

¿Qué es la depresión?

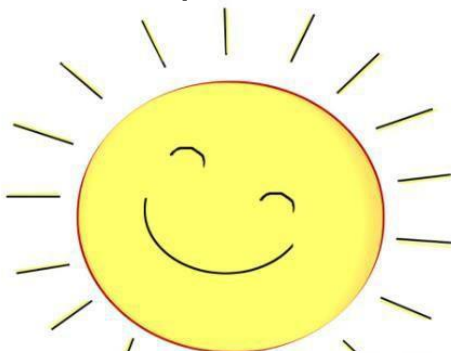
La depresión es cuando los sentimientos normales como el estar triste, deprimido, gruñón o irritado son muy intensos duran demasiado e interfieren en el curso normal de la vida. Los sentimientos de depresión le ocurren a veces a todos, especialmente después de una pérdida o desencanto. Cuando suceden demasiado e interfieren con la vida- como el obstaculizar las cosas que desea y necesita hacer- es importante obtener ayuda. 1 de 5 adolescentes sentirán una depresión clínica.

Los signos comunes de depresión son: •irritarse más fácilmente, •sentirse triste o deprimido •sentir menos interés en las cosas, •tener dificultad en disfrutar las cosas que antes disfrutaba, •un cambio en el apetito y peso, •problemas para dormir, •cambios en que tan rápido se mueve, •energía baja/cansancio, •sentimientos de inutilidad o culpa, •problemas de pensamiento, •problemas tomando decisiones o concentración, y •pensando en la muerte o hacerse daño a sí mismo.

¿Cómo ocurre la depresión?

Por lo general tiene que ver con eventos de la vida o situaciones que interfieren con estas cosas que la investigación muestra tienen un gran impacto en nuestro estado de ánimo:

Felicidad/Humor =



Cuán saludables somos.

(Suficiente sueño, actividad física)

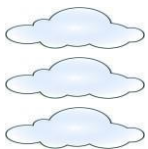
Cuán gratificante es la vida.

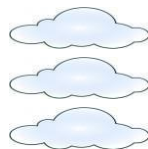
(Buena interacción social + actividades divertidas + hacer cosas en las que somos buenos (maestría) + acercándonos a nuestra metas + ayudar a otros).

Cuán útiles son los pensamientos.

(Cómo pensamos acerca de las situaciones y de nosotros mismos).

¿Qué eventos de la vida, problemas, o situaciones han estado interfiriendo en las cosas que normalmente mantienen su estado de ánimo fuerte?







La trampa del estado de ánimo: una vez que el estado de ánimo de una persona disminuye, a menudo no se SIENTEN querer hacer las cosas que pueden ayudar a su estado de ánimo. Y los problemas pueden acumularse. Su terapeuta le ayudará a hacer un plan para realizar cosas que puedan empezar ayudarle con su humor, incluso cuándo se siente deprimido.

Itinerario CBT (siglas en inglés): Cosas que podemos hacer para ayudar

Mejorar la Salud:

- ❖ Planear para dormir y ejercitarse más regularmente

Vida más gratificante:

- ❖ Hacer actividades que aumentan el estado de ánimo
- ❖ Solucionar problemas que disminuyen su ánimo
- ❖ Tomar pasos hacia sus objetivos

Pensamiento más útil:

- ❑ Desafiando los pensamientos negativos
- ❑ No estancarse en la rumia

Ayudando a tus padres/cuidadores

- ❑ Escuchar bien, enfocándose en lo positivo, resolviendo conflictos

Temas opcionales:

- ❑ Habilidades para afrontar el estrés
- ❑ Superar la ansiedad
- ❑ Comunicación efectiva
- ❑ Habilidad para hacer amigos y mejorar las relaciones
- ❑ Lidar con los problemas relacionados al uso del alcohol o sustancias nocivas.

