Addressing Depression in Youth

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Question:

- What is the 1st line intervention for mild to moderate depression in teens?
- What is the most effective single treatment for moderate to severe depression in teens?
- TADS

General rules

- Things are not “black and white”
- Statistics are true but can mislead us
- Don’t be in too much of a hurry to judge, unless safety is a factor
- Things change

General Rules …

- Comorbidity is the rule
- The “norm” isn’t always the goal
- 2 sources are better than 1, and even necessary

The Facts

- Prevalance of Major Depression/Dysthmia
- Preschool 0.3 %
- Childhood 2.0 % boys
  2.0 % girls
- Adolescents 4.0 % boys
  8.0 % girls

The Facts …

- Cumulative incidence by age 18 is 18-20%
- Only about 40 % receive treatment
- 6 to 10 % of episode become become persistent
- Suicide is the #2 cause of death for ages 10-24

The Facts …

- Depression affects
  - social and emotional maturity
  - scholastic achievement
  - self-esteem
  - life goals
  - family

The Facts …

- By addressing depression, other mental health issues are inadvertently addressed
- Each generation since 1940 have shown an increase rate of depression and younger age of onset

Defining Depression

- Depressive mood
- Depressive syndrome
- Depression diagnosis

Defining Depression

Depressed Mood

- Symptom – sad mood or unhappiness
- Broadest and most nonspecific indicator
- 15 – 40 % in adolescents

Defining Depression

Depressive Syndrome

- Constellation of symptoms in a recognizable and statistically coherent pattern
- 5 to 6 % of adolescents

Defining Depression

Depression Disorder

- Diagnostic criteria are met
- Somatic and vegetative symptoms
- 1 to 3 %of adolescents

DSM-IV Diagnoses

- Major Depressive Disorder
- Dysthymic Disorder

- Adjustment Disorder with depressed mood
- Adjustment disorder with mixed anxiety and depression
- Depressive Disorder NOS
- Bipolar Disorders

Major Depressive Disorder

- Over the past 2 weeks or more
- Decreased mood or interest or irritability
- Plus 4 or more of SIGECAPS
  - Sleep
  - Concentration
  - Interest
  - Appetite
  - Guilt
  - Psychomotor agitation
  - Energy
  - Suicide Ideation

Major Depressive Disorder

- Symptoms cause significant distress or impairment in daily functioning
- Symptoms are not due substance abuse, medication, medical condition
- Qualifiers – psychotic, catatonic, melancholic, atypical, postpartum, level of severity

Dysthymic Disorder

- Depressed, sad, low or irritable mood for at least 1 year (youth)
- And 2 + of SECASH;
  - Sleep disturbance
  - Energy decrease
  - Concentration decrease
  - Appetite change
  - Self-esteem
  - Hopelessness

Dysthymic Disorder

- Symptoms cause significant impairment in daily functioning
- not due to substances, medications, medical condition
- Often missed but still serious
- “Double Depression”

Developmental Considerations

Younger children

- Early age of onset of depression, more likely to have chronic illness
- usually appear sad, withdrawn or agitated
- Mood congruent hallucinations
- More headaches, stomachaches (anxiety)

Developmental Considerations

Younger children

- May not have the cognitive ability to express emotions
- more susceptible to environmental factors
- School refusal may be "presenting problem"
- Anxiety and depression look similar

Developmental considerations

Adolescents

- More likely to be irritable than other ages
- More likely to have symptoms of hopelessness, no pleasure
- More social isolation
- Sleep/appetite disturbance < than adults
- Delusions > children

"Mimics" of Depression

- Thyroid conditions
- Infectious mononucleosis
- Anemia
- Diabetes
- Chronic marijuana use
- Medications
- Bereavement

Causes of Depression

- Substance abuse
- Adverse life events
- Family functioning
- Parental psychopathology

Causes of Depression

Psychological Factors

- Learned helplessness
- Behavior reinforcement scheduales
- Cognitive distortions
- Self control issues

Causes of Depression

Biological factors
- Brain activity
- Genetic
- Endocrine

Assessment Essentials

- Clinical interview
  - youth & parents separately and together
- Rating scales – important but not enough
- Suicidality
- Medical/labs
- More than one source

