Adolescents Coping with Emotions (ACE)

TARGET AUDIENCE

This program is for adolescents who are 13 to 16 years old and have symptoms of depression.

SUMMARY

Adolescents Coping with Emotions (ACE), a school-based intervention, is designed to reduce depression symptoms and prevent depressive disorder by helping youth improve coping skills and build resilience through the use of cognitive-behavioral and interpersonal strategies.

EVIDENCE

This program is placed as unclear due to mixed results. One randomized trial found that female participants reported significantly lower depression symptoms, non-productive coping (e.g., worrying), and negative automatic thoughts and had higher scores on problem-solving at posttest compared to control group participants. Most of these results were maintained at the 6-month follow-up. However, another randomized trial with a larger sample of youth found no intervention effects for ACE at posttest or through the 12-month follow-up. Study participants in all conditions, including no-intervention control, reported a decrease in symptoms and improvement in emotional well-being.

COMPONENTS

The ACE program addresses depression symptoms in youth. Program sessions are held with groups of 8 to 10 youth and are co-facilitated by two leaders (i.e., a school counselor and a community mental health professional). Teaching strategies include discussion, structured group activities, and practice of new skills through role-plays and exercises in the participant workbook. Session topics include the following:

- Understand the relationship between thoughts and feelings;
- Identify and challenge unrealistic thinking;
- Develop social and assertiveness skills;
- Learn interpersonal negotiation, conflict management, and problem-solving skills; and
- Recognize and reward self for achievements.

PREVIOUS USE

The program has been evaluated with over 600 high school students in Australia.
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TRAINING

Though formal training to implement ACE is not mandatory or provided, developers recommend ACE group leaders have training and experience with cognitive-behavioral therapy (CBT) techniques and leading group programs.

CONSIDERATIONS

Considerations for implementing this program include obtaining buy-in from school administration and staff, recruiting group leaders skilled in working with adolescents, locating a private space within the school for sessions where groups will not be interrupted, emphasizing the importance of confidentiality to group members, and understanding that sessions occur during school time and that students may need assistance with missed class material.

The Clearinghouse can help address these considerations. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

IMPLEMENTATION

If you are interested in implementing ACE, the Clearinghouse is interested in helping you!

Please call 1-877-382-9185 or email Clearinghouse@psu.edu

ACE is implemented in eight, 90-minute weekly sessions.

Program materials are out of print; however, they may be obtained for free from Dr. Ann Wignall. Please use details located in the Contact section to contact Dr. Wignall.

EVALUATION PLAN

To move the ACE program to the Promising category on the Clearinghouse Continuum of Evidence, an additional evaluation would need to replicate the positive results maintained six months post-intervention in one of the studies reviewed above.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

CONTACT

Contact the Clearinghouse with any questions regarding this program.

Phone: 1-877-382-9185 Email: Clearinghouse@psu.edu

You may also contact Ann Wignall at ann.wignall@health.nsw.gov.au

SOURCE

Kowalenko et al. (2005), Sheffield et al. (2006), and A. Wignall (personal communication, March 28, 2014).

www.militaryfamilies.psu.edu