

# Recognizing and Treating Depression in Your Child

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# Recognizing Depression in Children and Adolescents

*“You’re just being lazy.”*

*“You look  
fine to me.”*

*“Get out of bed and do  
something.”*

*“I think it’s all in your head.”*

Statements such as these are said to those who may be dealing with depression.

Depression is very common among children and adolescents. Sadly, it is frequently unrecognized.

Can you recognize it?

<https://youtu.be/WO-gkDBQL9U>

## What is depression?

“Depression is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.”

# Depression in Children and Adolescents

Children as young as three years old can be depressed

3.2% of children between 3 to 17 years old have diagnosed depression (about 1.9 million kids)

- Rates of depression increase with age
- Only about 78.1% received treatment

# Risk Factors for Depression

Family history of depression

Immediate family members with other mood disorders

Stressful life events

Loss of a loved one

Loss of a friendship

Abuse or neglect / trauma

Severe medical conditions

Often preceded by anxiety or disruptive behavior disorders (*particularly in younger children*)

The onset of puberty / transition from childhood to adolescence

**Table 1. Risk Factors for developing MDD in childhood**

Social			Individual
Family	Friends	High-risk group	
<p>Persistent family disagreement and/or parental discord</p> <p>Single parent</p> <p>Abuse/neglect; exposure to domestic violence</p> <p>Lack of authoritative parenting and parental monitoring</p> <p>Psychiatric illness in parent(s) (especially depression, maternal postnatal depression, substance use)</p> <p>Sudden events in family (death, serious illness, separation)</p>	<p>Absence of intimate relationship</p> <p>Low number and infrequent contact with friends</p> <p>Being bullied and/or bullying</p> <p>Recent, severe personal disappointment with a close friend</p>	<p>Refugees and asylum seekers</p> <p>Aboriginal and Torres Strait Islander peoples</p> <p>Children in out-of-home care</p> <p>People with sexual minority status</p> <p>Homeless</p> <p>'Offenders', particularly those in secure institutions</p> <p>Victims of community disaster</p>	<p>Family history of psychiatric illness – genetic risk</p> <p>Past history of major depressive disorder</p> <p>Attention deficit hyperactivity disorder, disruptive disorders of childhood</p> <p>Neurodevelopmental disorder/autism spectrum disorder/learning disorder</p> <p>Complex physical illness/disability</p> <p>Cognitive style (self-devaluation and ruminative style)</p> <p>Lower intelligence quotient (IQ) and educational aspiration</p>

# Key Factors to Look For

Irritability in younger children

Diagnosed anxiety or disruptive behavior disorders

- Among young children these often precedes depression
- Among adolescents these often co-occur

Changes in behavior or functioning

Loss of interest in things they used to enjoy

*Note:* symptoms or key factors should be present for at least two weeks



# Symptoms of Depression in Children and Adolescents

- Feeling sad, hopeless, or irritable a lot of the time
- Showing changes in energy – being tired and sluggish or tense and restless a lot of the time (i.e., overall low on energy)
- Having a hard time paying attention (i.e., not concentrating)
- Has feelings of self-blame, worthless, useless, or guilty
- Seeming angry, grumpy, or short-tempered
- Easily prone to tears (i.e., crying more often)
- School performance and/or grades have been dropping
- Not wanting to mix much with the family and/or friends (social withdrawal)
- Low on self-esteem and confidence
- Very negative about things they used to be positive about
- Loss of interest or pleasure in activities; easily bored
- Suicidal thoughts or behaviors (e.g., has ideas or speaks about life not being worthwhile, harming self, or ending of life)
- Sleep disturbances (i.e., keeping unusual hours with sleep)
- Appetite disturbances (i.e., not eating meals)
- Failure to make expected weight gains
- Somatic complaints (i.e., has aches and pains not explained by a physical illness)



# Hazardous Behaviors That May Occur

- Self-harm
- Suicide attempts
- Use of alcohol, cigarettes, and/or illegal drugs
- Doing dangerous things without thinking of the consequences (like crossing the road without looking)

# Developmental Differences in Symptoms

## Younger children:

- More likely to exhibit physical or somatic symptoms
- Preoccupation with negative play themes, irritability, regression of skills or development

## School age:

- Somatic complaints, anxiety symptoms, irritability

## Adolescents:

- Hopelessness, despair, anhedonia, hypersomnia, weight changes, substance use
- More likely to hide their emotional pain due to fear of judgement

# Gender Differences in Symptoms

## More common in females:

- Somatic symptoms, such as changes in appetite and weight, sleep problems, and visible slowing of physical and emotional reactions (including speech)
- Increased crying
- Feelings of failure and guilt
- Poor self-esteem
- Other cognitive symptoms



# Gender Differences in Symptoms

## More common in males:

- Loss of interest or pleasure in activities; easily bored
- Variation in mood and energy
- Social withdrawal
- Work impairment



# Effects of Child/Adolescent Depression if Untreated

- Suicidality
- Social functioning deficits
- Impacts on physical and mental health
- Alcohol problems later in life
- Later depression or depressive episodes
- Brain functioning
  - Emotional control and processing regions

# Interventions



# Interventions

- Cognitive Behavioral Therapy for Depression in Children:
  - Improving your child's mood
  - Changing negative thinking about child's self and relationships
  - Reducing child's stress
  - Parents are taught:
    - Positive behavior management
    - Family problem solving
    - Conflict resolution strategies
    - How to alter thought patterns that support depressive thinking

Let's look at some CBT tactics you can do at home!

