of this study is to present Positive Psychology Program and results of our one year experience and to contribute to the building of whole school approach and positive psychology preventive mental health problems model .Based on Penn Resilience Program , we modify and create program for early adolescents: how to prevent depression .During one academic year we have implemented this program in four classes in one primary school . One hundredth and twenty , eight grade’s adolescents, at the age of 14 years, 56 boys, 64 girls, were involved .We conducted a pre & post survey .Children’s Attributional Style Questionnaire (CASQ, Seligman et al.,1996), was used in order to measure the optimistic and pessimistic level among students. According to the results gathered by the pre & post survey, we can see that there exist some changes in the children’s optimistic and pessimistic level.

Key words: positive ; psychology; adolescence; program; prevent; depression.

1.Introduction

We conceptualized “ depression” as including depressive symptoms as well as clinical depression. Although there is some debate about whether depressive symptoms and clinical depression exist on a continuum of severity or reflect qualitatively different experiences, recent reviews provide more evidence for the continuum model of depression (Hankin & Abela, 2005).

The Penn Resilience program (PRP) was inspired by cognitive- behavioural theories and treatments of depression, as well as by research on adolescent development. Adolescence may be a particularly important period for depression prevention efforts. Rates of depression increase dramatically during adolescence, beginning at about age 15 (Hankin, Abramson, Moffitt, Silva, & McGee, 1998).

In addition, recent research indicates that depression is often recurrent, with first episodes of depression occurring most often during adolescence (Kim-Cohen et al., 2003).

Thus, prevention of depression during adolescence may help to prevent suffering across the lifespan.

By targeting the early adolescent developmental period, we hoped to prevent the steep increase in depression that occurs just a few years later.

Young adolescents deal with a number of physical, cognitive, social, and environmental changes that often occur together and may increase their risk for emotional and behavioural problems (Eccles et al., 1993).Early adolescence is also an important developmental period. Social relationships become far more complex. Peer relationships become more important, and student’s vulnerability to peer pressure increases (Hill & Holmbeck , 1986).

The transition from elementary to middle school is marked by increased academic demands and often by a decrease in the individualized attention students receive from their teachers as they rotate through many classrooms each school day. These changes may increase risk for a variety of difficulties, including eating disorders, conduct problems, substance use, and underachievement , as well as depression (Cicchetti & Rogosch, 2002).

At the same time, early adolescents also make important cognitive gains that may enable them to learn cognitive and problem – solving skills that can increase their resilience. The metacognitive skills are at the heart of cognitive behavioural therapy, currently one of the most widely researched and empirically supported therapies for depression.

2.Methodology

We grounded our research in the frame of cognitive – behavioural theories of depression.

Several cognitive risk factors were implicated in depression, including negative self-schemas, stringent standards or dysfunctional attitudes , information-processing biases, and negative

interpretative styles (Abramson, Metalsky, & Alloy, 1989; Abramson, Seligman, & Teasdale, 1978; Beck, 1967; Ellis, 1962). An interpretative style that has received a great deal of research attention is a pessimistic explanatory style, which is marked by the tendency to attribute negative events to internal, stable, and global causes (Abramson et al., 1978).

Most cognitive-behavioural models of depression are vulnerability-stress models. Individuals with cognitive vulnerabilities or maladaptive cognitive styles are particularly susceptible to depression when confronted by negative life events. In support of this premise, several studies have found that depression is predicted by an interaction between negative life events and explanatory style (Hankin & Abela, 2005).

As children enter adolescence, cognitive models of depression appear to become increasingly relevant. Negative life events appear to increase (Hankin & Abela, 2005), and there is some evidence that cognitive styles become more stable and more closely linked to depressive symptoms (Nolen-Hoeksema, Girgus, & Seligman, 1992). Children's self-concept becomes more complex and abstract (Damon & Hart, 1982). As self-perceptions rely more on abstract personality dimensions and less on concrete, observable behaviours, children may become increasingly vulnerable to cognitive distortions related to depression.

2.1. Design & Methods

The aim of this study is to present Positive Psychology Program and results of our one-year experience and to contribute to the building of whole school approach and positive psychology preventive mental health problems model.

