How Can School Help a Depressed Student?

The most important thing school can do is take whatever steps possible to help the child get an appropriate diagnosis and treatment. In some cases parents may welcome the school making the initial appointment for them or with them.

The second most important thing school can do is to support the student and his or her family in treating the depression. Sometimes this is as simple as encouraging the student and his or her family to continue with the treatment until symptoms have significantly decreased. Often teachers and counselors can play a more active role in supporting students' efforts to overcome depression. For instance, school can offer information about depression, its treatment, and tips for parents on how to help their child. School can help depressed students and their families to set realistic goals in light of the child's depression and to assume reasonable amounts of responsibility. Anything that can be done to help depressed students get regular exercise and be connected socially with peers is going to help. Remind students and their families that depression is usually overcome a little bit every day rather than all at once. Help them to be patient and realistic with their expectations.

In some cases school mental health personnel are available to work directly with depressed students to strengthen coping skills to prevent and reduce depression. When school counselors, social workers or psychologists have the time and training to do this, they ought to focus on:

1. Providing accurate information regarding how depression is treated
2. Mood management strategies
3. Cognitive Restructuring
4. Assessment and monitoring of suicidal ideation
5. Problem solving to address triggers for depression
    a. E.g. grief resolution, social skills, etc.

What do depressed kids look like?

Depressed students may miss a lot of school or attend, but make frequent visits to the nurse's office. They often have persistent complaints about not feeling well; they have headaches, upset stomachs, and vague illnesses. Many depressed teens and children do not seem sad so much as irritable or angry. They may be negative, oppositional, grouchy, and pout a lot. Other students may not like them much because they are not easy or fun to be with. Depressed kids may be very anxious; they may worry a lot about their performance, their friendships, and their families. If you ask, they or their parents will usually report that they ~~don't~~ sleep well. Some students who have been depressed for years may not realize that there is anything unusual about their sleep habits. Although it is rare for younger children to consider suicide, primary children do sometimes make suicidal gestures. They may ride their bikes into traffic, jump from high places, play with loaded guns, or engage in other reckless, life-endangering activity.

Symptoms of Depression in Children and Adolescents

Persistent sad, anxious or irritable mood
Feelings of worthlessness, guilt, or hopelessness
Loss of interest in activities that were once enjoyed
Listlessness
Sleep problems – trouble falling asleep, sleeping too much, early morning awakening
Appetite increase or loss, Weight gain or loss
Thoughts of death
Increased recklessness
Persistent somatic complaints (e.g. stomachaches, headaches, "hurt")
Difficulty concentrating or with memory or attention

Symptoms of Mania in Children and Adolescents

Abnormal or excessive energy levels
Excessive irritability and/or unexplained, prolonged rage episodes
Sleeplessness – gets by with very little sleep for days
Excessive talking
Racing thoughts
Recklessness – poor judgment (jeopardizes safety e.g.)
Sexual promiscuity or other inappropriate social behavior
Grandiose ideas

THOUGHT RECORD

1. Situation	2. Moods	3. Automatic Thoughts (Images)	4. Evidence That Supports the Hot Thought	5. Evidence That Does Not Support the Hot Thought	6. Alternative/ Balanced Thoughts	7. Rate Moods Now
Who were you with? What were you doing? When was it? Where were you?	Describe each mood in one word. Rate intensity of mood (0–100%).	**Answer some or all of the following questions:** What was going through my mind just before I started to feel this way? What does this say about me? What does this mean about me? my life? my future? What am I afraid might happen? What is the worst thing that could happen if this is true? What does this mean about how the other person(s) feel(s)/think(s) about me? What does this mean about the other person(s) or people in general? What images or memories do I have in this situation?	Circle hot thought in previous column for which you are looking for evidence. Write factual evidence to support this conclusion. (Try to avoid mind-reading and interpretation of facts.)	Ask yourself the questions in the Hint Box (p. 70) to help discover evidence which does not support your hot thought.	Ask yourself the questions in the Hint Box (p. 95) to generate alternative or balanced thoughts. Write an alternative or balanced thought. Rate how much you believe in each alternative or balanced thought (0–100%).	Copy the feelings from Column 2. Rerate the intensity of each feeling from 0 to 100% as well as any new records.

