

Depression Prevention, Conceptualization, and Treatment through Adlerian Psychotherapy

Ashley Ebersole

McKendree University

Author's Note: This paper was written for the completion of partial requirements for Clinical and Counseling Psychology, and was recommended for submission to *Scholars* by Dr. Guy Boysen. Questions or concerns regarding this paper should be directed to its author or faculty sponsor:

Ashley Ebersole  
McKendree University, Class of 2014  
Department of Psychology  
706 Eastridge Circle  
Belleville, IL 62221  
adebersole@mckendree.edu  
(618) 641-7963

Dr. Guy A. Boysen  
McKendree University  
Associate Professor of Psychology  
701 College Road Carnegie Hall 201  
Lebanon, IL 62254  
gaboyesen@mckendree.edu  
(618) 537-6882

### Abstract

Numerous biographies and historical accounts describe Abraham Lincoln as a very somber, melancholy individual. Psychologists and historians postulate that Lincoln would have been diagnosed today with clinical depression. In the present study Lincoln's history and symptoms are explained from the perspective of Adlerian therapy, which has been supported for the treatment of depression through previous studies. The current study also designs a treatment plan that could theoretically treat the symptoms of Lincoln by applying Adlerian techniques. From the information available about Lincoln's life and mental health, Adlerian psychotherapy effectively describes the depression of Abraham Lincoln. In addition, depression prevention techniques are explored and applied to use in Abraham Lincoln's case. Out of the options, CB intervention programs are very effective in preventing depression.

*Keywords:* Clinical depression, Adlerian psychotherapy, Depression prevention, CB intervention

### Treating and Understanding Abraham Lincoln's Depression through Adlerian Psychotherapy

The great accomplishments of America's 16<sup>th</sup> president are enough to earn him a place on Mount Rushmore and American currency. However, many believe that Abraham Lincoln battled with chronic depression for nearly all of his life. Depression can seriously interfere with an individual's ability to function at home and in the workplace. How much more could Abraham Lincoln have accomplished for America if he had gotten treatment, or even better, if his depression had been prevented in childhood? While it is impossible to go back in time and alter the life of Abraham Lincoln, it is possible to consider how treatment and prevention could help people today. I will discuss the case of Lincoln to provide an example of how treatments like Adlerian psychotherapy could aid a person with depression. After discussing the development of Lincoln's depression, I explain it from an Adlerian perspective and I present a treatment plan. Preventing depression in children and adolescents could save them from a lifetime of chronic ailment. Because it is essential, I examine previous studies to support the thesis that cognitive behavioral intervention programs are a more effective prevention method than alternative prevention programs.

### **Case Report**

#### **Case History**

Abraham Lincoln is regarded as one of the greatest president's in American history, leading the country out of one of the most tumultuous periods in the United States. However, one of the more over looked aspects of his presidency is his battle with grief and depression. Born in Kentucky to poor farming parents in 1809, Lincoln grew up living a simple but difficult life. It has been theorized that depression, or melancholy at the time, was common in his family and

could suggest that Lincoln had a genetic predisposition towards the disorder. Lincoln suffered from chronic and severe depression throughout his lifetime.

Death and misfortune followed him for most of his life, beginning at the age of three with the death of his infant brother. At the age of nine, Lincoln suffered the death of his mother and at 19 his older sister Sarah, who had cared for him in his mother's place. Finally in adulthood, Lincoln suffered three deaths that likely left the most lasting impact on his mental and emotional health. As a young adult Lincoln's first love, Ann Rutledge, died of typhoid that sent him into a bout of severe depression and thoughts of suicide. Fellow Illinois legislator Robert L. Wilson wrote that nearly two years after her death Lincoln told him that "when alone, he was so overcome by mental depression, that he never dared to carry a pocket knife" (Lamon, 1872). Years later he grieved for his second son Eddie with wife Mary, who died at only three years old. Lastly, Lincoln suffered greatly with the death of his third son, Willie, who died of typhoid at age 11 during Lincoln's presidency. In spite of this emotional burden, Lincoln was able to cope with his depression and achieve not only his life goal of the presidency, but also to lead America through the Civil War and to end slavery.

