

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 (clinical cutoff = 11); PHQ9 for 13+
PSC-17 (clinical cutoff = 5+ on internalizing subscale)

Potential Safety Risk: *If at risk for suicide, homicide, imminent danger to self or others: Safety Plan 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.
- Thoughts drive feelings even if the person is unaware of the thoughts.
- Ruminating (focusing on negative thoughts) leads to depression (feelings) which then leads to withdrawal (behavior) that in turn reinforces negative thinking and creates a vicious cycle.

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 and promote helpful thoughts to change depressed feelings. Children learn tools that can be used when feeling down. After treatment, children 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.

- **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 child 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.