Depression in the Schools: Role of School Psychologists

School Psychology Program
Seattle University (SU)

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2015 WSASP Spring Lecture Series
Seattle, WA

LECTURE GOALS

▸ focus on **core** interventions to address the problem area effectively;

▸ spend the most instructional time on **"how to do"** the interventions relying on active learning strategies; and,

▸ collaboratively integrate the **collective expertise** of the workshop audience who are practicing in schools.

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AGENDA

▸ Understanding Depression
▸ Prevention and Promotion of Wellness
▸ Intervention
▸ School considerations

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True or False?

▸ There are many signs of depression in childhood that distinguish it from adult depression

▸ There is a separate category of childhood depression in DSM-V

Understanding Depression in Childhood & Adolescents

▸ Irritability

▸ Anhedonia

▸ Depressed affect

▸ Dysphoric mood & Hopelessness
  ▸ Young children appear depressed, but don't report these symptoms

Understanding Depression in Childhood & Adolescents

▸ 1.75:1 ratio of females to males

▸ More common in late childhood and early adolescence
  ▸ less common in early childhood

▸ Typical Onset: 11-14 yrs
  ▸ Same ratio for female/males in childhood, but diverge in adolescence

Major Depressive Disorder (MDD)

▸ To be considered clinically depressed, a child or adolescent must have at least two weeks of:

▸ persistent change in mood manifested by either depressed or irritable mood most of the day, nearly every day

▸ and/or loss of interest and pleasure in all or almost all activities;

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Major Depressive Disorder (MDD) cont.

▸ plus four or more symptoms from a group of other symptoms including:

▸ wishing to be dead/recurrent thoughts of death/suicidal ideation or attempts;

▸ increased or decreased appetite or significant weight loss; insomnia or hypersomnia;

▸ psychomotor agitation nor retardation; fatigue or loss of energy;

▸ feelings of worthlessness or excessive, exaggerated guilt; decreased concentration or indecisiveness.

▸ *(American Psychiatric Association, 2013; World Health Organization, 1992).*

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Persistent Depressive Disorder

▸ A child must have depressed mood or irritability for most of the day, for more days than not for a period of one year,

▸ As well as two other symptoms from a group that includes changes in appetite (poor appetite or overeating), insomnia or hypersomnia; low energy or fatigue; low self-esteem; problems with decision making or concentration; and feelings of hopelessness (American Psychiatric Association, 2013).

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Persistent Depressive Disorder

‣ May have an early and insidious onset (i.e. in childhood, adolescence, or early adult life).

‣ Symptoms are less likely to resolve in a given period of time in the context of Persistent Depressive Disorder than they are in Major Depressive Disorder

‣ Childhood risk factors include parental loss or separation

‣ Prevalence: 12 month prevalence in the US is approximately 0.5%

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Case study: Which one is it—MDD or PDD?

‣ A 15-year-old adolescent girl is recommended by her teacher

‣ Reports being fatigued at times and having issues with her feeling good about herself.

‣ She denies having suicidal thoughts, appetite problems or sleep disturbances.

‣ "I've been cranky for a year or so"

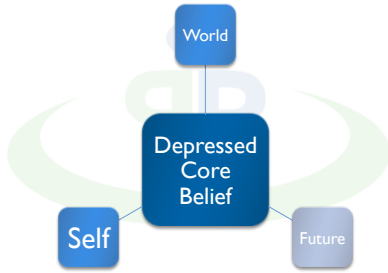11

Cognitive Model

Thoughts

Feelings

Behavior

Body

Interpersonal

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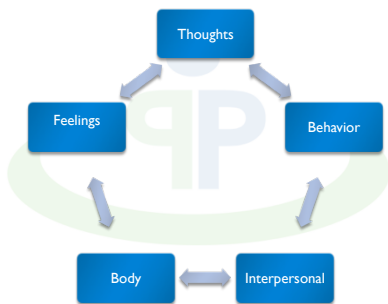
Beck's Depressive Cognitive Triad