### **Case Conceptualization**

Adlerian therapy provides a good representation of the struggles of Abraham Lincoln with depression. Lincoln himself thought of his melancholy as not a fault within a person, but rather a misfortune caused by life and other circumstances. In Adler's view of human nature people are the product of more than just genetics and their environment, and instead they are a product of their understanding of their abilities and the life choices that they make (Corey, 2009). Adler stresses the idea that we are shaped by our perceptions and the goals that we strive to achieve. Beginning early in life, we imagine our ideal self and try to accomplish this. It is often

mentioned that throughout his life Lincoln knew that he had a greater purpose (Lamon, 1872) and that he could not bear the idea of leaving his work unaccomplished (Burlingame, 1997).

Lincoln was characteristically honest and good natured and somehow was able to overcome his situation. He was able to teach himself to read and write and he eventually become a lawyer and successful politician. Despite a lack of access to education in his youth, Lincoln strived to become well educated which embodies the idea of Adler's inferiority feelings in seeking out mastery and striving for success to develop ourselves.

Lincoln's early experiences, according to Adler, likely had a great impact on his lifestyle, and any basic mistakes in lifestyle formation can lead to the development of problems (Corey, 2009). Lincoln would have been the middle child had his younger brother survived. Instead, Lincoln likely grew up as the younger of two children; his mother and stepmother were both said to have been very loving of him, while his father was more aggressive and cold (Burlingame, 1997). In addition, if his parents had also struggled with depression then Lincoln would have been exposed early and often to depressed behaviors. His interpretation of these behaviors, especially their reactions to the death of his younger brother, would have shaped his personality. Learning grief reactions from his parents, Lincoln would have developed a basic mistake that life is meant to be sad and filled with grief, or that the world is a morbid place.

Lincoln is said to have experienced very serious bouts of sadness throughout his life that would leave him distracted for long periods of time (Burlingame, 1997). Lincoln often dwelled on his failures, such as his store going out of business or his demotion in the Black Hawk War, and these fixations could have only served to worsen his depression by creating more basic mistakes. Basic mistakes such as "I am a failure" or "I am not good" could have arisen in his thoughts. Even in times of self-doubt Lincoln had a drive to make a difference and change the

country for the better, evidence of the idea of Adlerian therapy that people have a tendency to move towards superiority. Lincoln's problems arose, according to Adler, from an inability to overcome the discouragements in his life tasks such as thoughts of failure and grieving the loss of loved ones. Lincoln's difficulties, especially in establishing intimacy after suffering the loss of his first love, are a very strong discouragement for him. His depression continued throughout his life due to the consistent exposure to grief producing circumstance.

### **Treatment Plan**

In order to treat Lincoln's depression an Adlerian therapist would adhere to four major phases of therapy. The first step, and one of the most crucial, is to establish the therapeutic relationship. An Adlerian therapist would work collaboratively with Lincoln and build a person-to-person connection. This is done through listening and interacting, respecting the client's abilities, and providing encouragement and showing faith in their abilities (Corey, 2009). The next phase of therapy would be to perform an assessment of Lincoln's psychological state. The therapist would have to interview Lincoln and discover his family constellation. The therapist would also have Lincoln try to recall his earliest memories, searching for any patterns and recurring feelings or actions. Through this interview an Adlerian therapist would search for any basic mistakes in Lincoln's lifestyle or common fears. A therapist would take note of the fact that Lincoln has often been faced with death and been unsuccessful in overcoming the resulting basic mistakes. The therapist would try to make Lincoln aware of the statements such as "the world is morbid" and "life has no point because of death." Through this the therapist would be able to provide Lincoln with insight. The therapist would plainly state to Lincoln what they have observed in his patterns of emotion and behaviors and what it has done to his well-being.

Hopefully making Lincoln aware of these basic mistakes would help him to overcome his negative emotions or to develop plans for how to start.

Adlerian therapists will interpret the memories and other information that they have about the client and use any patterns they find to teach the client about themselves so that they can develop self-understanding that eventually leads to action (Corey, 2009). The therapist may make suggestions to Lincoln during the sessions such as “It seems as though you are often very concerned with failure,” so that he may contemplate the idea himself and openly discuss it with the therapist without getting defensive. Once Lincoln recognized and understood his own mistakes in thinking or behaving, the therapist would engage in encouragement. Now that Lincoln would be aware of his patterns and self-defeating ideas, he would be able to recognize what behaviors must change and how. The therapist would help encourage Lincoln to put his new insights into practice both in and outside of therapy. They might suggest to Lincoln that he should visit the cemetery or tombstones of loved ones and allow himself to feel grateful that he is alive with so much to live for. They would also encourage Lincoln not to dwell on his losses, but perhaps instead value what he does have. Know that despite the inevitability of death, life has meaning and is worth living. An Adlerian therapist would want him to go out and try something difficult and allow himself to fail so that he could realize that it is okay to not succeed at everything, it is part of being human. Throughout the process the therapist would show Lincoln that they have faith in his abilities to overcome his troubles.