Based on Positive Psychology Programs, we modify and create Program for early adolescents: how to prevent depression. During one academic year we have implemented this program in four classes in one primary school in Stip. One hundredth and twenty, eight grade's adolescents, at the age of 14 years, 56 boys, 64 girls, were involved in this study.

2.1.1. The Penn Resiliency program

The PRP (Gilham et al., 1990), is a prevention program that is largely based on cognitive behavioral therapy and designed for early adolescents. PRP comprises twelve 90- to 120-minute group sessions. It is most often delivered by teachers and counselors in school, but can also be delivered in clinic or other community settings.

The Positive Psychology Program which we designed was based on Penn Resiliency Program. PRP's pedagogic approach involves three major steps. The first step is to establish a conceptual framework for each skill. This is typically accomplished using skits, role plays, short stories, or cartoons that illustrate the underlying concepts on a basic level. Once the children have a firm grasp of the key concepts, the group tackles hypothetical examples that demonstrate how the skill is germane to real-world experiences. Finally, students apply the skills in their own lives.

PRP includes two major components: a cognitive component and a social problem solving component.

Cognitive techniques are the foundation of the program and are pervasive throughout.

a)The Cognitive Component

Skill 1 : The ABC Model

The goal of the initial PRP lessons is to establish the most fundamental concept of cognitive theories of depression: that our emotions and behaviors are not a direct consequence of the events that happen to us, but rather are a consequence of how we interpret these events. To illustrate this concept, the program introduces Ellis's (1962) ABC model.

There is an Activating event or Adversity, which prompts an automatic Belief or an interpretation of the situation, which in turn leads to an emotional and /or behavioral Consequence. This model states that the Belief mediates the relationship between the activating event and the resulting emotion or behavior.

In the model which we implemented, the first lesson focuses on the components of the model –adversities, beliefs, and emotions. Once the students have a firm grasp of these components, the group begins to examine the relationship between them.

Our group leaders – psychologists, facilitated a discussion of Adversities (or problems) that adolescents commonly face. The students were so inventive and generated a lot of problems, such as poverty, stress and failure in school, interpersonal relationships with peers, family members etc.

The main goal was twofold: to help students think about adversities that can be addressed in the program and to demonstrated that problems as a normal part of life.

The next step was to establish the role of Beliefs, or cognitions, in the ABC model. Our group leaders-psychologists ,introduced the concept of internal dialogue, or “self-talk”. Students performed several skits that illustrated self-talk as characters confront adversities that a common during early adolescence. The goal of this step was to help students understand self talk as a normal process and to encourage them to be aware of their underlying cognitions.

The third step was to ensure that students were able to labeled and described emotional experiences - one type of “ C” in the ABC model. The group leaders prompted the students to described the emotions which they were experience. Students described the bodily sensations and actions that typically accompany each emotion. Initially, the conversation focused on the most basic emotions- happiness, sadness anger – and than progresses to more complex emotions such as shame and guilt.

The group leaders was working as well , on encouraging students to learn how to recognize the intensity of the experience. The students have tasks to share instances in which they felt each emotion and to described how intense the experience was, using illustrative scale with drawings of 1 (a little) to 10 (extremely intense).Students have learned that cognitions not only determined the type of emotional experience , but also the intensity of the experience.

In order to establish the casual influence of cognitions, the group leaders first used a role play to demonstrate that people often experience different emotions in response to the same activating event. For example, group leader was pretended the role of sports coach who berated a team's performance. Students were instructed to visualize the situation and to imagine that it was actually happening. Each student then described his or her feelings during the role play (such as shame, sadness , anger, or anxiety).Then, the group leader asked the student to described their internal dialogues during the role play. In doing so, it became apparent that there was a pattern in which specific thoughts elicit specific emotions.

Skill 2 : Recognizing Cognitive (“ Thinking “) Styles

Students learned about “thinking styles”, such as a pessimistic explanatory style, that can precipitated and perpetuated negative emotions. This program was focus primarily on the stable (or permanent) dimension of explanatory style for negative events. Stable and global attributions appear to be more closely linked to depression than internal attributions (Abramson et al., 1989).

Skits were used to portray and contrast different thinking styles. For example, a character named “ Dark Danny “demonstrated a pessimistic thinking style. When a friend encouraged Danny to try out for the school soccer team, Danny mentioned several personal and stable deficiencies .He convinced his friend that “trying out for the team would be fruitless and that it is not worth the effort to practice”.