Cognitive Characteristics

- Cognitive distortions and processing
- Internal locus of control
- Negative attributional style
- Rumination
- Fear of loss of control
- Suicidal thoughts

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Behavioral Characteristics

- Social withdrawal
- Lack of participation in activities
- Limited affect
- Decline in self care and appearance
- Decreased school performance
- Appears detached from others
- Crying for no apparent reason
- Inappropriate responses to events
- Irritability
- Apathy
- Uncooperative
- Suicide attemtps

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Physiological Characteristics

- Psychomotor agitation or retardation
- Somatic complaints
- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy
- Excessive fatigue

Understanding Depression: Etiology?

- Genetic & biological factors

- Cultural, social, and family factors

- Parental psychopathology & mental health

- Parental behavior

Understanding Depression: Social & Family Factors

- Social isolation
- Social competence
- Receive less positive feedback from others
- Hostile and aggressive towards peers
- Child abuse
- Parenting:
  - ineffective, less warm, less communication, more intrusiveness and maltreatment

Understanding Depression: Outcomes

- Direct effects on academics
- Executive functioning
  - Task selection and completion, problem-solving, reasoning, concentration, memory, and attention
- Underachievement
- Drop out
- Worrying and anxiety

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Medications for Depression

- SSRIs (selective serotonin reuptake inhibitors):
- fluoxetine (Prozac) age 8 or older
- sertraline (Zoloft)
- paroxetine (Paxil)
- citalopram (Celexa)
- escitalopram (Lexapro) for age 12 or older.
- fluvoxamine (Luvox)
- Alternatives:
- venlafaxine (Effexor), desvenlafaxine (Pristiq), bupropion (Wellbutrin)

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Black Box Warning

- antidepressants may increase the risk of suicidal thinking and behavior in some children and adolescents with MDD

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Antidepressant Side Effects

- First four weeks of treatment
- Titration of dosage
- Worsening in depression
- Emergence of suicidal thinking or behavior
- Unusual changes in behavior:
  - Sleeplessness
  - Agitation
  - Withdrawal from normal social situations

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Prevention and Promotion

- Tier 1 prevention programs for depression are mixed (Horowitz & Garber, 2006)
- Tier II prevention programs are better
- Overall mildly effective
  - Mychailyszyn, M. P., Brodman, D. M., Read, ,. L., & Kendall, P. C. (2012)

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Prevention and Promotion

- Ameliorate risk and enhance protective factors
- Resilience, strength based, wellness oriented
- Social emotional learning programs
- http://www.casel.org

- http://www.nasponline.org/resources/handouts/
  depression/
  handout_universal_interventions_for_depression_JD.pdf

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Modified Depression Scale (MDS;

Population-based, progress, at risk, evaluation as school

In the past month, how often were you:

1. Were you very sad? (Sadness)
2. Were you grouchy, irritable, or in a bad mood? (Irritability)
3. Did you feel hopeless about the future? (Hopelessness)
4. Did you sleep a lot more or a lot less than usual? (Sleep problems)
5. Did you have difficulty concentrating on your school work? (Concentration difficulties)

(Dunn, E. C., Johnson, R. M., & Green, J. G., 2012)

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Tier 2

- **The Penn Resiliency Program Curriculum**
- Group intervention
- Late elementary and middle school students
- 12 90-minute lessons or 18-24 60-minute lessons
- http://www.ppc.sas.upenn.edu/prpsum.htm

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Tier 3-5

- **CBT Adolescent Coping with Depression Course (CWD-A)**
- **Group, parent, individual**
- **Free manuals and workbooks**
- **http://www.kpchr.org/research/public/acwd/acwd.html#downloads**

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Tier 3-5

ACTION (Taking ACTION)

- 9-14 yrs with depression
- Group or individual with parent component
- 60 min sessions; 20 group and 2 individual meetings in 11 weeks
- School or outpatient
- http://www.workbookpublishing.com/depression.html

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Computer-based treatments

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Computer-based CBT:

- Disadvantages: high drop out rates, many do not offer therapist support, some felt computers were too impersonal for this type of issue
- Advantages: removes stigma of seeing a therapist, more accessible, increases treatment availability, high satisfaction ratings, and readily available for clients via computer
  - Richardson, T., Stallard, P., & Velleman, S. (2010).