The melancholy and struggles of Abraham Lincoln throughout his life provide an accurate portrayal of major depressive disorder. While grief was a predominant aspects of Lincoln’s struggles it is clear that his sadness extended well beyond what would be considered a normal amount of time for bereavement. Adlerian theory provides a reasonable explanation for

the development and maintenance of Lincoln's depression. Despite striving towards actualization, the basic mistakes Lincoln developed in childhood lead to him being held from achieving superiority. In addition to explaining Lincoln's depression effectively, Adlerian psychotherapy would have provided him with an effective aid to recovering from his melancholy.

### **Literature Review**

Depression is an affliction that is often debilitating and interferes with many aspects of life. Unfortunately, depression is also one of the most common mental disorders among children and adolescents according to the National Institute of Mental Health (2010). A great deal of research has been devoted to developing therapies and medicines in hopes of treating or curing depression, but not enough attention is given to the idea of developing prevention methods. Reducing and eliminating depression symptoms in children can save them from a lifetime of chronic depressive episodes and damage to their lives. Preventing depression in all stages of life should be a topic at the forefront of public health concerns. Therefore, it is important to compare and contrast the different methods of prevention currently in use to discover which methods are most effective. An effective program must reduce current depression symptoms and also lower the risk of developing depression in the future. In order to discover an effective prevention for depression researchers have compared several different intervention programs. The three important factors most studies examine to determine the optimal intervention type are use of effective intervention techniques, significant reduction of depression symptoms compared to other types, and long term effectiveness. I theorized that cognitive behavioral intervention programs are a more effective tool for the prevention of depression than alternatives in terms of reducing depressive symptoms and lowering the risk for future depression development.



Numerous forms of school-based depression prevention programs have been developed in order to help adolescents combat this prevalent mood disorder. These programs can take many formats and involve a wide variety of children and adults. What is meant by a prevention program is any sort of intervention or therapeutic sessions that are aimed at improving an individual's ability to recognize depression symptoms and to develop the ability to overcome them. Some of these programs utilize behavioral and cognitive techniques, such as identifying and eliminating negative thoughts or writing out feelings in a journal, while others focus on social interactions and building confidence and relationships. Examples of effective prevention programs include bibliotherapy, supportive-expressive group therapy, cognitive behavioral interventions, expressive writing, and journaling interventions (Stice, Burton, & Bearman, 2007). All of these programs are successful in reducing depression symptoms compared to receiving no interventions.

Certain traits in an intervention program will determine how successful it is. Meta-analysis of 32 different intervention programs found 17 types that produced a significantly larger effect with regard to the reduction of depression symptoms, or for the limitation of future risk of development when compared to control groups (Stice, Shaw, Bohon, & Marti, 2009). Each of these intervention programs shared a handful of specific traits that provide evidence for their usefulness in preventing depression symptoms in adolescents. Specifically, duration, content, and target audience all play a role in the effect size of a program.

The duration of a program is a very good indicator of the amount of success a program will have. Studies suggest that shorter intervention programs are more effective than longer interventions (Stice, Rhode, Seeley, & Gau, 2008; Stice et al., 2009). Shorter programs are more efficient and cost effective, and longer intervention programs are not advantageous when

compared to the shorter programs. Despite the fact that longer intervention programs provide the opportunity for more information to be provided to participants and for individuals to have more chances to practice learned skills, shorter programs are more effective (Stice et al., 2009). One of the advantages of the shorter programs in adolescent interventions is that it appeals to shorter attention spans and minimizes the risk of boredom. Although both durations show improvement in reducing depression symptoms, brief interventions have produced larger effect sizes.