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Questions to Ask when the Student Cannot come up with Evidence that does not support the Hot Thought (adapted from Greenberger and Padesky, 1995)

Have you ever had experiences that suggest this thought isn't true all the time?

What would I tell my best friend if s/he thought this?

What would my best friend (or my mom) say to me if they knew I was thinking this thought? What evidence would they share that says this isn't true all the time?

When I don't feel this way, do I think about these situations any differently? How?

When I have felt this way in the past, what did I think about that made me feel better?

Have I ever been in this kind of situation before? What happened? What did I learn from previous experiences that could help me now?

Is there anything good or positive in me or in the situation that I am ignoring?

Am I jumping to any conclusions that aren't totally justified by the evidence?

Am I blaming myself for something over which I don't have complete control?

Are there any small things that contradict my thoughts that I might be thinking are not important?

Five years from now if I look back on this situation, will I look at it differently?

Sample Menu of Social Skills

Maureen Neihart, Psy.D.

Social Entry

Make eye contact
Smile
Give a greeting
Determine whether the other person is listening
Ask a question
Ask permission
Make small talk (about a recent event, the day, weather, sports, etc)
Extend an invitation
Follow directions
Introduce yourself
Introduce another person
Give a compliment
Ask for Help
Give instructions

Maintenance Conversation

Keep eye contact
Don't talk when the other person is talking
Respond to what the other person has said before you say something new
Ask the other person what s/he thinks
Ask questions about what the other person has said
Add new information to what the other person said
Invite the other person to tell you what they think
Summarize what the other person has said
Use "I feel" statements
Make a closing remark

Conflict Resolution

Know feeling words
Express your feelings
Go to an adult for help
Step away
Use words (rather than behaviors) to express what you want
Make "I feel" statements
Keep normal voice tone
Listen

State the problem
Ask what's wrong
Ask questions when you don't understand what the other person means
Summarize what people are upset about
Wait until you have cooled down to bring up a matter
Walk away if you are too upset to talk
Tell the other person you need some time before you can talk about it
Ask how they would like to solve the problem
Tell the other person you understand the problem
Tell another person you don't understand what the problem is
Tell the other person that you don't agree
Say how you would like to solve the problem
Agree to disagree
Agree on a solution to the problem
Restate the solution you've agreed to

Anger Management

Determine how you are feeling
Tune in to what's going on in your body
Notice where in your body you feel angry
Step away
Seek an adult for help
Say, "I'm angry" or "I'm afraid" or "I don't like this."
Think about ways that you can control your anger
Ask to take a time out
Slow down
Count to 10
Walk away from the situation
Say, "I'm going to take a time out."
Take the time out until you've calmed down
Go for a walk or a run or jump rope
Decide what happened that caused you to feel angry
Decide if you are making a thinking error
Consider alternative explanations for what happened
Review the consequences if you lose control or hurt someone
Talk to a safe person about why you're angry
Fill out a thought record
Consider ways to express your anger without hurting someone
Consider the ways you might handle the situation
Write a letter about what's made you angry
Decide later whether to send the letter
Practice talking with a person about what made you feel angry

Rate your Child's Problem Solving and Social Skills

by Martin Seligman, 1996 copyright

Rate each statement as follows:

1 - rarely
2 - sometimes
3 - many times

Problem Solving Skills

A. Stop and Think: Interpretation about Problems

___Tends to jump to conclusions, gets angry easily
___Is easily hurt by others at school
___Is easily hurt by siblings or parents at home
___Reports that others "don't like me."
___Reports that others are mean

B. Perspective Taking
___Has difficulty understanding reasons for rules or limits
___Has difficulty understanding other children's motives
___Sees problems from own perspective only
___Shows little concern for others' feelings

C. Setting Goals and Generating Alternative Solutions

___Acts impulsively, without thinking
___Shows poor planning
___Is easily bored unless there is a planned activity at home
___Gets stuck easily, asks for help at all times

D. Pluses and Minuses: Choosing a Course of Action

___Has difficulty predicting consequences of actions
___Gets locked into one way of handling problems, even if it doesn't work very well
___Has difficulty making own decisions; constantly asks for assistance

