ISRCTN60518633 https://doi.org/10.1186/ISRCTN60518633

Investigating the benefits of the ‘One Step Back’ program for youth mental health

Submission date
24/08/2026

Recruitment status
Recruiting

Registration date
10/09/2026

Overall study status
Ongoing

Last Edited
01/09/2026

Condition category
Mental and Behavioural Disorders

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Depression and anxiety are two of the most common mental health problems. People often start having symptoms when they are young. There are some psychological treatments, but one in three people do not benefit. For people who do benefit, one in three sees their symptoms return over time. This means that many people end up struggling with mental health for long periods. This puts more pressure on our mental health services.
One solution is to intervene early, during adolescence, to prevent depression and anxiety in the first place. We created a program called ‘One Step Back’ (or OSB). OSB teaches young people an essential coping skill called ‘decentering’. Decentering describes different ways of taking a mental step back to separate yourself from your thoughts and feelings; for instance, saying to yourself, “I am having a negative thought that I am useless” instead of “I am useless.” Our initial study showed that OSB reduced early symptoms of depression and increased well-being, leaving adolescents at lower risk of developing problems.
Our aim is to test OSB in a bigger study with a larger group of young people from different backgrounds who are at risk of depression. We plan to test OSB in a bigger study using a randomized controlled trial (RCT). An RCT is the best way we have to test interventions, and we are calling our trial the DECADES (Decentering in Adolescents) II Study .

Who can participate?
Adolescents aged 16-19 years from different backgrounds with levels of early depression symptoms that mean they are at risk of experiencing high levels of depression in the future

What does the study involve?
Half of the participants will be randomly selected to receive the OSB program, which involves decentering exercises using social media and online apps. The other half will complete a different ‘control’ intervention, involving physical exercises and ‘brain training’. Participants will complete exercises every day for 5 weeks. The project will take 3 years.
We involved adolescents with mental health problems in the creation of the OSB intervention and in this study proposal. They shared their ideas and opinions at each stage. We will similarly involve adolescents in all aspects of the research itself.

We will share our findings with other researchers, schools, and the public. We will present at scientific conferences, in academic papers, in schools and community support groups, and on social media.

What are the possible benefits and risks of participating?
We will learn if OSB improves adolescent mental health. OSB is easy to access, low-cost, and uses methods that young people already access. If OSB works, then we can move forward with making it available to all adolescents. This study poses minimal risk to our participants' well-being. However, reflecting on difficult thoughts, memories, and feelings during the day can sometimes cause mild distress. This experience may be particularly relevant for those with elevated symptoms of depression. The goal of the intervention is to learn a new, helpful way to reflect on these experiences. With practice, distress may ease; if not, participants are reminded that involvement is entirely voluntary, and they can withdraw at any time.

Where is the study run from?
National Institute for Health Research (NIHR) (UK)

When is the study starting and how long is it expected to run for?
September 2026 to January 2029

Who is funding the study?
National Institute for Health Research (NIHR) (UK)

Who is the main contact?
1. Marc P. Bennett, mbennett.psych@gmail.com
2. Prof. Tim. Dalgleish, tim.dalgleish@mrc-cbu.cam.ac.uk

Contact information

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Principal investigator, Public, Scientific

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Additional identifiers

Study information

Scientific Title
Investigation of the efficacy of the ‘One Step Back’ program: a randomized controlled trial of a digitally embedded intervention to enhance psychological decentering and reduce depression severity in at-risk adolescents

Acronym
DECADES II

Study objectives
Determine the efficacy of the ‘One Step Back Program’ (OSB; a digitally embedded psychological decentering training intervention) in reducing depression symptoms in a targeted schools sample of at-risk adolescents. Other aims are to identify mechanisms of change that drive clinical outcomes and to explore the health-economic benefits of OSB.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 08/05/2026, Cambridge Psychology Research Ethics Committee (17 Mill Lane, Cambridge, CB2 1RX, United Kingdom; +44 (0)1223 763467; SBSEthics@admin.cam.ac.uk), ref: PRE.2026.026

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Blinded (masking used)

Control
Active

Assignment
Parallel

Purpose
Prevention

Study type(s)

Health condition(s) or problem(s) studied
Early-stage onset of depression in adolescents

Interventions
Participants will be randomized in a 1:1 ratio to either the OSB or the active comparison arm. The trial statistician will manage allocation using a minimization procedure, stratified by age and sex.

