

Decreasing Depression and Anxiety in College Youth Using the Creating Opportunities for Personal Empowerment Program (COPE)

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Abstract

BACKGROUND: College is a time of major transition in the lives of many young adults. Roughly 30% of college students have reported that anxiety and depressive symptoms negatively affect their lives and academic functioning. Currently, anxiety has surpassed depression as the reason college students seek help at counseling centers. Unfortunately, only one third of students receive treatment for anxiety and only 25% of students receive treatment for their depression. **OBJECTIVES:** The objectives of this pilot project were to (a) assess levels of depression and anxiety in identified “at risk” college students who present to the college Student Health Services (Primary Care), (b) implement a new cognitive behavioral therapy–based intervention titled “Creating Opportunities for Personal Empowerment” (COPE), and (c) evaluate the effectiveness of the intervention on students’ levels of depression and anxiety as well as satisfaction with the intervention. **DESIGN:** A one group pre- and post-test design was used. **Results:** Students who received COPE demonstrated clinically meaningful improvement in depressive and anxiety symptoms as measured by the Beck Depression Inventory–II and the State–Trait Anxiety Inventory. **CONCLUSION:** COPE is an effective brief program for reducing depression and anxiety in college-age youth. Implementation of evidenced-based programs into the college experience could lead to less severe depression and anxiety and better academic performance, ultimately increasing the likelihood of students successfully completing their academic programs.

Keywords

college youth, depression, anxiety, cognitive behavioral therapy, CBT, primary care

Continuing Education Learning Outcomes:

1. Identify the need for college students to receive evidence-based mental health interventions for anxiety and depression to strengthen their ability to meet their academic and personal goals.
2. Discuss cognitive behavioral therapy (CBT) as the first line evidence-based treatment for anxiety and/or depression in college-age young adults.
3. Describe how a CBT-based intervention/program can be incorporated into College Health Clinics (primary care), increasing access to psychiatric/mental health (PMH) services for college students with common mental health concerns.

Background

Attending college is a major transition time in the lives of many young adults. This is often the first-time young

adults are without parental figures nearby, thus offering students increased independence and responsibility. This independence and responsibility can potentially be stressful and challenging for both students and their families, resulting in increased anxiety and depression. Anxiety has now surpassed depression as the most common mental health diagnosis among college students though depression, too, is on the rise (Substance Abuse and Mental Health

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Services Administration [SAMHSA], 2015). According to a recent study of more than 100,000 students nationwide by the Center for Collegiate Mental Health (2016), more than half of students visiting campus clinics cite anxiety as a health concern putting a strain on mental health centers. College success is often equated with the young adult achieving an independent social and professional life outside the family of origin. The academic pressure and personal freedom found in the college setting can often lead to and compound many comorbid issues such as depression, anxiety, and substance abuse (Yu, Adams, Burns, Brandis, & Irwin, 2008). In addition, this is often the physiological age in which mental health and substance abuse disorders manifest despite environmental surroundings (American Psychiatric Association, 2013).

The American College Health Association–National College Health Assessment (ACHA-NCHA) (2014) conducted a nationwide survey of college students who reported that at some point in their academic year their depression or anxiety significantly affected their academic performance. Anxiety disorders are the most common illness reported in the college setting. ACHA reports that 14.3% of students attending 2-year and 4-year colleges have significant anxiety (SAMHSA, 2015). Despite anxiety being a highly treatable illness only about one third of those suffering from an anxiety disorder receive treatment (Anxiety and Depression Association of America [ADAA], 2015; <http://www.adaa.org/>).

The prevalence of major depressive disorder in college-age youths is higher than any other adult-age group (SAMHSA, 2013; <http://www.samhsa.gov/>). ACHA reports among full-time college students ages 18 to 22, 12% were seen for depression, 7.7% had serious thoughts of suicide in the past year, 2.4% planned suicide, and 1.2% attempted it. Only one third of the students who attempted suicide received medical attention as a result (SAMHSA, 2015).