E. Trying Again when a Solution Fails

___Gets frustrated easily when goals are not met
___Acts dissatisfied even when something works out well
___When something doesn't work, gives up or gets angry

Social Skills

F. Assertiveness
___Needs help to address a problem with a teacher or friend
___Pouts or whines when unhappy with rules at home.
___Is overly aggressive with peers; has reputation as bully or bossy
___Is overly passive with peers; lets himself/herself be taken advantage of

G. Negotiation

___Has difficulty working out compromises with friends
___Pouts when doesn't get his/her way.
___Sees all solutions as losses or wins; sees no shades of gray

Date_____

_____is learning the skill described below. Will
(child's name)

you please help him/her by providing some feedback on his/her use of the skill?

Skill:

The steps in the skills are as follows:

1.
2.
3.
4.

1. Did you see the child use this skill? Yes No

2. How well do you think the child used this skill?

Outstanding Above Average Average Fair Poor

3. Please describe the child's attitude toward using the skill:

making an honest effort indifferent insincere

Comments:

Signature:_____

Date_____

_____is learning the skill described below. Will
(child's name)

you please help him/her by providing some feedback on his/her use of the skill?

Skill: Making an Apology

The steps in the skills are as follows:

1. Make eye contact
2. Tell the person you would like to apologize
3. Describe specifically the wrong behavior
4. Accept responsibility for the behavior
5. Acknowledge the harm you did to the other person
6. Offer to make up for what you did

1. Did you see the child use this skill? Yes No

2. How well do you think the child used this skill?

Outstanding Above Average Average Fair Poor

3. Please describe the child's attitude toward using the skill:

making an honest effort indifferent insincere

Comments:

Signature:_____

Principles for Transfer and Maintenance of Learning

We waste time teaching behavioral skills when we do not plan for transfer and maintenance of these new behaviors. Skills learned in a classroom or counseling office will usually go nowhere if we don't include strategies to that are known to enhance transfer (across settings) and maintenance (over time) of acquired behaviors.

Be deliberate. Incorporate some of the following strategies when you teach new behavioral skills.

You improve transfer of learning when you:

1. **Overlearn** – Perfect practice makes perfect

   The more we practice, the easier it is to do

2. Teach the **general principles** underlying the skill –

   Think of it as an organizer, or a learning set

3. Practice **variability**

   Train in a variety of situations with a variety of people

4. Make the training examples as similar to **real life** as possible.

   Role play in the very places where they have trouble

You enhance maintenance by:

1. **Thinning reinforcements**

   Begin with continuous reinforcement, and move toward intermittent, and finally infrequent reinforcement

2. **Delaying reinforcement –**

   increase the time lag, increasing the complexity of the response requirement for reinforcement, or with a token economy, increase the time until tokens can be cashed.

3. **Fading prompts** – the gradual removal of suggestions or coaching instructions

4. Providing **follow-up** reviews at a later time.

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Changing Basic Beliefs

Adapted From *Mind Over Mood*
By Greenberger and Padesky, 1995

Children who are chronically anxious or depressed are often holding several negative assumptions – core beliefs – that interfere with their making any lasting, positive change in their behavior. To overcome their lifelong battle with fear or the blues, they usually have to change these core beliefs. For instance, how do you think children might behave if they hold the following assumptions:

"You can't trust anyone."

"The world isn't safe."

"Nothing I do ever works out."

In order to change a core belief, a person must examine a lot of evidence that the core belief is not true 100% of the time.

For example, say a young man believes that no one can be trusted. What evidence or experiences might he come up with that this idea is not always true?

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

A person can also test his core beliefs with **experiments.** He makes a prediction based on his assumption and then conducts experiments to test his beliefs. For instance, the young man who believes no one can be trusted might predict that whenever he asks for help, he will be turned down or that the person he asks will not follow through. Can you think of three experiments he could do to test this assumption? I've given you one to get started on the next page.

1. Ask my parent to give me a ride to work.

2.

3.

4.

After conducting several experiments and gathering evidence, the young man may identify an alternative core belief that is more accurate, such as, "some people can be trusted and others cannot". Once he has formulated this new idea, he can test it by looking for evidence or experiences that support it and keeping track of them. Can you think of four experiences a young man might have that would support the new idea, "some people can be trusted and other cannot"?