The length of programs is not the only important factor, the content of these programs also have a significant impact on their effectiveness. Compared to other types of interventions, those that gave homework, involved group settings, and were administered by trained professionals produced significant improvement in the results (Stice et al., 2009). Encouraging individuals to practice what they learn outside of the program encourages growth and development, and studies show that this increases prevention effectiveness. Similarly, teaching essential social skills and forming support groups helps to decrease depressive symptoms. Lastly, having a professional psychologist rather than a teacher or other community figure administering the program showed better results (Brunwasser, Gillham, & Kim, 2009; Stice et al., 2009). Compared to any community figure or teacher, researchers and other professionally trained psychologists leading interventions have demonstrated larger effect sizes for the success of intervention participants. While both types of leaderships are effective long term, the professionals show greater significance in symptom and risk reduction (Brunwasser et al., 2009).

The final component of an effective programs and one of the biggest determining factors in the success of an intervention in reducing risk and symptoms is in the audience that it targets. Analyses show that intervention programs produce more significant results when they are directed at a specific audience rather than just a universal population (Brunwasser et al., 2009).

Some studies suggest that programs aimed at high-risk individuals show much more significant results than those directed at other low-risk or non-depressed individuals (Stice et al., 2009; Stice, Rhode, Gau, & Wade, 2010). There is the potential that this change is the result of high-risk individuals beginning the intervention with higher levels of depression compared to the control, thus showing a more dramatic reduction when the program is successful. However, despite the fact that high-risk individuals show improvement in all types of interventions, evidence suggests that when these individuals participate in more universal programs they do not exhibit as significant of a reduction in depression symptoms (Sheffield et al., 2006). Therefore, the most effective intervention programs for depression prevention include short term duration, professional administration that encourages social development and outside practice, and are targeted towards higher-risk individuals.

It is crucial that a program lead to significant reductions in symptoms and risk and to also cause lasting success for participants. Cognitive behavioral programs have been shown to be more effective than other types of prevention programs at improving adolescent depression (Stice et al., 2006). These programs include all of the traits of an effective program, typically only lasting eight weeks, taught by professionals, and including group discussions and homework (Gillham et al., 2007) Additionally, many examples of cognitive behavioral (CB) programs being effective at significantly reducing symptoms and risks over extended periods exist (Brunwasser et al., 2009; Gillham et al., 2007; Stice et al., 2008; Stice, Rohde, Seeley, & Gau, 2010). Follow-ups ranging from three, six, and nine months all the way to one, two, and even four years show that CB intervention programs remain effective in preventing depression symptoms and reducing the risk of development. Not only is CB an effective intervention in the long term, it is also significantly more effective than other methods in the immediate and short

term (Possel, Martin, Garber, & Hautzinger, 2013). Compared to no intervention and non-specific control groups CB has emerged as especially successful. In addition, CB intervention programs have been shown to be more effective than other kinds of programs such as group supportive expressive programs, and bibliotherapy programs (Stice, Rohde, Gau, & Wade, 2010).

Cognitive behavior intervention programs have been proven to cause significant reductions in current levels of depression symptoms and lowering of the risk of depression development; thus, they are effective programs to use in the short term. In addition, because evidence suggests that these significant improvements remain in place after extended periods of time they are also effective programs to cause long term improvement. Overall, CB intervention programs are useful tools for the prevention of depression diagnosis and development. Combined with the fact that CB treatments also include all of the necessary components to make it an effective program, CB is an ideal choice for use in the prevention of depression.

As in the case of Abraham Lincoln, whose depression developed at an early age and continued to haunt him for the rest of his life, an intervention program would likely have made a significant difference. If Lincoln had access to depression prevention programs such as CB interventions in his youth it could have saved him a lifetime of grief and sadness. Two of the major aspects involved in CB interventions are the school setting and emphasis on teaching important skills. Perhaps, if Lincoln would have had a greater access to education, his depressive symptoms would not have ever gotten so severe. With the proper education to develop skills for fighting depression, Lincoln likely would not have suffered so chronically. As a high risk individual, Lincoln would have made a good candidate for CB intervention. If he attended the courses, did the homework, and practiced the skills learned in class during time outside of class

Lincoln could potentially have eliminated his chronic depression completely. However, it is apparent that an effective intervention program is a useful strategy for preventing depression and participating in such a program could have greatly improved the conditions for Lincoln, both reducing his symptoms and lowering his risk for future depressive episodes.