SAMHSA (2013; <http://www.samhsa.gov/>) reported that despite the prevalence of mental health issues and substance abuse in the young adult population, utilization of mental health services was often lower than other adults. More than two thirds of young adults do not talk about or seek help for mental health problems at college counseling centers (D'Amico, Mechling, Kemppainen, Ahern, & Lee, 2016). Eisenber, Golberstein, and Gollust (2007) reported that some of the reasons that college students do not seek help are because they do not know where to go for help, they may not believe that the treatment will help, they believe that the symptoms are just typical stress experienced in college. They also worry about the stigma related to mental health treatment.

The U.S. Accountability Office (2008) reports that without acceptable treatment, young adults undergoing a mental health issue are more likely to receive lower GPAs, drop out

of college, or be unemployed more often than their peers who do not have mental health issues. According to a Gruttadaro and Crudo (2012) more than 62% of students that withdrew from college did so for mental health problems (Wilcoxon, 2010). Ultimately, there are negative implications for leaving college without obtaining a degree. The decision to leave college is frequently economically detrimental to the college dropout, whose decision to leave often leads to earning much less over a lifetime of work (National Center for Educational Statistics, 2014; <http://nces.ed.gov/fastfacts/display.asp?id=561>). Early mental health intervention, through empirically supported interventions can help increase college retention and graduation. Treatment must be readily available and tailored to the specific needs of the college-age population, incorporating an effective therapeutic style that engages the person and promotes healthy lifestyle choices (Vanheusden et al., 2008).

There have been multiple studies demonstrating the effectiveness of cognitive behavioral therapy (CBT) in improving symptoms for both depression and anxiety in young adults, however, a lack of adequate counseling services as well as psychiatric medication management services is a major problem in many colleges throughout the country. Grasgreen (2012) reported that college institutions struggle financially to offer adequate psychiatric services and maintain necessary mental health professional to student ratios.

In campus counseling centers, CBT is routinely offered as a first-line psychotherapy for anxiety and depression. Brief therapy models of practice such as CBT allow for more students to receive the mental health care they need. To increase accessibility of evidence-based brief therapies (such as CBT) for college students, screenings and interventions can be offered at the College Health Services primary care clinics. The university/college health clinic is often the first stop for students not feeling "well." By using a brief CBT intervention, integrated behavioral health staff including PMH advanced practice nurses in the college health center can provide timely treatment for anxiety and depressive symptoms experienced by college students. Having evidence-based CBT readily accessible when students first present for help may increase the numbers of college students who receive the mental health intervention they need.

Study Purpose

The primary purpose of this pilot project was to evaluate the effects of the COPE—seven-session CBT-based intervention program on college students' anxiety and depression. The feasibility/acceptability of delivery of the COPE program in the College Health Services clinic was assessed as an easily accessible, alternative setting for mental health care on campus.

Theoretical Framework

CBT is based on the idea that the individual's emotions and behaviors are primarily how they perceive the world (Beck, Rush, Shaw, & Emery, 1979). Negative or irrational beliefs in turn elicit negative emotions and behaviors. CBT is an effective therapeutic modality because it changes both the distorted/irrational thoughts and patient behaviors based on the cognitive triad (Beck et al., 1979). CBT interventions have not only demonstrated effectiveness in the reduction of existing distress or improving current functioning; it is also thought to produce lasting change over time (Hollon, Stewart, & Strunk, 2006).

The cognitive triad is composed of (a) negative view of the situation, (b) negative view of self, and (c) negative view of the future (Beck et al., 1979). The severity of depression is directly related to the degree of negative self-evaluation and pessimism (Beck et al., 1979). There is also a correlation between a negative view of the future and the negative view of self to support Beck's cognitive triad's role in depression. The theory of the cognitive triad is that a skewed view of a situation and self, can lead to negative outlook of life. CBT can assist the student to uncover and alter misrepresentations of thought or perceptions which may be leading to or prolonging psychological distress (Mulhauser, 2011). CBT describes that the student will frequently experience an unjustifiable negative thought in response to an event or situation. The goal of CBT intervention is to help the individual become aware of the thought distortion that is causing the distress, recognize the behavioral patterns that reinforce it, and make necessary changes to correct them. Throughout this process, the patient acquires positive coping strategies as well as improved introspection and self-evaluation (Mulhauser, 2011).