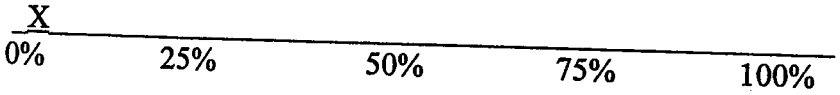
1._____

2._____

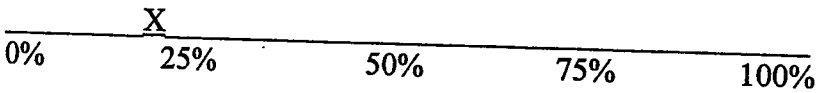
3._____

4._____

It can be helpful to keep track of how beliefs are changing by rating the strength of new core beliefs. In the example above, the young man might have initially rated the idea that some people can be trusted at zero



But after he's conducted some experiments and tested this alternate core belief, he may rate it like this:



These kinds of changes may seem extremely small to us, but they seem enormous to the individual because it may be the first time in his life that he's believed some people can be trusted. Many people have to keep testing and keeping track of these changes for more than a year before they see lasting change.

Let's try another one. Say an eleven year old girl believes, "I don't have any friends. Nobody likes me."

How is she likely to behave if she strongly believes this?

And as a result, what is likely to happen?

What experiment could you design to help her test her idea, "nobody likes me" ?

_____
_____
_____

	What I did	What happened
Day One		
Day Two		
Day Three		
Day Four		
Day Five		

As a result of this experiment, what change might she make to her core belief? How might she modify it?

_____

As a result of the change in her core belief, how might her behavior change?

The Could This Happen Game

Charles Schaefer, 1986

Procedure: Divide your group into two teams. Each team selects a name and the name is written on the board. Distribute paper and pencils to each student. Posted in a place where all can see it are these four alternatives:

1. I'm sure this could happen
2. I think this could happen, but I'm not sure
3. I don't think this could happen, but I'm not sure
4. I'm sure this could not happen

Tell the teams that you are going to read a hypothetical (possible) situation and asked to decide whether they think it could really happen or not. Explain the four alternative choices.

Practice Game: When first introducing the game to students, you should play a practice round to make sure that everyone understands the choices. Practice playing the game with a sample question. Each child writes his or her name on the index card and one of the four numbers. You collect the cards and read each child's choice and question each student to be sure he or she understands the meaning of the number of his or her choice and that it represented what he or she believes. Count how many kids voted for each choice and announce which alternative was most popular.

Playing the Game: Each team should select a "rep" who will stand on the side and not answer the questions. Instead, their task is to guess which of the four alternatives received the most votes by both teams combined. The counselor reads the situation and all team members write their name and choice on an index card. The counselor collects the cards and the reps then make their choices.

Scoring: Each team receives one point for each match between a team member's vote and the rep's choice. In addition, each person can earn bonus points (becomes very popular!). The following are the possible bonus points:

Evidence A student earns an evidence point by presenting "evidence" to support his or her chosen alternative.

Feeling A feeling point is earned when a student tells how he or she feels when in the situation described.

By awarding bonus points the usual constraints against self-disclosure and talking about feelings are minimized.

Examples of Sample Questions:

A ten year old child who is good at computers applies for a job with a computer company and gets it.

A child speaks three languages equally well.

Two brothers who share a room never fight with each other.

A fourth grader girl who is a very good math student cannot write well.

Examples of Questions related to anxiety or depression.

A girl is so worried about something that she cannot sleep at night.

A boy who does well in school and is well liked thinks other kids will laugh at him when he stands up to give his oral report.

A student keeps thinking over and over again about something sad that happened.

A girl's mother dies from cancer and the girl doesn't feel sad at all.

A boy thinks his parent's divorce is his fault.

The Children's Feedback Game

The children's feedback game was developed by Epstein and Borduin (see Schaefer, 1986) as a means of reducing the disruptive behavior that is common in counseling groups with school age children. The game uses incentives to enhance group participation in appropriate ways. It is a way to structure group process for younger children or those students who have a lot of difficulty with impulse control and attention.