La prevención de una futura depresión

- ❑ Tener un plan por si la depresión le regresa



Con su consejero, coloque una marca de verificación o clasificación junto a los temas que usted piensa serán más importantes para usted.

CBT Roadmap: Guidance for Therapists

How to use this "Depression Information and Treatment Roadmap" handout:

Pages 1 and 2 are designed to be reviewed with the teen as part of psychoeducation. Usually you will have already identified that depression is a concern through your clinical interview and administration of a standardized measure (e.g., PHQ9 or SMFQ).

Page 1: Review "What is Depression" section together with the teen to explain what is depression and identify what symptoms they have noticed. Review "How Does Depression Happen" section to explain the factors that tend to influence a person's mood, and then explore what factors might be influential for this teen. Identify life events, problems or situations that have been interfering with these factors in the teen's life. You can fill in what you learn using the blanks next to the clouds. "The mood trap" is a place to highlight that depressed mood usually makes people want to do things that don't tend to help (e.g., withdraw, isolate). To overcome depression, teens can act in line with their goals rather than their mood.

Page 2: Review the list of CBT topics with the teen, inviting their perspective on what topics they think will be most helpful and important for improving their mood. The order of topics is flexible. You may have thoughts about where to start based on your understanding of what seems to be contributing to the teen's depressed mood. The teen may have a preference as well. In general, a good strategy is to start with sleep, if disturbed, then move to one or more of the strategies under "More Rewarding Life" next.

Pages 3+: Here we provide suggestions on how to use the handout (above), followed by descriptions of each treatment component (below) and relevant handouts and resources.

Improve Health:

❖ Planning for More Regular Sleep & Exercise

- Sleep disruption can cause depression, as well as make it worse. Getting sleep back into a regular pattern can sometimes resolve depression on its own. Teens whose sleep schedules are off can be more tired during the day, impairing functioning and making treatment engagement and activity follow through more difficult. Patterns where teens sleep after school/during the day, then can't sleep at night, then have trouble waking for school are common. Let them know that cutting out naps (at least for now), going to bed in time to allow 8-9.5 hours of sleep, and waking up at a regular time, can help a ton. Use motivational techniques if needed.
- See "Sleep Tips for Teens" handout in the "Sleep Hygiene" section of the "Coping Skills" tab in the CBT+ Notebook. Giving a relaxation skill (e.g., body scan audio: <http://marc.ucla.edu/body.cfm?id=22>) or teaching them to use positive imagery can help with falling asleep. And of course, NO SMARTPHONES IN BED!
- Exercise alone can improve depression symptoms for many people, making it a good place to start, if your client is interested and this isn't too big a step for them to be successful with.

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More Rewarding Life:

❖ Doing Activities that Boost Mood

- Getting active, incorporating more of the activities from page 1 (next to the sun), can quickly improve mood. This is a good place to start for teens whose low mood makes follow through on other treatment activities unlikely. When teens are very depressed, it is key to start with very small, easy activities, and to practice and plan well together in session.
- See "N2K Behavioral Activation Sheet," "Getting Active," "Activity Scheduling – At Home Practice Sheet," and/or "CBT+ Getting Active Homework Sheet" for ideas.

❖ Solving Problems that Drag Down Mood

- The goal of problem solving is to take a more active approach to managing problems. Individuals who are depressed are likely to take a more passive or avoidant stance with problems. Identifying key problems (that the teen has some control over), and making a plan to begin addressing them together, can make a big difference.
- For many clients, it is clear that particular problem situations (e.g., failing a class, conflict with a friend or family member) are contributing significantly to mood issues. If the client wants to start with problem solving (vs. other interventions aimed at improving mood), or you as the clinician think this is the best way to begin improving mood, go for it!
- See "Problem Solving Skills Worksheet" for the steps.

❖ Taking Steps Toward Goals

- Identifying "SMART" goals that matter to the client, then breaking them down into really manageable action steps, and supporting them in taking those steps week to week, can have a powerful impact on hopelessness and mood.
- See "Goal Setting worksheet" to use as a planning worksheet.