COPE's theoretical basis is built on CBT's theory of learning that proposes that if individuals can change automatic thoughts and negative beliefs, then they can change the way they think, feel, and behave and that this will translate over into their daily life activities and moods. Findings from previous studies with high school adolescents have indicated decreases in depression, anxiety, anger, disruptive behavior, and improvements in self-esteem and healthy lifestyle behaviors with COPE (Lusk & Melnyk, 2011a; Lusk & Melnyk, 2011b; Melnyk, Jacobson, O'Haver, Small, & Mays, 2009). Evidence continues to build for COPE as an "empirically supported intervention" for children, adolescents, and young adults. There are 11 intervention studies supporting COPE's positive effects in addressing anxiety and depression in young people (<http://www.cope2thrive.com/published-papers/>).

There have been two recent studies where a CBT-based intervention, COPE, Creating Opportunities for

Personal Empowerment (Melnyk, 2003) was offered as an online academic course for college freshman. The initial COPE study with college students was conducted to assess the preliminary effects of an online course—Freshman 5 to Thrive/COPE Healthy Lifestyles—on the cognitive beliefs, knowledge, mental health outcomes, healthy lifestyle choices, physical activity, and retention of college freshmen (Melnyk, Kelly, Jacobson, Arcoletto, & Shaibi, 2014). The COPE Healthy Lifestyles program is a 15-week, one-semester course. The course content includes seven CBT-based sessions, and then additional sessions covering nutrition, exercise, and healthy lifestyles. There was an experimental and comparison group of freshman students. Measures in this study included demographics, nutrition knowledge, healthy lifestyle beliefs, healthy lifestyle perceived difficulty, healthy lifestyle choices, Beck Youth Inventories—II (anxiety, depression, and destructive behavior), step count via pedometer, and college retention. The experimental COPE group had greater intentions to live a healthy lifestyle ($p = .02$) versus the comparison group. COPE students also significantly increased their physical activity ($p = .003$) from baseline to postintervention and had a higher college retention rate than students who did not take the course. In addition, there was a significant decrease in depressive and anxiety symptoms in COPE students whose baseline scores were elevated.

The most recent CBT COPE study was a randomized controlled pilot study conducted from September 2012 to May 2013 with 121 college freshmen enrolled in a required one-credit survey course. The purpose of this study was to assess the feasibility and preliminary effects of a seven-session online cognitive-behavioral skill-building intervention (i.e., COPE, Creating Opportunities for Personal Empowerment) versus a comparison group on their anxiety, depressive symptoms, and grade performance (Melnyk et al., 2015). In this study there were no significant differences in anxiety and depressive symptoms between the intervention and control groups; however, COPE students with an elevated level of anxiety at baseline had a significant decline in symptoms. Grade point average was higher in COPE versus comparison students. Evaluations indicated that COPE was a positive experience for students. (Melnyk et al., 2015). Providing CBT content with accompanying skills-building activities in college courses is one way to provide students with evidence-based coping strategies for common mental health concerns.

Method

The Eastern Kentucky University Institutional Review Board approved the study and administrators from the sample college. The sample college did not require a separate institutional review board approval.

Design

A one-group preexperimental pre- and post-test study design was used. Inclusion criteria for the project were as follows: (a) between the ages of 18 and 25 years, (b) have a diagnosed depressive or anxiety disorder, and (c) be a current student at the college. After inclusion criteria were verified a baseline Beck Depression Inventory–II (BDI-II) and State–Trait Anxiety Inventory (STAI) were obtained. The COPE Program for Young Adults Manual was used to deliver the seven targeted, one-on-one sessions. Each session focused on learning COPE techniques and reviewing homework assignments as outlined in the COPE Program for Young Adults Manual (Melnik, 2003). These seven 30-minute sessions were scheduled weekly. Follow-up assessments were completed after the completion of the seventh COPE program session.