Assessment

What are we looking for:
- Pre and current functioning
- Symptoms, duration, severity
- Contributing factors
- Risk and protective factors
- Suicidality

Assessment

Clinical Interview

- Mental Status – Mental Status Checklist for Children/Adolescents (PAR, 1-800-331-8378)
- Questions to ask – Assessment of Children, Behavioral, Social, and Clinical Foundations 5th Ed., Jerome Sattler & Robert Hoge p.639

Risk Factors

Individual
- Previous symptoms of depression
- Use of substances
- Academic struggles and failures
- Social isolation/nonacceptance
- Stessors – losses, abuse,
- Comorbid conditions

Risk Factors

Family functioning
  - control >> warmth
  - parental use of substances
  - parental MI
  - high stress
  - low supervision
  - inability to understand child's needs
  - parents not adhere to recommendations
  - maltreatment
- Family history of MI

Risk Factors

Community
- “not safe”
- Bullying
- No supervised activities
- Not connected to community

Protective factors

Individual
- Temperament – internal locus of control ability to self-regulate, delay gratification
- Special ability or talent
- Interpersonal skills
- Problems solving ability
- Secure attachment to adults
- positive peers groups

Protective Factors

Family
- Good marital relationships
- If one parent is MI; ability for other parent to compensate
- Use of extended families
- Household stability, predictability

Protective Factors

Community
- Consistent adults/teachers
- Experience success
- Opportunities for socializing/activities
- Early intervention
- Community involvements – clubs, church
- sports

Checklists for Depression

- There are lots of them!!
- They provide reminders, a guide for noting depression
- Allow to compare a child to norms
- Some youth prefer checklists to talking
- CDI; child, parent, teacher versions
- Child Behavior Checklist
- Beck Youth Inventories
- Adolescent Psychopathology Scale

Suicidality

- Not all depressed people are suicidal and not all suicidal people are depressed
- Always ask (1/5 think, 1/10 attempt)
- Higher risk if depressed, use substances, stressed, trauma, family suicide history, conduct problems.
- Start general (hopes, future, worth living) go specific (thoughts, plans, attempts, access, lethality)
- Self-harm vs. suicidal; they can be different

Intervention

- Continuum of intervention + point in time
- Importance of relationships
- Decrease risk factors
- Increase protective factors
- The younger the child, the more parents are involved
- Address comorbidity

Intervention

- Education during and after assessment
  - framework for understanding depression
  - to parents and youth
  - developmental expectations
  - coping skills
  - stress management
  - resiliencies

Intervention

Family Level

- Reduce stress in parents' life and household
- Address underlying family problems
- Conflict management
- Match parenting style to child needs
- Parents address their own issues

Interventions

Individual Level

- medication – yes it is helpful

- TADS – Treatment for Adolescents with Depression Study
  - medication was the best single intervention for moderate to severe depression
  - CBT is the best single intervention for mild depression
  - CBT + medication is the best intervention for depression

Intervention

Individual Level

- medication
- self care – sleep, eat, exercise, reduce stress, social contact
- therapy - Cognitive Behavioral Therapy
  - Interpersonal Therapy
  - Dialectical Behavior Therapy

Intervention

Community Level

- Coordinate systems; school, mental health service providers
- Safety in our communities
- Access to supervised activities
- Access to support and educational materials

Intervention

- Hospitals
- If depression is severe, persistent and community attempts to address not work
- Suicide risk
- Safe place to recover
- are not good for “fixing” the youth
- Are good for assessing “weird stuff”
- are artificial environments for beginning intervention

Resources

- Handouts - Creative Moments http://www.drcheng.ca (look at their resource list)
- Interview questions - Sattler,J. and Hoge, R. Assessment of Children, Behavioral, Social, and Clinical foundations 5th Edition, 2006. (Appendix)
- Don’t Let Your Emotions Run Your Life, How Dialectical Behavior Therapy Can Put You Back in Control, Spradlin, Scott, 2003
- Recovering from depression, A workbook for Teens, Mary Ellen Copeland and Stuart Copans, 2002.

Resources

- Mind Over Mood, Change How you Feel by Changing the way You Feel, D. Greenberge and C. Padesky, 1995

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