ISRCTN19700389 https://doi.org/10.1186/ISRCTN19700389

Effectiveness study of a CBT-based adolescent coping with depression course

Submission date
27/09/2015

Recruitment status
No longer recruiting

Registration date
06/10/2015

Overall study status
Completed

Last Edited
07/07/2025

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Dropout is a serious problem in upper secondary schools in Norway. Despite studies showing the importance of mental health as a reason for school dropout, interventions have only to a small extent taken this into account. In general, less than 20% of adolescents in need of help for their mental health problems have been in touch with health services for this reason. Based on this we can assume that a relatively large group of students that we meet every day in our schools do not get the proper support to cope with school. One of the most common forms of mental health problems among adolescents are depressive symptoms. We will conduct a study of a group-based adolescent coping with depression course for upper secondary school students. The main aims are to find out whether it can decrease depressive symptoms, and to what extent it prevents dropout and increases academic and social functioning.

Who can participate?
Students from the 1st or 2nd grade from upper secondary school, who have subclinical depression or mild to moderate depression.

What does the study involve?
Course leaders are recruited from employees within different primary services like the School Health Service, Public Health Nurses, the Educational and Psychological Counselling Services (PPT). The course leaders recruit first- or second-year students from upper secondary schools to their courses. The course leaders are randomly assigned to administer either the course or what we call ‘practice as usual’ – that is, the common help given within the system the course-leaders work in (the course leaders that administer ‘practice as usual’ receive their training as course-instructors after the study).

What are the possible benefits and risks of participating?
The participants will get help with their depressive symptoms. The treatment they receive is expected to decrease symptoms increase social and academic functioning, and prevent dropout. For some, filling in a questionnaire may activate unpleasant emotions. However, based on clinical practice these conditions seem to be outweighed by the positive things associated with participation.

Where is the study run from?
The study is managed by the researchers at The Norwegian Center for Child Behavioral Development, and between 20 and 30 sites will be involved in recruiting and treating the adolescents in the study.

When is the study starting and how long is it expected to run for?
February 2014 to December 2020

Who is funding the study?
The Norwegian Research Council

Who is the main contact?
Thormod Idsoe
thormod.idsoe@atferdssenteret.no

Contact information

Type(s)
Scientific

Contact name
Prof Thormod Idsoe

ORCID ID
https://orcid.org/0000-0002-0376-9582

Contact details
PO Box 7053 Majorstuen
Oslo
Norway
0306
+47 (0)23 20 58 00
thormod.idsoe@atferdssenteret.no

Type(s)
Public

Contact name
Ms Görel Bringedal

Contact details
PO Box 7053 Majorstuen
Oslo
Norway
0306
+47 (0)23 20 58 00
g.e.bringedal@atferdssenteret.no

Additional identifiers

Protocol serial number
238081

Study information

Scientific Title
Effectiveness study of a CBT-based adolescent coping with depression course to prevent dropout in upper secondary school

Acronym
Effectiveness study of ACDC

Study objectives
1. To what extent can depressive symptoms in adolescents be reduced through the ACDC course?
2. To what extent can the ACDC course improve depressed students' ability to function socially and academically in upper secondary school?
3. To what extent can the ACDC course prevent dropout among depressed students' in upper secondary school?
4. If we have enough minority students in the sample we will also explore whether minority status moderates the effect of the intervention
5. To what extent will the establishment of such a course at a school increase the schools' and teachers' awareness of the needs of pupils with depressive symptoms, as well as their ability to meet those needs?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Norwegian Regional Committees for Medical and Health Research Ethics, 30/06/2015, REC South East ref: 2015/1027

Study design
Single-centre cluster-randomized effectiveness trial with active control

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Mild/moderate depression among adolescents