In a parallel skit, “Hopeful Holly” encountered the same situation but responded with an optimistic thinking style. Although she recognized that making the team would be difficult, she concluded that “she has a good chance if she practices before the tryouts”.

The group members discussed the emotional and behavioral consequences of both cognitive styles. Students learned that, in addition to making them feel bad, permanent negative beliefs are typically erroneous and counterproductive. In contrast, optimistic thinking styles promote emotional well- being and more effective coping strategies. They learned that over optimistic beliefs can hinder effective coping and prevent people from taking action to avert negative consequences. This conversation reinforces the main goal of the program: resilience through accurate thinking.

Skill 3 : Cognitive Restructuring

Students learned to actively dispute negative cognitions by generating alternatives and examining evidence. In order to demonstrate the importance of hypothesis testing, our group leaders – psychologist, was reading a short stories describing two detectives, one good and one bad. The good detective made a list of possible suspects and was looking for clues before drawing any conclusions, whereas the bad detective simply blamed the first suspect that comes to mind. The basic idea was to pointed out that, when faced with real- world problems, people often behave just like the bad detective by accepting their initial beliefs without considering alternatives or looking for evidence.

Students were practicing searching for evidence with a hands-on activity called the “File Game”. The group leader distributed file folders containing documents with information pertaining to fictional but realistic adolescent characters. Each file was including: diary, report cards, graded tests, awards, notes from teachers, friends and family members. In diary entry, each character wrote about a problem he or she was experiencing, along with several pessimistic beliefs. The students worked in small groups and perused the contents of the file to find the evidence that supported or refused the character’s beliefs. After that, the students were practicing the process of generating alternatives and examining evidence for pessimistic beliefs that seem to be operating in their own lives.

Skill 4 : Decatastrophizing – Put It in Perspective

The program introduces the concept of catastrophic thinking (Ellis, 1962), or the tendency to exaggerate and distort the implications of negative events. The group leader- psychologist , recounted the well-known parable “ Chicken Little “, to made the concept of catastrophic thinking highly accessible and to provide a point of reference for future discussions. The main point is that students learned that when faced with an adversity, people often focused exclusively on the most negative contingencies at the expense of accurate appraisal. Such beliefs are likely to initiate a spiral of negative thoughts that can result in intense anxiety or sadness. The Putting It in Perspective skill is designed to counter this spiral. Students learned to consider the worst, best, and most likely outcomes of problematic situations. After they discussed and were practicing the worst - case and best- case scenario, guided by the group leader- psychologist, they were applying this skill to situations in which they found themselves catastrophizing.

Skill 5 : Hot Seat

The “ Hot Seat “ is a skill for challenging negative thoughts rapidly in situations that do not allow for extensive deliberation. The “Hot Seat “ combines several skills- searching for evidence , generating alternatives, and putting the situation in perspective – that can be used to fight back against negative thoughts in the moment as they occur. Each student was presented with hypothetical adversities that required immediate refutation of negative beliefs. Our group leaders ensure that the students are providing plausible refutations and not simply minimizing the problem or denying their personal contributions to the problem. Students were practicing using the “Hot Seat” with their own experiences several times during the rest of the program.

b)The Social- Problem- Solving Component

The goal of the social-problem-solving component was to provide students with a variety of skills for handling difficult interpersonal situations and circumstances that elicit over-whelming emotions (Gillham et al., p.316).

Skill 6 : Assertiveness

In this part of the program, students learned to identify three behavioral approaches to interpersonal conflict - aggressiveness, passiveness, and assertiveness - and the consequences of each. Students enacted three skits involving an interaction between a child and a friend who repeatedly canceled plans at the last minute. The three skits illustrated aggressive, passive, and assertive responses to this situation. Students discussed with the group leaders, the advantages and the disadvantages of the different styles. Assertiveness model which was provided with this model has four steps, denoted by the acronym DEAL (Describe.....Express...Asks.....Lists.....) , and is partly based on the work of Bower and Bower (1977).

The group leaders worked with students to identify situations in their own lives in which the DEAL model could be helpful. Students then role-played the skill during the session in anticipation of applying the skill in their lives.