Psychological decentering training:
The OSB program is a 5-week, app-based psychological intervention built on audio recordings available through online streaming/podcast providers (YouTube, Spotify, iTunes, Overcast). Participants receive an accompanying digital workbook that guides them through the intervention. Each week begins with grounding exercises to promote the naming and monitoring of mental experiences. The program then proceeds with one of four types of psychological decentering exercises. A new exercise is introduced each week and rehearsed daily for 10-15 minutes. These include: (week 1) spatial distancing, where individuals are taught to reimagine negative memories from a physically distant perspective; (week 2) verbal distancing, where individuals are taught to rephrase negative self-relevant statements to challenge their 'believability' and influence; (week 3) temporal distancing, where individuals are taught to reconsider specific worries from a temporally distant future; and (week 4) objective distancing, where individuals are taught to adopt a third-person perspective toward negative memories. Week 5 involves revisiting each exercise.

Active control program:
We developed a 5-week active 'Cognitive Enrichment' control program that matches the OSB program in duration and cognitive engagement while remaining psychotherapeutically neutral. Instead of viewing YouTube content on psychological decentering, participants will watch factual educational videos on YouTube, accessed via the same in-house tracking website. Each week (Monday through Friday), the Cognitive Enrichment curriculum is built around one of four neutral forms of educational content; example topics include 'physical geography', 'world politics', 'technology and science', and 'animal kingdom and biology'. To match the OSB week 5 revision block, the CTL group will view 'recap clips' of previously seen content each day. As with the OSB arm, participants will provide brief feedback, including engagement and interest ratings, to ensure the control remains a plausible comparison condition.

Intervention Type
Behavioural

Primary outcome(s)
1. Depression symptoms measured using self-rated scores on the Patient Health Questionnaire (PHQ) at 4-month follow-up (4MFU) adjusted for baseline

2. Mental well-being measured using self-rated scores on the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS) at 4MFU adjusted for baseline

Key secondary outcome(s)
1. Socio-emotional and behavioural symptoms measured using the Strengths and Difficulties Questionnaire (SDQ) at post-intervention adjusted for baseline

2. Anxiety symptoms measured using the Generalized Anxiety Disorder-7 at post-intervention adjusted for baseline

3. Positive and negative affect measured using the Positive and Negative Affect Schedule (PANAS) at post-intervention adjusted for baseline

4. Psychological decentering measured using the Experiences Questionnaire (EQ) at post-intervention and (4MFU) adjusted for baseline

5. Emotional regulation skills measured using the Difficulties in Emotion Regulation Scale (DERS) at post-intervention adjusted for baseline

6. Reflective functioning measured using the Reflective Functioning Questionnaire (RFQ) at post-intervention adjusted for baseline

7. Cognitive fusion measured using the Believability of Anxious Feelings and Thoughts (BAFT) questionnaire at post-intervention adjusted for baseline

8. Health-related quality of life measured using EQ-5D-5L at post-intervention and 4MFU, adjusted for baseline

9. Health service resource use measured using the Resource Use Questionnaire at post-intervention and 4MFU, adjusted for baseline

10. Depression symptoms measured using self-rated PHQ scores at post-intervention, adjusted for baseline

11. Psychological well-being measured using self-rated WEMWB scores at post-intervention, adjusted for baseline

Completion date
01/01/2029

Eligibility

Key inclusion criteria
Participants (aged 16-19 years) with elevated depression symptoms will be recruited based on scores from the Patient Health Questionnaire (PHQ) with inclusion defined as a score of 10 or higher

Participants from a previous study conducted by our group who completed these assessments will be invited to take part if they:
1. Consented to be contacted again
2. Meet a predefined threshold (e.g., two standard deviations above the norm for that sample)

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
16 Years

Upper age limit
19 Years

Sex
All

Total final enrolment
532

Key exclusion criteria
Participants will be ineligible if they:
1. Currently participate in regular yoga or a weekly yoga class or workshop
2. Previously (within the past 6 months)) or currently attend talk therapy and/or engage in formal meditation practice or a meditation class or workshop
3. Currently receive Child and Adolescent Mental Health Services (CAMHS) and/or private mental health care from psychiatrists and/or other allied mental health professionals
4. Are living with chronic physical illness (e.g., epilepsy, chronic pain, cancer)
5. Lack fluency in English
6. Have no access to a touchscreen smartphone compatible with the trial materials
7. Have a formal diagnosis of a neurodevelopmental condition such as autism spectrum disorder or attention deficit/hyperactivity disorder from a professional psychologist and/or psychiatrist

Date of first enrolment
01/09/2026

Date of final enrolment
01/09/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Medical Research Council - Cognition and Brian Sciences Unit, University of Cambridge
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Sponsor information

Organisation
National Institute for Health Research

ROR
https://ror.org/0187kwz08

Funder(s)

Funder type

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

Anonymised individual participant data will be made available via an open-access OSF link. The dataset will be uploaded after of the primary analyses, described in the study protocol.

IPD sharing plan summary

Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Other files			24/08/2026	No	No
Other files	version 1.1		24/08/2026	No	No
Participant information sheet	version 2		24/08/2026	No	Yes
Protocol file	version 1.2		24/08/2026	No	No