Participants

Participants were recruited from recent or prior patients in the college's Student Health (Primary Care) and Disability Services with a *DSM-5* confirmed diagnosis of either anxiety and/or depressive disorder. The college therapists identified 13 participants to participate in the COPE Young Adult program. There were no recruitment materials other than those sent to the college therapists, and no student self-referred. A complete psychiatric evaluation was completed by the project director–PMH advanced practice nurse to build therapeutic rapport and ensure that each client met the inclusion criteria. The psychiatric evaluation and all follow-up interventions were delivered by the PMH advanced practice nurse practicing in the primary care health clinic, which is centrally located on the campus and available to all the college students. As a traditional residential campus, students receive their primary care, women's health care, and psychiatric care by the interprofessional staff in the traditional College Health and Disability Services Clinic. For this study, after inclusion criteria were verified, the participants were informed about the project objectives and provided written consent. The participants were informed that they could stop participation in the program at any time. If the student expressed an increase in distress from their participation, additional counseling would be provided to them. To ensure confidentiality of responses in the pre- and post-testing, participants provided a number of their choice that was used for coding purposes. Of the students recruited 4 were male and 9 were female. Ten were Caucasian, two were African American, and one of Indian decent. All students were enrolled in an undergraduate program (three freshmen, two sophomores, six juniors, and three seniors). Five of the students had an anxiety disorder diagnosis and eight had a depressive disorder diagnosis.

Measures

Beck Depression Inventory–II. The BDI-II (Beck, Steer, Ball, & Ranieri, 1996) was designed for ages 13 years and older to assess the severity of depression consistent with the *Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (DSM-5)* (American Psychiatric Association, 2013). BDI-II is a 21-item self-reporting instrument that summarizes the way the individual has felt in the past 2 weeks. Each of the 21 items corresponds to a symptom of depression and is given a single score according to a Likert-type scale ranging from 0 to 3. Total score of 0 to 13 is considered minimal range; 14 to 19 is mild, 20 to 28 moderate, and 29 to 63 is considered severe (Beck et al., 1996).

The BDI-II has a high coefficient alpha (college students .93 and outpatients .92). The BDI-II pretest Cronbach's alpha for this project was .94 and the BDI-II post-test Cronbach's alpha was .98.

The State–Trait Anxiety Inventory. The STAI was originally designed for adolescents, college students, and adults (Spielberger, 1985). The self-reported test takes approximately 10 minutes to complete and can either be administered in a group or individual setting. STAI consists of 40 brief self-report questions that are designed to assess state and trait anxiety (Spielberger, 1985). Spielberger (1985) described state-anxiety (S-anxiety) as “temporal cross-section in the emotional stream of the life of a person, consisting of subjective feelings of tension, apprehension, nervousness, and worry, and activation or arousal of the autonomic nervous system” (p. 10). Spielberger (1985) reported that the S-anxiety could be measured in the here and now and that it fluctuated over time depending on the individual's perception of his or her environment as dangerous or threatening.

The test–retest correlation reported by Spielberger (1983) for the T-Anxiety Scale were reasonably high for the college students, ranging from .73 to .86 in the six subgroups tested. Spielberger (1983) reported the stability measured by test–retest is what would be expected while measuring or assessing changes in anxiety exacerbated by environmental stress.

In this project, the STAI reliability scores were broken down for analysis into two subscales. The State Anxiety subscale consists of the first 20 questions on the inventory. The State Anxiety Inventory measures the anxiety experienced by the participant in the 2 weeks prior to completing the inventory. A high score indicates a high level of state anxiety. The Trait Anxiety subscale consists of the final 20 questions. The Trait Anxiety Inventory measures how the participant handles stress/anxiety in general. A high score indicates a high level of trait anxiety.

Table 1. The Seven COPE Sessions Are Delivered in This Order.

- Addressing the connection between thinking, feeling, and behaving
- Developing positive thinking habits
- Building coping/stress skills
- Problem solving and goal setting
- Learning coping skills through positive thinking and communication skills
- Applying coping skills to stressful situations
- Pulling it all together

Note. COPE = Creating Opportunities for Personal Empowerment.

COPE Young Adult Program Evaluation Form. The COPE Young Adult Program Evaluation form is a 25-item open-ended questionnaire. The questions are designed to elicit responses from the participants indicating their perceptions of COPE. The questionnaire was designed by Melnyk (2003). Some sample questions include “Did you find the COPE program helpful?” “If you found the COPE program helpful, in what ways did it help you?” “What is the most helpful topic?” “Do you think all college students should get the COPE program?”