More Helpful Thinking:

❖ Challenging Negative Thoughts

- Negative thinking can hurt mood and can interfere with taking positive steps.
- See cognitive triangle worksheets, "Negative Thinking Traps," "Socratic Techniques for Changing Unhelpful Thoughts." You can use "Cognitive Restructuring Worksheet" as a homework tool for monitoring the thoughts that come up during the week and supporting the teen's practice with challenging unhelpful thoughts.

❖ Getting Unstuck from Rumination

- Rumination means spending lots of time thinking negatively about problems or situations, in an unproductive way (not solving the problems or identifying helpful actions, just dwelling). Rather than trying to think your way out of rumination, it is usually best to learn to 1) notice that you are ruminating, and 2) get ACTIVE, or do something to focus your attention on the present moment (mindfulness, or being social). If rumination happens at bedtime, it can be helpful to have activities such as body scan, relaxation techniques, or positive imagery to focus on until sleep happens.

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Helping Your Parents/Caregivers

❖ Good Listening, Focusing on the Positive, Resolving Conflicts

- Teach parents what is depression. Often parents are highly critical or negative about behaviors that are actually symptoms of depression. Help caregivers to practice using active listening skills, to use praise of positive steps vs. criticisms, to support and facilitate “getting active” (e.g., allowing them to be social, even though depression might be impairing school performance). Counselors can also facilitate communication and problem solving between caregiver and teen regarding points of conflict.
- See “Family Communication” and “Family Problem Solving” sections under “General Skills” on the CBT+ Notebook.

Optional Topics:

❖ Coping Skills for Stress

- See “Coping Skills” section of CBT+ Notebook.

❖ Overcoming Anxiety

- Anxiety co-occurs with depression at a high rate. For many individuals with depression, anxiety occurs first and actually leads to depression by interfering with the things (e.g., being social, achieving goals) that would typically keep a teen’s mood healthy. Sometimes anxiety interferes with treatment because kids are too anxious to make behavior changes that would help their mood. Use exposure strategies from the CBT for Anxiety treatment model, prioritizing exposure activities that are likely to be enjoyable to the teen and boost mood.
- Under the “CBT for Anxiety” section of the Notebook, see resources under the “Exposure” and “Therapist materials” headings.

❖ Communicating Effectively

- Role play to practice challenging conversations the teen might need to have, debriefing afterward about what worked and didn’t work, and making a solid plan for them to follow.
- See page one of this handout (<https://app.box.com/shared/hs1frztnri>) for a “DEAR MAN” worksheet. DEAR MAN is an acronym developed by Dr. Marsha Linehan for a set of communication strategies that help people be more effective in challenging conversations.

❖ Skills for Making Friends and Improving Relationships

- See “Small talk and friend making tips” handout on the Notebook. Consider role playing key skills/situations and making specific between-session goals for using skills.
- Consider using the social skills tips and videos freely available from the young adult PEERS program: <https://routledgetextbooks.com/textbooks/9781138238718/videos.php>
- Consider the need for Exposure strategies (see CBT for Anxiety resources) if social anxiety or another anxiety disorder is interfering.

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❖ Dealing with Alcohol or Substance Use Related Problems

- Consider using “CBT+ Screening and Brief Intervention for Substance Use” available in the “Substance Use” tab of the CBT+ Notebook.

Preventing Future Depression

❖ Having a Plan for if Depression Creeps Back

- Individuals with a history of clinical depression are at higher risk for future episodes. Review the skills and actions that have helped them feel better and take control of their mood. Record these in some way for teen to take with them.
- Review the kinds of situations that can sometimes trigger depression, triggers that led to their last episode, and future situations or triggers that could put them at risk of relapse.
- Review the symptoms of depression they can watch for, and discuss a plan that might involve reviewing skills handouts, using particular strategies, seeking support from important people in their lives, and seeking/returning to treatment, as needed.