



ADAP FAQ's



What is the history of ADAP?

The Johns Hopkins University School of Medicine, Department of Psychiatry, has been educating students in the Baltimore-Washington area about mood disorders for over 15 years. In 1999, the Adolescent Depression Awareness Program (ADAP) was created to formalize the curriculum and bring it to high schools as a component of health class. To date, the ADAP curriculum has been taught to nearly 9,000 students.

What is the mission of ADAP?

ADAP's mission is to educate high school students, teachers and parents about teenage depression. The core message of the program is "depression is a treatable medical illness."

How is ADAP funded in Tulsa?

ADAP in Tulsa is funded by Youth Philanthropy Initiative (YPI), which is in turn funded by the Charles and Lynn Schusterman Family Foundation. The University of Oklahoma-Tulsa also contributes its resources and staff time to the program.

Why depression education and not suicide prevention?

Research has repeatedly demonstrated that between 90-98% of teenagers who committed suicide were suffering from a mental illness, often depression. Given this strong and consistent correlation between suicide and mental illness, the ADAP team hypothesized that depression education would be an effective means of suicide prevention. Furthermore, 5% of teenagers are estimated to suffer from the illness of depression, making it one of the most common adolescent illnesses. Through depression education and awareness, ADAP hopes to decrease the number of teenagers who suffer without treatment from this disabling and potentially life threatening illness.

What information will be taught to the students?

Through a variety of teaching modalities, including lecture and discussion, two videos, homework, video assignments and group interactive activities, the students will achieve the following objectives: to define depression, to identify the symptoms of depression, to understand depression as an illness, to see through real life examples that depression is a treatable illness, to review a homework assignment, to watch a video that demystifies the process of psychiatric evaluation, to identify the symptoms of mania, to review the treatments for mood disorders, and to work in groups to present information about depression.

Will any research be done on the students?

Research is done to assess the effectiveness of the curriculum, not to study the individual students. The students are given an anonymous pre-test prior to the program and a follow-up post-test two months after the program is completed. The pre and post-test assesses the students' knowledge and attitudes about depression. By comparing the students' performance on the pre and post-tests, it can be determined whether the students are gaining critical knowledge about depression and if the curriculum is effectively teaching the program's objectives. It should be specially noted that no personal identifying information about the students is collected, nor are they asked any personal questions.

Who will teach the students?

The ADAP curriculum will be taught by either an experienced psychiatric health care professional (a doctor, nurse, social worker or an occupational therapist) or a nursing or medical student who has received extensive training on the ADAP curriculum. The ADAP instructors are considered "guest speakers" and will need the regular classroom teacher to be present at all times during the presentation.

What equipment and supplies will the school need to provide?

The school will need to provide an overhead projector and a TV with a VCR. All other supplies will be provided by the ADAP instructor. The school must have resources available to assist any students who might self-identify themselves as depressed as a result of hearing the ADAP curriculum. See the next topic for more elaboration.

Will ADAP screen and treat the students?

The mission of ADAP is to educate students, not to screen and treat them. During the course of hearing the curriculum, certain students may self-identify as feeling depressed and may ask for help. Therefore, all schools that invite the ADAP team to teach their students must have someone available to guide and support a student in crisis. This individual might be a guidance counselor, the principal, the school nurse, or a mental health worker. The ADAP instructor can assist with support and referrals for the student, but cannot assume any care responsibilities. The ADAP team is available to help the school personnel with referrals.

How long is the program?

Our research demonstrates that students learn best from ADAP's full three-hour curriculum. This can be taught in 2, 90-minute sessions or 3, 60 minute sessions. Understandably, each school has unique scheduling considerations and ADAP will work with each school to bring the optimal program to the students within the designated time frame.

Which students should participate in the program?

ADAP believes that ALL high school students should be exposed to depression education so that they can identify the illness in themselves and their peers. In many schools, this is achieved by teaching the curriculum to all of the students in health class, often a requirement for graduation. The curriculum is presently available for students in 9th grade or above; it is not recommended for any students younger than 9th grade.

What should I do if I would like more information or want ADAP to come teach in my school?

Please contact us:

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YPI is a youth-led program in which a diverse group of Tulsa teens experience what it means to be a grantmaker, change-agent and leader. This program is funded by the Charles and Lynn Schusterman Family Foundation.

For more information, visit www.ypitulsa.org or call Adam Seaman at 748-5908