Intervention

Dr. Bernadette Melnyk (2003) developed the Creating Opportunity for Personal Empowerment (COPE) based on CBT content and techniques. Originally designed for adolescents and later adapted for young adults, the COPE program promotes positive coping skills to decrease depressive and anxiety symptoms. COPE is a guided seven-session program that can be completed either in individual or group sessions. Each COPE has homework assignments to reinforce the content of each lesson. The participants are encouraged to examine their negative thinking and use the information gained from the lessons to change their negative thoughts to positive (Lusk & Melnyk, 2011a). Interventions are guided by the COPE Young Adults Manual but can be individually tailored to the specific student’s needs.

Procedure

The COPE sessions began in January 2013 and were completed by May 2013. Thirteen students were initially enrolled in the study. All sessions of the COPE Program for Young Adults were conducted in a one-on-one format between the project director (PMH advanced practice nurse) and each individual participant. Each session focused on learning COPE techniques and reviewing homework assignments as outlined in the COPE Program for Young Adults Manual (Melnyk, 2003). The enrolled participants were referred by the therapist in the college

Student Health/Counseling and Disability office. A complete psychiatric evaluation was performed by the PMH Advanced Practice Nurse and after verification of inclusion criteria, students were provided an overview of the COPE program and informed consent. All 13 were given the BDI-II and STAI for baseline measurement. Demographic and other clinical data were obtained from the psychiatric evaluation interview as well as from the referring therapist assessment information.

The first meeting with the student was to obtain a complete psychiatric evaluation and to gain trust and rapport with the student. If the student agreed to participate they completed the pretest data and set up the next appointment. The following meetings were set up to begin the seven weekly COPE 30-minute individual sessions as previously described (Table 1), delivered in the College Health Services Clinic. Participants were offered a variety of options, including daytime or evening sessions to promote attendance. The project director who delivered the COPE intervention was trained by a COPE expert to ensure consistency of program delivery. Once participants completed the seven individual sessions, they completed the postintervention BDI-II, STAI, and the COPE Program for Young Adults Evaluation. Ten students completed participation in this program. If a scheduled session was missed, that session’s content was delivered at the next scheduled session. Each session began with a review of the assigned homework from the previous COPE session and then the next lesson was started and ended with the new homework assignment.

Data Analysis

Three of the 13 participants dropped out of COPE program. Complete baseline and postintervention data were obtained for the 10 remaining participating young adults. Paired *t* tests were used to determine the impact of the COPE Program for Young Adults intervention on the mean scores for the BDI-II and STAI. Effect sizes for the intervention were computed along with *p* values, because of the small sample size. The level of significance for the statistical tests was set at .05. Postprogram evaluations were compiled and analyzed.

Results

Ten students completed participation in this program. The majority were Caucasian females. Students from all four undergraduate levels were included and ranged in age from 19 to 23 years. All students were recent or prior patients in the Student Health Services (Primary Care) and Disability Services with a *DSM-IV-TR*-confirmed diagnosis of anxiety and/or depressive disorder. The sample demographics are illustrated in Table 2.

Table 2. Program Participants' Demographic Characteristics.

Demographic variable	Groups	N	Percent
Gender	Male	2	20
	Female	8	80
Race	Caucasian	8	80
	African American	2	20
Year in college	Freshman	2	20
	Sophomore	2	20
	Junior	5	50
Diagnosis	Senior	1	10
	Anxiety disorder	4	40
	Depressive disorder	6	60

Depression

The BDI-II total score categorizes respondents into four levels of depression: minimal (0-13), mild (14-19), moderate (20-28), or severe (29-63). In the current sample, all students scored in the moderate to severe depression categories at baseline with a mean BDI-II score of 33.00 + 14.64). Post-COPE mean BDI-II scores decreased significantly 11.30 + 11.66); paired $t(9) = 5.33, p < .0001$. The mean decrease in BDI-II score was 21.70 with a 95% confidence interval ranging from 13.43 to 29.97. The magnitude of effect was large ($\eta^2 = .79$).

All 10 participants demonstrated a decrease in depressive symptoms following the COPE intervention. Table 3 illustrates the changes in BDI-II scores from baseline to postintervention measure. Only one participant continued to score in severely depressive range, but the BDI-II score decreased from 52 to 36. Three participants' scores demonstrated improvement from severe to minimal depression, two participants improved from severe to moderate depression, and two participants improved from moderate to minimal depression. Two participants were in the minimal range on the preintervention measurement, but still reflected a decrease in scores following the COPE program.