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Tier 2-3

- **Project CATCH-IT**
- Age 14-21
- Free
- http://catchit-public.bsd.uchicago.edu/

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Tier 2, 3 – 5

- BRAVE for Teenagers
- Internet CBT program
- 13-17 yrs
- 10 one-hour youth sessions
- 5-6 parent sessions
- 2 booster sessions
- Graphics, animations, games, and interactive forms
- Exercises are completed at home and are accessible by therapist
- http://brave.psy.uq.edu.au/index.html?site=public&page=home

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Tier 2 - 3

- MoodGYM
- Teenagers
- Self paced interactive program online
- 5 modules, 30-60 mins
- Free
- http://www.moodgym.anu.edu.au/welcome

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Tier 3-5

- **Stressbusters**
- Interactive computerized CBT (CCBT) program created in the UK for teenagers suffering with depression
- Grades 3-6
- Group
- http://www.cebc4cw.org/program/stressbusters/detailed

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Specific CBI Components

1. Psychoeducation for depressed mood
2. Affective Education
3. Self Talk/Cognitive Restructuring
4. Pleasant events scheduling
5. Relaxation
6. Relapse prevention
7. Problem solving
8. Coping skills
9. Social Skills
10. Contingency Management
11. Parent training

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CORE INTERVENTIONS

1. Depressed mood psychoeducation/Affective Education
2. Self Awareness of Depressed Mood
3. Pleasant events scheduling
4. Coping Skills
5. Problem Solving
6. Self talk/Cognitive Restructuring
7. Relapse Prevention

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Depressed Mood CBI Sequence

▸ Phase 1: Assessment
▸ Phase 2: Psychoeducation
▸ Phase 3: Skills Acquisition
▸ Phase 4: Application Training (Practice)

Kendall (2012)

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Phase 1: Assessment

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Reynolds' Screening for Depression and Suicide in Adolescents

- Clinically depressed teens and suicidal behaviors in high school
- Stage 1: All students complete Reynolds Adolescent Depression Scale – 2nd Edition (RADS2; Reynolds, 1987; 2002), 5-10 mins
- Stage 2: Return 2 wks later to re-take RADS2
- Stage 3: Clinical interview with Hamilton Depression Rating Scale Interview (Hamilton, 1967), 60 mins

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Reynolds' Screening for Depression and Suicide in Adolescents (2)

- Clinically depressed teens and suicidal behaviors in high school
- Stage 1: Suicidal Ideation Questionnaire (Reynolds, 1987), 7 – 12 grade
- Stage 2: Clinical interview with the Suicidal Behavior Inventory (SBI; Reynolds, 1991), 60 mins

BDI-II

- **Administration:** 5 minutes; self-administered, or verbally by a trained administrator
- **Ages / Grades:** 13 through 80 years
- **Forms:** English and Spanish
- http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-370

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CDI-2

- **Administration:** Paper-and-pencil; CDI 2: 15-20 minutes; CDI 2 Short: 5 minutes **Reading Level:** 2nd grade
- **Ages / Grades:** 7 through 17 years
- Negative Mood/Physical Symptoms
- Negative Self-Esteem
- Interpersonal Problems
- Ineffectiveness
- http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8044-762

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Phase 1: Assessment

- ASEBA
- BESS/BASC2
- ASEBA (Achenbach System of Empirically Based Assessment)
- Interview with family and teachers
- Interview with student
- Existing school data

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Cognitive Behavioral Model of Sadness

It is easier to learn skills to change your thoughts and behaviors than to change your feelings.