Skill 7: Relaxation

The program which we implemented, included by itself, a variety of relaxation skills, including deep breathing, progressive muscle relaxation, and positive imagery. These strategies can be used to cope with strong negative emotions and uncontrollable stressors, such as family conflict or school failure .The goal of relaxation techniques is not to alter the type of emotion experienced, but rather to assuage the emotional intensity . Once the emotion is manageable, the child can use cognitive skills to evaluate the situation accurately and develop an adaptive coping strategy.

Relaxation skills are designed to counteract the body's sympathetic response to stress (muscle tension, increased heart rate , rapid breathing, etc.) , which can contribute to and exacerbate negative cognitions and emotional states (Clark, 1986).

Skill 8 : Problem solving

The final skill taught in the frame of this program is a five-step approach to problem solving that is based largely on Dodge and Crick's (1990) social- information-processing model. When confronted with problems , students learned to (1) stop and think, and make sure they are interpreting the problem situation and others' perspectives accurately; (2)

identify their goals;(3) brainstorm to create a list of possible solutions, and to put assertiveness and other skills they have learned on this list as appropriate; (4) make a decision by considering the likely outcomes and listening plus and minus of different solutions; and (5) enact a solution.

This problem-solving technique was originally included in PRP to help reduce behavioral problems that are often comorbid with depression in children (Garber, Quiggle, Panak,& Dodge, 1991).

3.Results

We conducted a pre-survey before starting the program implementation. Children’s Attributional Style Questionnaire (CASQ, Seligman et al.,1995), was used in order to measure the optimistic and pessimistic level among students.

Table 1.Pre-survey results before the program implementation

-girls-

-boys-

PMB: 4.25	PMG: 6.85	PMB: 5.04	PMG:6.30
PVB: 4.30	PVG: 6.10	PVB: 4.06	PVG: 5.90
HoB: 8.55	PSG: 6.25	HoB: 9.10	PSG: 6.10
PSB: 4.60	Total G: 19.20	PSB: 5.10	Total G: 18.30
Total B: 13.15		Total B: 14.20	
G-B: 6.05		G-B: 4.10	

We conducted a post-survey in the end of the program using the same CASQ questionnaire.

Table 2.Post-survey results after the program implementation

-girls-

-boys-

PMB: 3.78	PMG: 7.55	PMB: 4.80	PMG:6.80
PVB: 3.96	PVG: 6.25	PVB: 4.08	PVG: 5.95
HoB: 7.74	PSG: 6.65	HoB: 8.88	PSG:6.25
PSB: 5.46	Total G: 20.45	PSB: 4.92	Total G: 19.00
Total B: 13.20		Total B: 13.80	
G-B: 7.25		G-B: 5.20	

Legend of symbols:

PMB(permanent- bad events)

PVB (pervasive – bad events)

HoB(hopelessness-bad events)

PSB (personal – bad events)

PMG (permanent –good events)

PSG (personal-good events)

According to the results gathered by the pre & post survey,(table 1 and 2), we can see that there exist some changes in the children’s optimistic and pessimistic level. Keeping in mind that influence of other moderator variable are also present, we can notice and conclude that as a result of this program at the end of the academic year the optimistic level increases among both girls and boys. This is a good indicator and contribution in the developing of strategies and skills to prevent depression in schools.

Today, Positive Psychology Programs address a broad range of academic and cognitive, social, behavioral challenges and has transformed from a singular focus on individual case planning to systems level implementation especially involving school-wide issues (Seligman et al.,1996). Through implementation of this kind of programs, teachers will find that many of their concerns about classroom management will be dissolved, and preventing social and behavioral problems will be more effective.

4.Conclusions

Adolescence appears to be a crucial time in the etiology of depression and an important opportunity for prevention efforts. Interventions that teach cognitive and problem solving skills may prevent depression by helping students to navigate the challenges of adolescence more successfully. Several group cognitive – behavioral interventions, including PRP (Penn Resiliency program), show promise in preventing depression and appear to improve other outcomes, such as in anxiety and conduct problems, that often co- occur with depression in youth.

Depression prevention research will live up to its promise if interventions like PRP can be successfully implemented by schools, clinics, and other community settings.

These were the very first steps in our country, which filled me with the hope that we started a serious research in the multidisciplinary area “applied positive psychology”.

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Positive Psychology Program : How to prevent depression in early adolescence

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