Anxiety

State Anxiety. All 10 students demonstrated an improvement in state anxiety following the intervention. Mean State Anxiety Inventory scores improved significantly from preintervention (60.40 + 9.17) to postintervention (41.70 + 11.66); paired $t(9) = 6.51, p < .0001$. The mean decrease in State Anxiety score was 18.70 with a 95% confidence interval ranging from 12.20 to 25.20. The magnitude of effect was large ($\eta^2 = .82$).

COPE for Young Adults Program Evaluation Form

Participants completed a 25-item open-ended evaluation depicting their perceptions of the COPE project. The COPE program evaluation gave insight into how the participants perceived the intervention. All 10 of the participants expressed that the COPE sessions were helpful and changed the way they saw themselves as well as the way they reacted to stressful situations that arose. Responses characterizing common themes to select questions are listed in Table 4. Ultimately, students felt that participation in COPE was, "definitely worth my time and effort."

Data from the COPE Program for Young Adults Evaluation form may be used for future qualitative analysis.

Discussion

Vanheusden et al. (2008) reported that treatment should be tailored to the specific needs of the young adult population with a style that engages and promotes healthy choices. CBT can be delivered in a variety of health care settings and is very well suited for delivery as an evidence-based brief intervention in primary care clinics such as the College Health Center. The COPE Program for Young Adults can be administered in a timely manner that is tailored for the students' specific needs. The findings from this pilot project support the positive outcome associated with the implementation of COPE Program for reducing both depressive and anxiety symptoms in college students. In the postintervention data, 100% of the student sample demonstrated improvement in both the BDI-II and STAI scores. The student participants all showed statistical improvement in their depression and state anxiety scores postintervention. Results also were clinically significant in that participants reported changing the way they perceived the triggers for stress and anxiety. This is an important outcome, as the numbers of students entering into college have been reported to have record-low levels of emotional health (Pryor et al., 2012). This survey also reported that students who rated themselves as feeling overwhelmed did not seek counseling more often and were much less likely to report their emotional health compared with students who do not report feeling overwhelmed. This reinforces the report by Rickwood, Deane, Wilson, and Ciarrochi (2005) that young adults often lack knowledge of mental health and do not recognize the symptoms in themselves. Since anxiety and depression have a high prevalence in college students, training in problem-solving skills and coping skills need to be readily accessible (ACHA-NCHA, 2014).

Table 3. BDI-II Pretest to Posttest Findings.

Participant No.	Preintervention		Postintervention	
	BDI-II score	Depression category	BDI-II score	Depression category
1	52	Severe	36	Severe
2	41	Severe	7	Minimal
3	44	Severe	1	Minimal
4	39	Severe	9	Minimal
5	38	Severe	24	Moderate
6	43	Severe	20	Moderate
7	28	Moderate	5	Minimal
8	27	Moderate	8	Minimal
9	11	Minimal	0	Minimal
10	7	Minimal	3	Minimal

Note. BDI-II = Beck Depression Inventory–II.

Table 4. COPE Evaluation: Selected Items and Responses Representing Common Themes.

Items	Responses
If you found the COPE program helpful, in what ways did it help you?	<p>“it has helped me to better understand my anxiety as well as provided me with skills to help control my anxiety and me with skills to help control my anxiety and depression”</p> <p>“gave me different strategies to help to deal with things”</p> <p>“. . . to strengthen skills to deal with triggers, primarily to change negative thinking as I was pretty good at recognizing my triggers. I was able to change some of my thought patterns, and have skills to continue to do so.”</p> <p>“it helped me to find/utilize techniques that help me reassemble my thoughts and control my actions”</p>
What else would you like to share about this COPE experience?	<p>“The COPE program has given me tools to use throughout the rest of my life. I am calmer and more confident and able to see things from a different light”</p> <p>“I hope this program does become a college course because I truly believe that many students will benefit from the experience I experienced through this program”</p> <p>“just reiterate the effectiveness of the program”</p> <p>“at first I was skeptical that the positive statements would actually take root and be thing/thoughts that I could fall back on”</p>
Was the homework helpful?	<p>“it helped me reflect my learning and put it into play”</p> <p>“it was helpful because it made you think about real life anxiety/depression and how you are dealing with it”</p> <p>“made me put what was learning into use”</p>

Note. COPE = Creating Opportunities for Personal Empowerment.

