

Blues Program

SUPER: Substance Use Prevention Evidence-Based Resource, UCLA ISAP

Developer website: <https://bluesprogram.org>

Practice record last updated August 29, 2025

Cost	Prevention Category	Practice Focus	Practice Focus
Over \$500	Indicated	SU	MH

Practice Summary

The Blues Program is a cognitive-behavioral group intervention designed to prevent depression in teens ages 14-19 who are experiencing symptoms or are at risk of developing major depression. The program consists of six weekly, one-hour school sessions held in small groups of four to eight participants, paired with home practice assignments to reinforce learning. The program focuses on encouraging participants to engage in enjoyable activities, cognitive restructuring, preparing response plans for future stressors, and strengthening coping skills.

Practice Details

Substance Use Prevention Category	Indicated
Practice Level	Individual
Substance Use Prevention Strategy	Education
Practice Components	Individual - Behavioral Modification - Communication Skills Training - Cognitive Behavioral Strategies - Education - Goal Setting - Insight Building - Motivational Enhancement - Pro-Social Connections and Activities - Problem Solving - Psychoeducation - Self Monitoring - Skills Training Relationship - Support Networking Community/Society - None
Population Age	- Age 13-17 - Age 18-20
Populations of Focus	General Population
Settings	School (K-12)
Parent/Caregiver Involvement	No parent or caregiver involvement
Recommended Staffing	- Health or social work counselor, therapist or professional (licensed) - Teachers or educators

Prevention Focus	Substance Use Prevention Focus • Substance Use - General Mental Health Wellness and Promotion Focus • Depression
Training and Technical Assistance	The developers offer both group trainings and online trainings for individuals. Training takes two half-days, and costs start at \$500 per person. Further trainings are available for Fidelity Adherence Certification, and Training of Trainers for individual agencies.
Program Costs	Over \$500. Please visit the developer's website listed above for updated information about implementation costs.
Adaptations	Normally the Blues Program is led by two co-facilitators, but the developer advises that it can be delivered by one individual. The program can also be delivered virtually.

Risk and Protective Factors

Youth Substance Use Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Internalizing behaviors (e.g. anxiety, depression, social withdrawal) • Negative emotional state • Poor coping skills and behaviors	—
Family and Relationships	• None	• None
School, Peer, and Community	• None	• None

Youth Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Difficult temperament (e.g., low positive mood, inflexibility, withdrawal) • Low self-esteem • Perception of being inherently flawed beyond repair or irredeemable • Poor social skills (e.g., communication, problem-solving skills) • Negative emotional state • Poor coping skills and behaviors	—
Family and Relationships	• None	• None
School, Peer, and Community	• None	• None

Shared Substance Use and Mental Health Risk and Protective Factors

Level	Risk Factors	Protective Factors
Individual	• Negative emotional state • Poor coping skills and behaviors	—
Family and Relationships	• None	• None

Level	Risk Factors	Protective Factors
School, Peer, and Community	• None	• None

Empirical Evidence of Impact

Prevention Focus	Outcome	Population Age	Evidence Strength and Study Populations of Focus
Substance Use (General)	Reduced Use or Delayed Initiation	High School	Moderate (General Population) [References 1-4]
Substance Use (General)	Reduced Use or Delayed Initiation	College (18-24)	Practice-Based Evidence (General Population) [References 5]
Depression	Symptom Prevention or Improvement	High School	Strong (General Population) [References 1-3, 6-7, 8]
Depression	Symptom Prevention or Improvement	College (18-24)	Promising (General Population) [References 5]
Mental Health (General)	Behavior, Attitudes, and Functioning	High School	Promising (General Population) [References 1-3]
Mental Health (General)	Behavior, Attitudes, and Functioning	College (18-24)	Practice-Based (General Population) [References 5]
Mental Health (General)	Improved Relationships and Community Connectedness	High School	Moderate (General Population) [References 9]

References

- [1] Rohde, P., Stice, E., Shaw, H., & Brière, F. N. (2014). Indicated cognitive behavioral group depression prevention compared to bibliotherapy and brochure control: acute effects of an effectiveness trial with adolescents. *Journal of Consulting and Clinical Psychology*, 82(1), 65
- [2] Rohde, P., Stice, E., Shaw, H., & Gau, J. M. (2015). Effectiveness trial of an indicated cognitive-behavioral group adolescent depression prevention program versus bibliotherapy and brochure control at 1-and 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 83(4), 736
- [3] 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(4), 595
- [4] Rohde, P., Stice, E., Gau, J. M., & Marti, C. N. (2012). Reduced substance use as a secondary benefit of an indicated cognitive-behavioral adolescent depression prevention program. *Psychology of Addictive Behaviors*, 26(3), 599
- [5] Rohde, P., Stice, E., Shaw, H., & Gau, J. M. (2014). Cognitive-behavioral group depression prevention compared to bibliotherapy and brochure control: Nonsignificant effects in pilot effectiveness trial with college students. *Behaviour Research and Therapy*, 55, 48-53
- [6] Brière, F. N., Rohde, P., Stice, E., & Morizot, J. (2016). Group-based symptom trajectories in indicated prevention of adolescent depression. *Depression and Anxiety*, 33(5), 444-451
- [7] 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(6), 856
- [8] Marchand, E., Ng, J., Rohde, P., & Stice, E. (2010). Effects of an indicated cognitive-behavioral depression prevention program are similar for Asian American, Latino, and European American adolescents. *Behaviour Research and Therapy*, 48(8), 821-825
- [9] Stice, E., Rohde, P., Gau, J., & Ochner, C. (2011). Relation of depression to perceived social support: Results from a randomized adolescent depression prevention trial. *Behaviour Research and Therapy*, 49(5), 361-366

What California Providers Are Saying

We have not yet spoken to any California providers who have experience implementing the Blues Program. If you have implemented the program, we would love to hear from you. Please [contact us](#).