# Interventions

## Activity scheduling

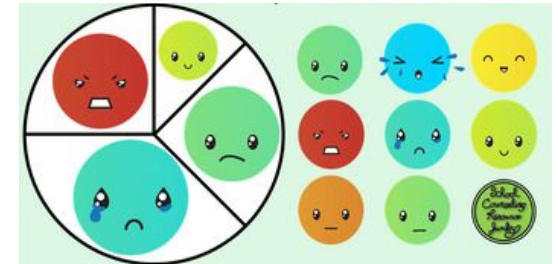
- Goal: Increase amount of time your child is engaged in enjoyable activities
- Activity = something that gets your child moving/following healthier routines
- Identify activities that your child enjoys and that are easy for you as the parent
- Start out simple and gradually increase level of involvement/number of activities
- Reward your child for engaging in activities
  - E.g., When your child meets an activity goal, then they get to go to the movies with friends
  - Ask your child what they find rewarding!
- Some activities that combat depression symptoms:
  - Healthy sleep schedules (create a routine of relaxation right before bed)
  - Healthy meals (cook together; eat and talk over dinner together)
  - Daily exercise (play physical games together; go outside!)



# Interventions

## Developing Awareness of Emotional Variability

- Emotional Thermometer →
  - Identify mood/degree of intensity
- Emotional Pie →
  - Multiple concurrent feelings, change across time
- Sentence Completion
  - I feel angry when \_\_\_\_\_.
  - I feel sad when \_\_\_\_\_.
- Feeling Identification
  - Discuss feelings with additional words to add depth, such as comfortable/uncomfortable, hot/cold, often/rare
  - Journaling (monitor feelings, free writing, drawing)



# Interventions

## Identifying Cognitive Distortions

Some child-friendly labels you might use to identify thought traps that fuel depression:

*Binocular vision*: magnification of negatives/minimization of positives

*Black-and-white thinking*: all or nothing, perfect or terrible; “always” or “never”

*Dark glasses*: “everything” is bad, and positives are given a negative spin

*Fortune telling*: predicting that outcomes will be negative

*Making it personal*: assuming responsibility for negatives, mind-reading; “they hate me”

*Overgeneralizing*: one bad outcome is the only possible outcome

*Labeling*: claiming oneself/something is bad and believing it; “I’m bad”

*Discounting the positive*: “If I got an A, the test wasn’t that hard”

*Beating up myself/others*: shoulda, woulda, coulda

# Interventions

## Identification of Negative Thoughts & Maladaptive Beliefs

- Thought Charts →
  - Could also do by having them draw a picture of the situation, draw facial expressions, and insert thought bubbles
- Cognitive Replay
  - Discuss a previous event that specifically triggered depressive feelings
    - E.g., Can you think of a time when you felt really sad? What happened? What was going through your mind?
  - Video analogy: You may ask them to “pause,” “rewind,” “replay”

Situation	Feelings	Automatic Thought

# Interventions

## Identification of Negative Thoughts & Maladaptive Beliefs

- Thought Forecasting
  - Have your child envision a future situation, forecast what actions, thoughts, feelings etc. they may have
- Hypothesizing/guessing your child's thoughts/feelings
  - E.g., "Sometimes, when we lose a game, we feel bad about more than just the game. Are you feeling bad about other things right now?"
- Down Arrow ( > > > )
  - Help clarify beliefs by asking successive questions
    - E.g., "so what then?" "why do you think that?"
- Reflect & Connect:
  - Label their thoughts & feelings for them
    - E.g., "It seems to me like when your angry, you think 'nobody loves me.' "

# Interventions

## Cognitive Restructuring

- Questioning the Evidence: 3 Questions
  - Identify the thought/belief.
    - Q1: What's the evidence that supports that belief?
    - Q2: Is there any evidence that combats that belief?
    - Q3: If worst comes to worst... what then?
- Evaluating the positive and negatives TOGETHER!
  - Important for you to help put the positives and negatives in perspective for your child
- Address the emotion associated with the belief
  - Ask your child if the situations is really as serious as it *feels*?
- Practice identifying and correcting thinking errors
  - Daily record of thoughts
    - E.g., "I'm the worst → I *feel* like the worst *right now*"
- Increasing positive self-talk
  - E.g., "I'm lovable," "I'm not perfect, but no one is perfect."