Based on students' comments on the COPE Young Adult Project Evaluations, the project was well received and 100% of the participants thought the project was beneficial in providing the information and tools necessary to help college students' deal with their individual needs/problems using CBT skills provided in the manual.

College is a major transition time, characterized by unique, individual life challenges that arise during this time of change. Rickwood et al. (2005) discussed that young adults were often unable to recognize mental health issues within themselves. The inability to recognize symptoms or the power to change thinking may have

been demonstrated by the three participants who did not complete the seven sessions of COPE Program for Young Adults. One student indicated that he did not have anxiety and that his issues were related to attention problems. He did not perceive that he would not benefit from COPE. Another student who dropped out was unable, at the time of the project, to see herself able to change her thinking patterns, so she elected to continue longer term, individual therapy with a campus therapist. The third participant was not personally motivated to attend the sessions despite self-reporting the need for changing his thought patterns.

All 10 participants reported that the homework was helpful in allowing them to personalize the lessons to life situations. The homework allowed the participants to practice and apply the lessons taught each week into life events and practice the learned skills. In addition, each participant was required to reflect on and report how they incorporated the learned skills/thoughts at the next COPE session.

The COPE Program for Young Adults was described by the participants as being helpful in offering a multitude of different ways to cope with life's challenges, as well as helpful in illuminating how the individual looks and reacts to that challenge. The COPE manual was described as easy to use and that the lesson steps were clear and demonstrated individual student progress and accountability. Based on the program evaluation, all 10 participants perceived that COPE was effective in facilitating change. The participants voiced that they felt better equipped to change their thought processes into more appropriate actions. The program evaluation also offered important suggestions for adapting the program to a wider population in a college setting. The participants all suggested that COPE be offered to all incoming college freshmen. Skills learned in COPE can improve coping and stress management skills for the obstacles encountered in the college settings.

The project leader encouraged each student to practice the CBT skills and techniques that were being taught in COPE. This support reinforced the belief in the use of CBT and the potential benefits provided through project participation. The therapeutic process reinforced the belief that situations can improve, and that the student has the ability to make positive life changes. Reflection of the prior week's lesson allowed the student to actively see changes in thought patterns resulting in continued participation and desire to continue learning the skills.

Limitations

There were some limitations for this pilot project. The convenience sample size ($n = 10$) was small and no control group was used. A larger set of participants would lend itself to a more powerful program/ project evaluation. The sample was also limited in diversity; program participants were primarily Caucasian females. Students were referred to the COPE program by therapists in the college Health Services and Disability Office, so all participants in this program recently had been engaged in mental health services. Prior mental health interventions might have influenced response to the COPE CBT program. If the participant needed crisis intervention while participation in this pilot project, additional counseling was arranged in addition to the COPE program.

Conclusion

The COPE program is a manualized CBT-based reproducible program that can be routinely implemented in seven brief sessions to improve depression and anxiety in college-age youth. In this project, there was an improvement in symptoms of depression and/or anxiety in all 10 participants who completed the program. COPE can easily be implemented by therapists and psychiatric-mental health nurse practitioners into a College Health Center, Mental Health Clinic, or be incorporated into first-year University programs specifically targeting incoming freshman students. Giving young people the necessary tools through CBT COPE can positively affect their lives as they travel on their journey through life's challenges and ultimately give them the confidence and skills necessary to achieve their academic and personal goals.

Author Roles

Beverly G. Hart Abney drafted and revised the article critically and approved this submission. Pamela Lusk drafted and revised this article and approved this submission. Rachael Hovermale developed the concept and design of this project, acquired the data for analysis, drafted the article, and approved this submission. Bernadette Mazurek Melnyk was instrumental in the concept and design of this study, revised this article critically, and approved this submission.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Bernadette Mazurek Melnyk has a company, COPE2thrive, LLC, which disseminates the seven-session CBT COPE program.

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Continuing Education

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