A		B		C
Trigger	Thoughts	Feelings	Behavior	Consequences

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Mood Journal

1. Trigger (the problem)

2. Thoughts

3. Feelings (1-10)

4. Behavior (What did I do?)

5. Consequences (What happened?)

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Skills to be Taught:

▸ Teach skills/tools to control mood:
   1. Self Awareness of Depressed Mood
   2. Pleasant events scheduling
   3. Coping Skills
   4. Problem Solving
   5. Cognitive Restructuring
   6. Relapse Prevention

▸ Reinforce:
   ▸ Cognitive model
   ▸ Control over mood

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Phase 3: Skill Acquisition – How To

For Each Skill:

- You demonstrate and model
- Role play
    - Student practices with you
    - Student practices alone

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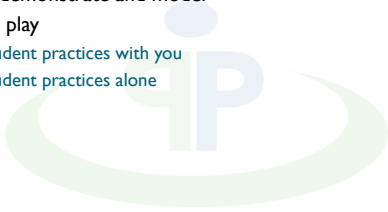
1) Activity Scheduling

- Monitor activities in week
    - Make a table like a scatter plot or journal
- Rate them in session on a "Pleasure/fun" scale
- Make a list of fun activities
- Do it again

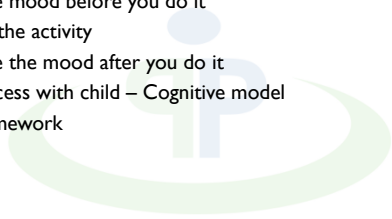## 1) Activity Scheduling

- Write out the activities you did this past week
- Rate each one 1 – 10 (fun)

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1) Pleasant Events Scheduling

- Explain how it works
- Rate mood before you do it
- Do the activity
- Rate the mood after you do it
- Process with child – Cognitive model
- Homework

Begin filling this out…

My Favorite Coping Tools

- Fun activities
- Soothing and relaxing activities
- Exercise-type activities
- Social activities
- Coping thoughts

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2) Self Monitoring & Distraction
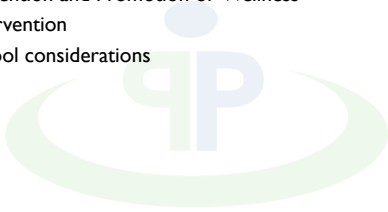
- Use HW of Pleasant Events Scheduling, Journals
- Monitor positive events in child's life
- Discuss positive aspects in child's life
- Connect positive aspects and mood
- When feeling sad, observe and value the positive!
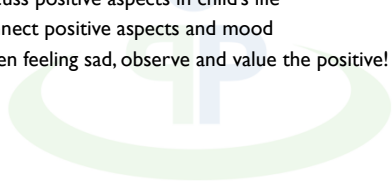
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Tier 1

▸ Consultation and collaboration on school-wide program and screenings

▸ Support teachers in integrating CBI concepts and strategies into classroom practice:
  ▸ Class meetings, social science, english etc
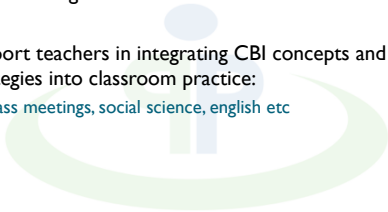
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Tier 2 - 3

▸ Consultation and collaboration on existing small groups in schools like lunch buddies etc. Integrate CBI strategies

▸ Conduct groups

▸ Computer based programs

▸ Collaborate with parents

▸ Individual CBI work
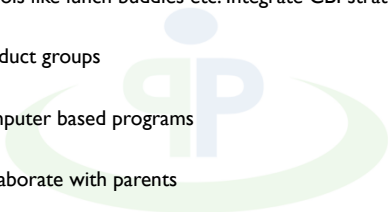
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Special Ed

- IEP goals: use rating scales, FBA results, interviews with teachers to define behaviorally
- Most problems in school can be linked to interpersonal challenges and achievement problems
- Remain in Gen Ed with typical peers and adults
  - Develop social skills and cognitive processing
- Modifications and accommodations:
  - Extended time to complete assignments
  - Practice tests and rehearsals to reduce anxiety
  - Alterations in testing and evaluation procedures

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