Procedure: Divide the group into two teams. Each team can select a team name. The counselor reads a description of an incident that took place in a previous meeting, or in the classroom, or another place where all the group members had been present. No names are used in describing the incident and gender clues are omitted as well. The task is for each team to huddle and identify the child the counselor is talking about (insist on consensus so that students learn to control their impulses and consider other people's views – it helps if teach child writes his or her own guess on a card first). On each round, the teams take turns guessing. When a team has made a guess, the other team is given an opportunity to "challenge. Bonus points may also be earned.

Scoring: If the guessing team is correct, they earn one point. If the challengers are correct, they earn two points and the guessing team loses one point. NOTE: points earned by each team are cumulated and applied toward the common larger group score, which can then be applied toward earning some predetermined "prize" (e.g. extra recess time, or a snack, or computer time, etc.).

The following bonus points can also be earned

Feeling points are earned when a child offers to describe how he or she felt when the target child behaved as she did.

Owning points can be earned by the target child for acknowledging that this was indeed his or her behavior and by guessing how students reacted to his behavior.

Change points are earned by the target child only by suggesting alternative ways of acting.

Advice points are earned by making polite suggestions about alternative ways of acting.

The counselor keeps score on a board and one child can be designated the scorekeeper. Other roles can also be added, like party chart recorder, and team captains. Incidents must be taken from real and recent situations that students are aware of.

For example:

This child is quiet and often plays or works alone. This child does not play with other classmates and rarely speaks up in class.

This child gets mad easily and shouts and sometimes calls people names like "stupid". When this child does something wrong, this child blames others rather than agree that he or she broke a rule.

Yesterday on the playground, this child pushed another classmate to the ground and didn't apologize.

Other ideas:

Suicide Risk Assessment

Prevalence and Demographics of Suicide

80 suicides a day in this country, or one every 20 minutes
Four times as many men as women die by suicide
Women more likely to attempt
Third leading cause of death in adolescents aged 15-19
Suicide rate among adolescents has tripled since 1955
Rate for boys is six times that of girls
Some studies show rate among gay teens is three times higher
Rate of attempts to completed among teens is somewhere between 50:1 to 100:1
Rate is highest among native Americans
Rate is higher in western states
Most people who commit have diagnosable psychatric disorder
    Usually depression or substance dependence
The National Youth Risk Behavior Survey of 9-12 students found 24% reported they had seriously considered attempting suicide during the past year. 17% had a specific plan, and about 9% had made an attempt.
Overdose is most common method among teens

Risk factors

More risk factors they have, the higher the risk.
Most important are age, substance dependence, and Hx of attempts
Hx of serious attempts is best predictor of completed suicide
    Greatest risk is within the first three months
Depression with social isolation and loss of an intimate social relationship
    Dramatically increases risk
Highest risk for people who admit to an organized plan
Note that risk may be substantially elevated as their energy level improves, but feelings of depression and hopelessness persist. So monitor closely after they begin on medication.
Anxiety and insomnia are symptoms associated with completed suicide so these symptoms should be treated quickly.

Elements of an Interview with a Depressed Teenager

Current suicidal thoughts, intent, and plan

History of previous attempts (Details – the circumstances, what they were thinking, etc.)
    The more serious the attempts, the higher the risk

Family History of suicide
    Suicide is more common among first degree relatives

Alcohol and drug use patterns
Ask how use affects suicidal ideation

History of personal violence (including family)

Impulse and anger control

Intensity of current depressive symptoms

Current treatment plan and response

Recent life stressors

If present stressors are similar to stressors associated with previous attempts, risk is elevated

Current Living situation (e.g. support, supervision)
Need to know to plan a safe intervention

Majority of suicidal individuals feel very ambivalent. Asking them about their plans will not give them the incentive to commit suicide. Rather, it tends to relieve them to be asked.

Initial Dispositions of Suicidal Students

Always ask the student to make a contract for safety, or no self harm

Students with suicidal ideation, plan and intent should be referred to the hospital for evaluation for possible admission, especially if they have access to lethal means and there are recent psychosocial stressors

Students with ideation and a plan, but no intent may be treated on an outpatient basis, especially if they have good social supports or supervision and no access to lethal means. Parents should be contacted to eliminate access to lethal means and to agree on plan for monitoring.