### **Discussion**

The current research has provided insight into the conceptualization and treatment of depression through Adlerian psychotherapy. In addition, I evaluated numerous depression intervention programs to determine the most effective method for prevention. In the conceptualization of Abraham Lincoln, the life and known history of the president are evaluated, and the case is made that in the modern day a psychologist would diagnose him with clinical depression. Following conceptualization, the case of Lincoln is evaluated from an Adlerian perspective. After applying the aspects of Adlerian theory to Lincoln's symptoms and behaviors a treatment plan is developed with specific actions and techniques. In the literature review I hypothesized that cognitive behavioral intervention programs were more effective than other types of prevention programs in reducing depression symptoms and the future risk of development. Scientific literature suggested that CB programs provided a significantly greater effect on reducing symptoms and risk than did other programs which were more effective than any control groups. Evidence supported the hypothesis and identified the traits of a successful depression prevention program.

While this research has made important points about depression, limitations are evident. The case history and conceptualization are especially limited for a number of reasons. Primarily, there is a lack of detailed information on the nature of Abraham Lincoln's thoughts and feelings. Most of the information available is in second hand accounts, and the writings of Lincoln himself

are often difficult to decipher in terms of emotional content. It is difficult to read the expressions of someone who lived in the 1800s from a modern perspective and gain an accurate understanding of the content. In addition, some sources about Lincoln's past claimed accuracy and comprehension, but because they are not written by Lincoln himself, it is difficult to discern the accuracy of the information. Attempting to understand a historical character at a deep cognitive and affective level is questionable, and it would perhaps be more effective to explain depression in a character whose thoughts and feelings are more easily accessible.

Although Adlerian concepts provided an adequate explanation and useful treatment for Lincoln's case, it is difficult to say whether this would be the most effective psychotherapy or not. A lot of multicultural issues arise when attempting to apply a more modern technique to an individual from another era. There is admittedly minimal information about the social and cultural norms and expectations during the civil war as far as mental health is concerned. It could be the case that this form of therapy would be highly inappropriate for the culture of the 1860s; however, because Adlerian therapy did not exist at the time, there is no evidence to support or reject its use. In addition, it is more widely accepted in modern scientific conceptualizations of depression cases to utilize cognition and behavioral ideas such as in rational emotive behavior therapy. I do not believe that Adlerian therapy is the best choice for either explaining or treating depression, as numerous other sources suggest cognitive behavioral therapy to be a better choice.

The empirical evidence available on the prevention of depression is lacking, and future research should concern itself with identifying the most effective methods. Some literature presented conflicting evidence for whether the intervention programs were truly effective over very long periods of time, but the majority of research supported the assertions made that programs like CB interventions are long lasting in effectiveness. Because there is some conflict,

more research on the long term effects of programs should be considered. Subsequently, the current research thesis was useful, but perhaps an additional thesis on what content makes for an effective method of depression prevention should have been considered. The current thesis, however, is well supported by the evidence and additional studies could build upon this idea.

### **Conclusion**

Depression is a serious affliction that affects a wide range of individuals. Developing preventions and useful therapeutic strategies is a task that should be very important to psychologists and the public. In this paper, one example of the characteristics of depression was presented. Despite being one of the most influential men in American history, Abraham Lincoln suffered from chronic episodes of depression. Because depression can affect anyone, in this paper I sought to provide a method for understanding and treating it through a less conventional therapy type. Although it may not be the optimal choice for either, Adlerian psychotherapy is used to explain Lincoln's cause of problems and to provide a method for treatment. It is hard to know how to approach the treatment of depression for a client when there are cultural differences. It would be best to create effective prevention programs for depression, rather than to worry about which type of treatment should be used for each patient. This research hypothesized that CB intervention programs were more effective than alternatives in reducing depression symptoms a future risk. This hypothesis was supported by the evidence, and more research should be devoted to developing CB programs and other effective prevention methods in the future. Depression is a mental illness that many people struggle with every day and that can damage lives. If Abraham Lincoln had access to treatment or prevention in his youth, what more could he have done for the country? It is crucial that the American public take a serious interest in depression research.





