

EVERY SESSION: ♦ MODELING ♦ ROLE PLAYING ♦ FEEDBACK ♦ HOMEWORK ♦ HW REVIEW ♦

Defining Characteristics:

Feelings: Sadness, despair, worthlessness, guilt, shame, despondence, irritability, anger.
 Thoughts: Not good enough, not loveable/likeable, hopeless, helpless, pessimism, focus on the downside/worst case scenario, catastrophizing, all or nothing thinking.
 Behavior: Withdrawal, agitation, disengagement, lethargy, poor concentration, self-harm, suicidality.

Assessment: Clinical interview (specific symptoms of depression, duration this episode, life time)
 Trauma Screen: always want to know trauma exposure
 Mood and Feelings Questionnaire or PHQ9 for 13+
 PSC-17

Potential Safety Risk: *If at risk for suicide, homicide, imminent danger to self or others: Address this first.*

I. Psychoeducation: Goal is to normalize feelings, empower the client, and instill hope for change.

Information about depression:

- Everyone feels sadness; sadness is a normal response to loss, disappointment, rejection.
- Depression is a very common emotional problem.
- Depression can be caused by something bad happening or may seem to come on without any specific cause. Brain chemistry may play a role, but talk treatment still works!
- Depression is when sadness or irritable mood “takes over,” is predominant, or is so intense that a person stops being able to get through, or enjoy, their normal day, feels like giving up, or starts thinking that hurting or killing him/herself would make things better.
- Depression may come back even after an episode gets better, so learning how to deal with depression is a good prevention strategy.

Information about the Cognitive Triangle:

- Thoughts, feelings, and behavior are connected.
- Depressed behavior (like isolating, avoiding, sleep changes) can worsen mood and thoughts.
- Negative thoughts can drive depressed feelings and behavior choices even if the person is unaware of the thoughts.

Information about treatment:

- Treatment is short (8-20 sessions), active (practice/homework), and works!
- It teaches ways to engage more often in enjoyable or meaningful activities, connect with others, and promote helpful thoughts to change depressed feelings. Teens learn tools that can be used when feeling down. After treatment, teens will feel calmer, more in control, happier, and more productive.

II. Behavior: Goal is to help client do activities that will promote positive thoughts and positive mood.

- **Healthy Sleep and Exercise:** For many teens, working to normalize sleep patterns and increase exercise can help get mood back on track.
- **Activity scheduling:** Schedule pleasant, active, socially-engaged, healthful behaviors (e.g., sports, hobbies, exercise, dance, music, etc. – whatever the client enjoys or could enjoy). To show that it works, do a quick in-session mood booster (throw football, watch a funny video together)!
- **Goal Setting:** Identify some specific goals the teen has, plan small steps towards reaching goals, and teach how to monitor progress. Working towards goals changes thoughts of hopelessness or worthlessness because it is an accomplishment.
- **Problem Solving:** Identify the problem, generate all possible solutions (without commenting yet!), weigh pros and cons of different possible solutions, pick one and try it out.

III. Thoughts: Goal is to identify inaccurate, illogical or unhelpful thoughts and replace them with more adaptive and helpful thoughts and beliefs.

Cognitive coping Helping client come up with a more helpful or accurate thought when depressed (“I can do this.” ♦ “I do have a few friends.” ♦ “Maybe I’m not the best athlete, but I’m good at X.”)

Socratic dialogue Asking questions about unhelpful thoughts vs. trying to persuade the client to adopt new and more helpful thoughts, examining the evidence together. Best way to do cognitive coping!

- *Examine accuracy*
 - “Did you study a lot for the test? Can most kids can pass tests without studying at all?”
 - “Is there any other reason why your friend might not have called you back?”
- *Examine helpfulness*
 - “When you think about only the sad things in your life, do you usually feel better or worse?”
- *BF Role Play:* Dissonance between client’s thoughts and what s/he would recommend to other kids
 - “What would you tell your best friend if he thought no one liked him either?”
- *Examine Resistance:* Explore reasons why there is reluctance to change to a more helpful thought
 - “Too much work required.” “Not going to work.” “Can’t do this.”
 - *Hopelessness, helplessness (i.e., Depressive Thinking!) → Move to Motivational Interviewing when necessary.*

IV. Feelings: Goal is to teach skills to manage/reduce distressing feelings and motivate kids to engage in treatment. These skills are not a substitute for changing thoughts or behavioral activation.

Emotion Regulation:

- **Feelings intensity rating strategy:** “Feelings thermometer,” 0-10 scale, faces, etc. Applies to different feelings (use to determine how client feels before and after emotion regulation activities).
- **Relaxation:** Progressive Muscle Relaxation, yoga, meditation, exercise, visualization, to calm body tension and relieve stress; lift up emotional states.
- **Secret calming** (controlled breathing): Slow belly breathing to calm down in the moment.
- **Distraction** (planned “focus shift” from negative thoughts by engaging in other activities): Listening to music, playing ball or a game, reading, engaging in an enjoyable hobby or activity.

V. Caregiver Support: Caregivers can become critical and frustrated, often compounding the teen’s negativity and withdrawal. Educating caregivers about depression, coaching them to use praise and encouragement, even for small positive steps, find one-on-one time activities to connect, support behavior activation plans when needed, and use supportive listening and conflict resolution skills can all be helpful.

VI. Tips for Common Comorbid Concerns:

- **Trauma:** Research shows that CBT for depression in the context of interpersonal trauma history is often less effective. When TF-CBT may also be appropriate, we recommend using TF-CBT instead, with attention to behavior activation/mood management within the affective modulation component.
- **Anxiety:** Anxiety and depression are highly comorbid. Often depressive mood results from an impairing anxiety disorder (the youth is depressed about the difficulties caused by their anxiety, or the youth is less engaged and socially connected and successful due to anxious avoidance behavior patterns, resulting in lower mood). Prioritize exposure-based treatment for the anxiety, given its strong effectiveness, and choose exposures likely to boost mood, social connection and goals.
- **ADHD, learning difficulties, substance use problems, behavioral issues, other:** Always consider evidence-based strategies for these concerns when present to help resolve depression.