

# Maryland School Mental Health Alliance\*

## *Depression in Children and Adolescents Information for School Clinicians*

### Definition

Students with symptoms of depression exhibit an array of maladaptive behaviors that cause significant impairment in social or academic functioning. These symptoms include irritability, diminished interest in daily activities, social withdrawal, somatic complaints, and declining school performance. The diagnostic criteria for major depression reflect the developmental differences between adults and children who suffer from the disorder.

### Why do we care?

*When compared to their developmental peers:*

- Students who display symptoms of depression have lower levels of academic performance.
- Students who display symptoms of depression are more likely exhibit suicidal behavior.
- Students who display symptoms of depression are more likely to have unprotected sex.
- Students who display symptoms of depression are more socially isolated.
- Students who display symptoms of depression are more likely to engage in risky behavior.
- Students who display symptoms of depression often have at least one parent with depression.

### What can we do about it?

- **Become a more active observer of student behavior.** Listen to how a student talks and relates to others, and use this knowledge to better understand their symptoms of depression.
- **Think about the factors at home that may contribute to the student's symptoms of depression.** Call parents or caregivers to assess the stability of the home environment and to see if current conditions may contribute to the student's presenting symptoms.
- **Use multiple informants (i.e., teachers, school staff, parents and caregivers) before making a diagnosis.** Remember to conduct a differential diagnosis to rule out other causes of depression, including a medical problem (e.g., diabetes, thyroid) or substance induced condition.
- **When possible, try to actively involve parents in the development and implementation of the treatment plan.** Seek their input as primary providers, in an effort to empower them and include them as equal partners in the treatment process.
- **Inform parents and caregivers of the available treatment options.** Discuss the benefits of both Cognitive Behavioral Therapy and Interpersonal Therapy with students and caregivers. Openly discuss the benefits and side effects of using psychiatric medications for depression. Provide caregivers with relevant resources so they can make an informed decision about the best course of action for their child.

### Types of Therapy:

- Cognitive Behavioral Therapy – the intervention of choice.
  - Short-term, focused psychotherapy
  - Focus – How you are thinking (your cognitions); How you are behaving and communicating.
  - Emphasis on present rather than past.

- Learn coping skills
- Interpersonal Therapy – reasonable alternative to CBT.
  - Short-term, usually involves up to 20 sessions.
  - Focuses on 1-2 key interpersonal issues most closely related to the depression.
  - Interpersonal events include:
    - Interpersonal disputes/conflicts, interpersonal role transitions, complicated grief

### **Interventions:**

- Psycho-education (for child and parent) – explaining causes, symptoms, treatment methods, how it affects one’s life, how you can help them.
- Cognitive/coping – change cognitive distortions, recognize and get rid of negative self talk, and increase positive self-talk.
- Problem Solving – assist students in generating solutions to problems; focus on one problem at a time; help the student to define the problem, brainstorm solutions, evaluate your options, select an option, implement one option, and evaluate the plan.
- Activity Scheduling – scheduling enjoyable and goal-directed activities into the child’s day; assist withdrawn students with reengaging in pleasurable activities.
- Social Skills Training – teach child social skills such as building positive peer relationships, manners, communicating with others, following the rules, etc. and Practice!
- Communication skills – teach child communication skills; role play; have family come in and work on communication skills if necessary.

### **Helpful Forms and Handouts**

- AACAP Facts for Families:
  - The Depressed Child: <http://www.aacap.org/publications/factsfam/depressd.htm>
  - Children and Grief: <http://www.aacap.org/publications/factsfam/grief.htm>
  - Teen Suicide: <http://www.aacap.org/publications/factsfam/suicide.htm>
  - Psychotherapies for Children and Adolescents: <http://www.aacap.org/publications/factsfam/86.htm>
- Center for Epidemiological Studies Depression Scale for Children: [http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\\_dc.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf)
- Minnesota Association for Children’s Mental Health – Depression Fact Sheet for the Classroom: [http://www.macmh.org/publications/fact\\_sheets/Depression.pdf](http://www.macmh.org/publications/fact_sheets/Depression.pdf)
- National Association of School Psychologists:
  - Depression in Children and Adolescents: Information for Families and Educators. <http://www.nasponline.org/resources/handouts/social%20template.pdf>
  - Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I: Tips for Parents and Schools [http://www.nasponline.org/resources/crisis\\_safety/suicidept1\\_general.aspx](http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx)
  - Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part II: Tips for School Personnel or Crisis Team Members [http://www.nasponline.org/resources/crisis\\_safety/suicidept2\\_general.aspx](http://www.nasponline.org/resources/crisis_safety/suicidept2_general.aspx)

- Cash, R. (2004). When it hurts to be a teenager. *Principal Leadership Magazine*, 4(2). [http://www.nasponline.org/resources/principals/nassp\\_depression.aspx](http://www.nasponline.org/resources/principals/nassp_depression.aspx)
- National Alliance on Mental Illness. (2005). *Family guide: What families should know about adolescent depression and treatment options*. Retrieved December 7, 2005 from [http://www.nami.org/Content/ContentGroups/CAAC/Family\\_Guide\\_final.pdf](http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf)
- National Mental Health Association Fact Sheets: <http://www.nmha.org/infoctr/factsheets>
  - ¿Qué es la depresión?: <http://www.nmha.org/depression/queesladepresion.cfm>
  - Depression: <http://www.nmha.org/infoctr/factsheets/21.cfm>
  - Depression in Teens: <http://www.nmha.org/infoctr/factsheets/24.cfm>
  - Dysthymic Disorder: <http://www.nmha.org/infoctr/factsheets/26.cfm>
- Strengths and Difficulties Questionnaire: <http://www.sdqinfo.com/>
- Texas Department of State Health Services: <http://www.dshs.state.tx.us/mhprograms/CMAPmddED.shtm>
  - Suicide: What should a parent know?: <http://www.dshs.state.tx.us/mhprograms/78D.pdf>
  - Suicide: What should I know? (for adolescents): <http://www.dshs.state.tx.us/mhprograms/79D.pdf>
  - Childhood Depression (for children 6-12): <http://www.dshs.state.tx.us/mhprograms/13D.pdf>
  - Life Can Be Tough (for adolescents): <http://www.dshs.state.tx.us/mhprograms/12D.pdf>
  - A Kid's Guide to Asking Questions about Medication: <http://www.dshs.state.tx.us/mhprograms/22.pdf>
  - Kris, Are You Sad? (coloring book on Depression for children 5-8): <http://www.dshs.state.tx.us/mhprograms/14D.pdf>
  - Depression Monitoring Sheet: <http://www.dshs.state.tx.us/mhprograms/31D.pdf>

*\*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.*