## References

- Burlingame, M. (1997). *The inner world of Abraham Lincoln*. Urbana and Chicago: University of Illinois Press. Retrieved from [http://books.google.com/books?hl=en&lr=&id=UZ\\_eXWNKRfMC&oi=fnd&pg=PR9&dq=Abraham Lincoln depression&ots=xvQDVMvccr&sig=omLtdzL1Noz0jWJPOFB6DShlfEo](http://books.google.com/books?hl=en&lr=&id=UZ_eXWNKRfMC&oi=fnd&pg=PR9&dq=Abraham+Lincoln+depression&ots=xvQDVMvccr&sig=omLtdzL1Noz0jWJPOFB6DShlfEo)
- Brunwasser, S. M., Gillham, J.E., & Kim, E.S. (2009). A meta-analytic review of the Penn Resiliency Program's effect on depressive symptoms. *Journal of Consulting and Clinical Psychology*, 77, 1042-1054. doi: 10.1037/a0017671.
- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8 ed., pp. 96-127). Belmont: Thomson Higher Education.
- Gillham, J. E., Reivich, K. J., Freres, D. R., Chaplin, T. M., Shatte, A. J., Samuels, B., ... Seligman, M. E. P. (2007). School-based prevention of depressive symptoms: A randomized controlled study of the effectiveness and specificity of the Penn Resiliency Program. *Journal of Consulting and Clinical Psychology*, 75, 9-19. doi: 10.1037/0022-006X.75.1.9.
- Lamon, W. H. (1872). *The life of Abraham Lincoln: From his birth to his inauguration as president*. Boston: James R. Osgood and Company. Retrieved from [http://books.google.com/books?hl=en&lr=&id=qfVEWN0OEsC&oi=fnd&pg=PR3&dq=abraham lincoln life&ots=du6NnALhe3&sig=eeuT5as\\_WQKsyoqMHaEjUeuGa-8](http://books.google.com/books?hl=en&lr=&id=qfVEWN0OEsC&oi=fnd&pg=PR3&dq=abraham+lincoln+life&ots=du6NnALhe3&sig=eeuT5as_WQKsyoqMHaEjUeuGa-8)
- The National Institute of Mental Health. U.S. Department of Health and Human Services, National Institutes of Health (2010). *Any disorder among children*. Retrieved from website: [http://www.nimh.nih.gov/statistics/1anydis\\_child.shtml](http://www.nimh.nih.gov/statistics/1anydis_child.shtml)

- Possel, P., Martin, N. C., Garber, J., & Hautzinger, M. (2013). A randomized controlled trial of a cognitive-behavioral program for the prevention of depression in adolescents compared with nonspecific and no-intervention control conditions. *Journal of Counseling Psychology, 60*, 432-438. doi: 10.1037/a0032308s
- Sheffield, J. K., Spence, S.H., Rapee, R. M., Kowalenko, N., Wignall, A., Davis, A., & McLoone, J. (2006). Evaluation of universal, indicated, and combined cognitive-behavioral approaches to the prevention of depression among adolescents. *Journal of Consulting and Clinical Psychology, 74*, 66-79. doi: 10.1037/0022-006X.74.1.66.
- Stice, E., Burton, E., Bearman, K.E., Rhode, P. (2007). Randomized trial of a brief depression prevention program: An elusive search for a psychosocial placebo control condition. *Behavior Research and Therapy, 45*, 863-867. doi: 10.1016/j.brat.2006.08.008
- Stice, E., Rohde, P., Gau, J. M., & Wade, E. (2010). Efficacy trial of a brief cognitive-behavioral depression prevention program for high-risk adolescents: Effects at 1- and 2-year follow-up. *Journal of Consulting and Clinical Psychology, 78*, 856-867. doi: 10.1037/a0020544.
- Stice, E., Rohde, P., Seeley, J.R., & Gau, J.M. (2010). Testing mediators of intervention effects in randomized controlled trials: An evaluation of the three depression prevention programs. *Journal of Consulting and Clinical Psychology, 78*, 273-280. doi: 10.1037/a0018396.
- Stice, E., Rohde, P., Seeley, J.R., & Gau, J.M. (2008). Brief cognitive-behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: A randomized efficacy trial. *Journal of Consulting and Clinical Psychology, 76*, 595-606. doi: 10.1037/a0012645

Stice, E., Shaw, H., Bohon, C., & Marti, C.N. (2009). A meta-analytic review of depression prevention programs for children and adolescents: Factors that predict magnitude of intervention effects. *Journal of Consulting and Clinical Psychology, 77*, 485-503. doi: 10.1037/90015168.