Children's Hospital of Philadelphia PolicyLab

Cognitive and Interpersonal Moderators of Two Evidence-based Depression Prevention Programs

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Objective: To test potential cognitive and interpersonal moderators of two evidence-based youth depression prevention programs.

Method: Two hundred four adolescents (*M*age = 14.62 years, *SD* = 1.65; 56% female; 71% White, 11% Black, 11% multiracial, 5% Asian, 2% other races, 18% Hispanic/Latinx) were randomized to either a cognitive-behavioral (Coping With Stress [CWS]) or interpersonal (Interpersonal Psychotherapy-Adolescent Skills Training [IPT-AST]) prevention program. Potential moderators, selected based on theory and research, included rumination, negative cognitive style, dysfunctional attitudes, hopelessness, parent-adolescent conflict, negative interactions with parents and friends, and social support from parents and friends. Depression symptoms were assessed repeatedly through 18 months postintervention.

Results: After adjusting for multiple comparisons, rumination (*B* = -2.02, *SE* = .61, *p* = .001, *d* = .47), hopelessness (*B* = -2.03, *SE* = .72, *p* = .005, *d* = .41), and conflict with father (*B* = 1.68, *SE* = .74, *p* = .02, *d* = .32) moderated intervention effects on change in depression symptoms from postintervention through 18-month follow-up. For example, at high levels of conflict with father, youth in IPT-AST reported a significant decrease in symptoms during follow-up, whereas youth in CWS reported a nonsignificant change in symptoms. At low levels of conflict with father, youth in IPT-AST reported a significant increase in symptoms during follow-up, whereas youth in CWS reported a nonsignificant change in symptoms.

Conclusions: These exploratory secondary analyses of Personalized Depression Prevention study data highlight specific cognitive and interpersonal risk factors that could be considered when determining which prevention program may be most effective for a given adolescent.

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