Depression in the Schools: Role of School Psychologists

School Psychology Program
Seattle University (SU)
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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.

AGENDA
- Understanding Depression
- Prevention and Promotion of Wellness
- Intervention
- School considerations
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

- 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;

+ 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 or retardation; fatigue or loss of energy;
  - feelings of worthlessness or excessive, exaggerated guilt; decreased concentration or indecisiveness.


**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).
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%.

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"
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

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 attempts
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

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)

Black Box Warning

- Antidepressants may increase the risk of suicidal thinking and behavior in some children and adolescents with MDD.
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 I prevention programs for depression are mixed (Horowitz & Garber, 2006)
- Tier II prevention programs are better
- Overall mildly effective
Prevention and Promotion
- Ameliorate risk and enhance protective factors
- Resilience, strength based, wellness oriented
- Social emotional learning programs
- [http://www.casel.org](http://www.casel.org)
- [http://www.nasponline.org/resources/handouts/depression/handout_universal_interventions_for_depression_JD.pdf](http://www.nasponline.org/resources/handouts/depression/handout_universal_interventions_for_depression_JD.pdf)

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/prsum.htm](http://www.ppc.sas.upenn.edu/prsum.htm)

Tier 3-5
- CBT Adolescent Coping with Depression Course (CWD-A)
  - Group, parent, individual
  - Free manuals and workbooks

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](http://www.workbookpublishing.com/depression.html)
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


Tier 2-3

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

**Tier 2 - 3**
- MoodGYM
- Teenagers
- Self-paced interactive program online
- 5 modules, 30-60 mins
- Free

**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](http://www.cebc4cw.org/program/stressbusters/detailed)
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

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

Depressed Mood CBI Sequence

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

Kendall (2012)
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

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

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**

**Phase 1: Assessment**
- **ASEBA**
- **BESS/BASC2**
- **ASEBA (Achenbach System of Empirically Based Assessment)**
- Interview with family and teachers
  - Interview with student
  - Existing school data
Cognitive Behavioral Model of Sadness

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

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td>Trigger</td>
<td>Thoughts</td>
<td>Feelings</td>
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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?)

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:
  1. Cognitive model
  2. Control over mood
Phase 3: Skill Acquisition – How To

For Each Skill:
- You demonstrate and model
- Role play
  - Student practices with you
  - Student practices alone

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)
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

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

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
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

References


References


Thank you!
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