Students with ideation but no plan and no intent should be monitored carefully, especially for psychosocial stressors.

SAD PERSONS

A mnemonic for assessing suicide risk

Adapted from Patterson, W.M., Dohn, H.H., Bird, J., et al.(1983). Evaluation of suicidal patients: the SAD PERSONS scale. *Psychosomatics, 24*, 343-349.

S ex (male)

A ge (adolescent or elderly)

D epression

P revious suicide attempts

E thanol abuse

R ational thinking loss (psychosis)

S ocial supports lacking

O rganized suicide plan

N o family support

S ickness (illness)

Bipolar Disorder in Children and Adolescents

Diagnosis

Four impediments to Diagnosis

1. Lack of reliable assessment
   a. Kids don't manifest mania in same way as adults

2. high comorbidity with ADHD
   distractibility, increased activity, and accelerated speech are symptoms of both
   To differentiate
   Manic kids have higher rates (than adhd kids) of
   Elated mood, grandiosity, flight of ideas, and decreased need for Sleep. Also, more hypersexuality with low rate of Hx of Abuse

3. six months stability of symptoms

4. expectation that prepubertal and early adolescent mania will resemble adult pattern with discrete periods of mania and depression and periods of wellness

Presentation in Children

The younger the child, the more atypical the presentation
Years of chronic illness with mixed mania typical
Continuous rapid cycling, also called ultradian cycling
Mean of 3 episodes a day
Irritability most common symptom

Taking a family history

Must ask about lifestyles because often relatives won't be diagnosed
Anyone had multiple marriages before the age of 40?
Anyone started businesses without the financial means to succeed?
Anyone the life of the party with little need for sleep?
Always get info from third parties not just teen, because it's common for people with mania to lack insight into their symptoms.

Very important to interview the kids
First grader might say she feels like an angry bee
A third grade boy might say he feels like a superhero

Management of Bipolar Children and Adolescents

With younger children, healthy functioning is not easily gained
Must prepare family and school to pace themselves
Work to form constructive engagement with the family
    Hardest part is agreeing on reasonable expectations, especially for meds
    Multiple meds will be necessary most of the time
    Determine what parents want and what their greatest fears are and tailor treatment to that
Teens have a very hard time coming to terms with having a serious, chronic illness
Denial is extremely common
Psychotherapy is very important in treatment – kids have impairments in multiple areas
    Families often need grief counseling
    Family functioning is one of best predictors of early recovery
    Can decrease relapses

Three targets of treatment

Acute mania
Acute depression
Prevention of extreme mood states

Medications

People are treated with mood stabilizers (first line)
    Work against extremes of moods – both mania and depression
Vast majority are treated with multiple meds
Meds will cause frequent urination and enuresis
    So kids will need to go to the bathroom more often
    Might manipulate that to avoid in school
    Help teachers understand they're not being deliberately disruptive
Lithium and Depakote are the mood stabilizers most often used in kids and teens
    Many docs don't like to use lithium with younger children (dangerous!)
    Also, families have to be well organized to manage lithium
Atypical antipsychotics are also frequently used with younger children (respiradol, Zyprexa, eg.) –weight gain
Most important side effects are weight gain (tough with teens!)
Teens often present with such serious depression (like adults) that they're also on an antidepressant
Relapse is especially dangerous in teenagers – may get themselves in serious trouble during mania

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The following websites are excellent sources of fact sheets or FAQ's that you can print for teachers or parents. Many of them also have articles or books you can download or order.

www.adaa.org Anxiety Disorders association of America
www.aacap.org American Academy of Child and Adolescent Psychiatry
www.brainphysics.com/ocd/ybocs.html online self-scoring form for the Yale Brown Obsessive Compulsive Scale
www.apa.org American Psychological Association
www.nimh.nih.gov National institute of Mental health
www.npi.ucla.edu/caap/anxieties a great website from the anxiety disorders clinic at UCLA – has very concise summaries of the recommended treatments for each disorder
www.guidelines.gov/index/asp a government site that gives treatment recommendations based upon recent scientific evidence