# Interventions

## Cognitive Restructuring

- Triple-Column Technique →
- Reframing & Relabeling:
  - Changing the thoughts by changing the language
    - E.g., “I suck at basketball” vs. “I am still learning how to play basketball”
    - E.g., “I screwed up again, I can’t do anything right!” vs “I made a mistake, but I’ll do better next time”
- Cognitive Rehearsal:
  - Role-play situation while your child “thinks aloud” using coping thoughts
  - Parent should watch for unhelpful thoughts/thoughts without evidence

### Changing Negative Automatic Thoughts

Directions: Use this worksheet to practice identifying your negative automatic thoughts and thinking errors. Identify some more realistic ways of thinking about these problems.

What was my negative automatic thought?	What thinking error did I make?	What is a more realistic way of thinking about it?

# Interventions

## Problem-Solving/Conflict Resolution

- Step 1: Identify maladaptive problem-solving styles
  - Avoidance: deal with conflict directly
  - Dominance: slow down, listen, accept not always “right”
  - People-pleaser: be more assertive and direct
  - Trivialization: respect others, take issue seriously
- Step 2: Training in conflict resolution
  - Define the problem
  - Generate solutions
  - Evaluate the solutions
  - Choose a solution
  - Make and seal an arrangement

# Resources



# Other Ways to Support Your Child

- Make time to [talk with your child](#) and listen to their feelings. You could do this when you're making dinner together or going for a walk.
- Gently encourage your child to do something they would normally enjoy when they're feeling depressed instead of dwelling on their feelings. For example, a trip to the park or spending time with friends.
- Manage your child's stress and tension. [Regular family routines](#) that make time for exercise, relaxing and socialising with friends can help. Getting enough sleep can also reduce your child's stress levels. Look for apps that can help your child learn relaxation strategies, like deep breathing, progressive muscle relaxation, visualisations and mindfulness.
  - E.g., <https://raisingchildren.net.au/grown-ups/looking-after-yourself/anger-anxiety-stress/mindfulness>
- Speak with your child's teacher or school counsellor to find the best ways to support your child at school

# When to Contact a Mental Health Provider

If symptoms of depression have lasted more than 2 weeks, your primary care provider should be seen. If a more thorough evaluation is needed, a mental health provider may be referred to conduct an evaluation.

A mental health evaluation should include:

An interview with the child, parents (family), and teachers

A review of any previous psychological assessments

Rating scales (e.g. Children's Depression Inventory, 2nd ed.) are typically used to assess for depression

\*Most pediatricians conduct mental health screening starting at the 11th year well visit

\* A complete medical assessment is recommended to rule out any underlying medical issues

To find therapists near you who focus on depression in children go to:

<https://www.psychologytoday.com/us/therapists/depression>

# Questions to Ask the Mental Health Provider

- What are your credentials?
- How long have you been a mental health provider?
- What are your areas of expertise?
- What age group do you service?
- Will a treatment plan be developed?
- May I share the treatment plan with my child's school?
- Will there be family sessions?
- What is the cost per session?
- Do you accept insurance?

# Literature for Parents

[Child Depression Resources: BOOKS FOR CAREGIVERS \(A list from Pediatric People\)](#)

Depression & Your Child: A Guide for Parents and Caregivers by Deborah Serani

Freeing Your Child from Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility, and Happiness, 2nd Edition by Tamar Chansky, PhD

The Yes Brain: How to Cultivate Courage, Curiosity, and Resilience in Your Child by Daniel Siegel, MD and Tina Payne Bryson, PhD

Building Resilience in Children and Teens: Giving Kids Roots and Wings by Kenneth Ginsburg, MD

Kid Confidence: Help Your Child Make Friends, Build Resilience and Develop Real Self-Esteem by Eileen Kennedy-Moore, PhD

How Parents Can Teach Children to Counter Negative Thoughts by Frank Dixon

# Literature for Children and Adolescents

## Children and Adolescents Resource Books On Depression (A list from Pediatric People)

How To Get Unstuck From The Negative Muck: A Kid's Guide To Getting Rid of Negative Thinking by Lake Sullivan, PhD

My Feeling Better Workbook: Help for Kids Who Are Sad & Depressed by Sara Hamil, LCSW

Me and My Feelings: A Kid's Guide to Understanding and Expressing Themselves by Vanessa Green Allen, MEd

Believing in Me: A Child's Guide to Self-Confidence and Self-Esteem by Poppy O'Neill

The Color Monster: A Story About Emotions by Anna Llenas

A Little Spot of Sadness: A Story About Empathy and Compassion by Diane Alber

What to Do When I Am Sad by Dagmar Geisler

When Sadness is at Your Door by Eva Elan

# Note to Parents

It's *not your fault* if your child develops depression.

It's important to look after your own health and well-being too!

- This can impact your child
- If you are well, you are better able to care for your child



**Q&A**