Interventions
The Adolescent Coping with Depression Course (ACDC), based on CBT (Cognitive Behavioural Therapy), is a course for adolescents with subclinical or mild to moderate depression. ACDC is based on a new and updated CBT understanding of depression, and contains different approaches and methods taken primarily from Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT). However, the ACDC is also enlarged through adding more

elements from Meta-Cognitive Theory (MCT) and Positive Psychology (PP) in addition to modern neurobiological perspectives. There is a focus on symptom relief within a systemic perspective, meaning family-school-workplace, and separate pamphlets are distributed to those. Practising the techniques learned on the course is emphasized both in and outside the course setting in order to develop the necessary skills. The material includes a manual for the facilitator, a course pamphlet for the participants, a pamphlet addressed to parents and also a pamphlet for the school/workplace as well. Additionally, a short downloadable presentation has been developed for teachers to use in class to present mental health as a theme if required. All the course materials are printed and published by the Norwegian Council for Mental Health (NCMH). The course is delivered in a group format over 8 consecutive weekly sessions, each lasting approximately 120 minutes, with breaks in between.
Approximately 8-12 adolescents of both genders are considered to be a preferred group size. Two follow-up sessions are conducted about 3 and 6 weeks after the last session, lasting approximately 90 minutes.

To become instructor requires a minimum of three years of relevant education from university or similar, in the area of child and adolescent mental health. This may include medical doctors, psychologists, teachers, social workers, nurses etc. To be certified as a course instructor, individuals have to attend a five-day intensive training programme of 36 hours. The training programme is run by a psychologist specialized in cognitive therapy, with experience of running such group courses.

Intervention Type
Behavioural

Primary outcome(s)
1. Center for Epidemiological Studies Depression Scale, CES-D for adolescents, at Pre-test, T1, T2, T3, T4
2. Dysfunctional Attitudes Scale (DAS) (short version) at Pre-test, T2, T3, T4
3. Automatic Thoughts Questionnaire (ATQ) (short version) at Pre-test, T2, T3, T4
4. Ruminative Response Scale (RRS) (short version) at Pre-test, T2, T3, T4
5. Emotion regulation at Pre-test, T2, T3, T4
6. Dropout (from school and official registries) at T1, T2, T3, T4
7. Grades at T1, T2, T3, T4

Pre-test: November/December 2015, T1: January 2016 (at intervention start), T2: June 2016, T3: December 2016, T4: June 2017

Key secondary outcome(s))
1. Intentions to quit school at Pre-test, T2, T3, T4
2. Social and Cognitive Competence at Pre-test, T2, T3, T4
3. Life events at Pre-test, T2, T3, T4

Pre-test: November/December 2015, T1: January 2016 (at intervention start), T2: June 2016, T3: December 2016, T4: June 2017

Completion date
31/12/2020

Eligibility

Key inclusion criteria
This is a cluster-randomized design where the course-leaders are recruited from the School Health Service, Public Health Nurses, the Educational and Psychological Counselling Services (PPT). They are then taught how to recruit a group of 1st or second year students from Upper Secondary School (Videregående skole).
A complete assessment of possible participants (adolescents) has to be made by the course instructors before acceptance into the study.

Inclusion criteria for adolescents:
1. The target population for this course is 14/15-20 years old adolescents
2. Who have subclinical depression or mild to moderate major depressive disorder (MDD), according to the criteria of the DSM
3. Inclusion criteria require normal intellectual functioning
4. With normal reading abilities, and that was evaluated through the interview.

Healthy volunteers allowed
No

Age group
Child

Lower age limit
14 years

Upper age limit
20 years

Sex
All

Total final enrolment
228

Key exclusion criteria
Exclusion criteria for adolescents:
1. Bipolar disorder
2. Psychosis
3. Substance-use
4. ADHD or ADD
5. Brain damage
6. Danger of suicide
7. Adolescents who are easily agitated
8. Adolescents who lack the ability to function in a group

Date of first enrolment
01/11/2015

Date of final enrolment
31/01/2017

Locations

Countries of recruitment
Norway

Study participating centre
Norwegian Center for Child Behavioural Development
Postboks 7053 Majorstuen
Oslo
Norway
0306

Sponsor information

Organisation
The Norwegian Center for Child Behavioral Development

Funder(s)

Funder type
Research council

Funder Name
Norges Forskningsråd

Alternative Name(s)
Forskningsrådet, Norwegian Research Council, Research Council of Norway, The Research Council of Norway

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Norway

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	22/05/2019	24/05/2019	Yes	No
Results article	6- and 12-month follow-up results	05/09/2020	07/09/2020	Yes	No
Results article	depressive and anxiety symptoms	19/06/2025	07/07/2025	Yes	No
Protocol article	protocol	18/07/2016		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes