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The Moderating Effect of Depressive Symptoms on the Relationship Between Resilience and Adolescents' Likelihood to Intervene for a Depressed Peer

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Introduction

Resilience

- Adapting positively or avoiding negative psychological outcomes despite experiencing significant adversity (Luthar et al., 2000)
- Resilience is typically viewed as a process: Protective Factors + Significant Adversity = Negative Outcome Avoidance

Depression

- Depression prevalence increases significantly during adolescence, which is typically thought of as between 10 and 19 years old (Lewinsohn et al., 1998)
- Increasing severity of depression is associated with decreased peer support and social networks (Höltge et al., 2022)

Bystander Intervention

- Adolescents are more likely to seek and obtain social support from peers than parents (Zimmer-Gembeck & Skinner, 2019)
- Depressed adolescents are more likely to seek professional help when told (Byrne et al., 2015)

Rationale

- Resilience in the context of adolescent depression and intervention behavior for peers with depression is unexamined
- Current literature lacks emphasis on social support within adolescent resilience
- Bystander intervention for depression is still an unexplored area in the psychological literature
- Increased mental illness in adolescents (particularly in the U.S.) over the last decade necessitates research on potential interventions and strategies to reduce risk

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Hypotheses

- Depressive symptoms will have a moderating effect on the relations between resilience and likelihood to intervene with depressed peers.
- Fewer depressive symptoms and higher resilience will predict adolescents' likelihood to intervene with depressed peers.
 - Additionally, they will more strongly predict likelihood to intervene in girls than in boys.
- Girls will report greater knowledge of how to intervene and greater acceptance of responsibility to intervene than boys.
- High school juniors and seniors will report greater knowledge of how to intervene and greater acceptance of responsibility to intervene than freshmen and sophomores.

Method

Participants

- ~175 high school students (71% White, 12% Asian, 8% Black, 5% Hispanic; R age = 14-18) from Midwestern high school
- 95% statistical power, small-medium effect size ($f^2 = 0.10$); 95% confidence

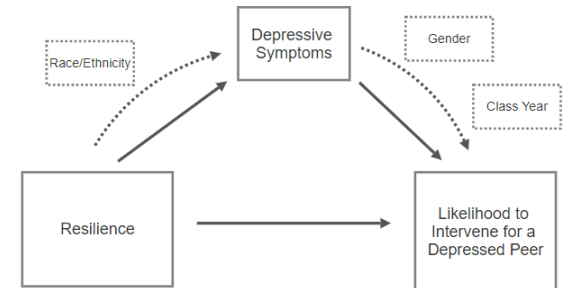
Procedure

- Design: Quantitative, correlational, survey (in-class)
- Parental consent & student assent forms issued pre-study
- 3 Measures & Demographics + 2 attention checks
 - All measures presented in the same order
- Debriefing & local mental health resources provided

Measures

- Patient Health Questionnaire-9; Adapted (Johnson et al., 2002)
- Resilience Scale for Adolescents; Adapted (Hjemdal et al., 2006)
- Bystander Intervention Scale for Depression (Ong et al., 2021)
- Demographics: include gender, race/ethnicity, grade, extracurricular activities, & family structure

Potential Moderated Regression Model



Statistical Analyses

- Remove participants who fail attention checks and invalid observations
- Conduct a cross-tabulations analysis (variable correlations)
- Moderation analysis (Hypothesis 1), multiple regression analyses (1-2), & independent samples t-tests (3-4)

Other Details

- At the conclusion of the study, participants may opt into a drawing for one of \$20 gift cards to either Target or Caribou Coffee
- Methodology may change slightly per the school district's requests
- As per the school district's request, a detailed report of the study's findings will be written and presented to the district

Primary Implication

Schools and community organizations should hold workshops and classes to build a knowledge base in the community for local-area mental health resources. Furthermore, psychologists should create and test bystander intervention trainings for depression to recognize symptoms and intervene when necessary.