

DEPRESSION in YOUTH

A Military Parents' Guide through Transition

A Coordinated Approach to Diagnosis and Support



*One in the
"Leaving Your Footprints" Series of
Military Family Guides through Transition*



DEPRESSION in YOUTH

A Military Parents' Guide through Transition

This document is a parents' guide to understanding depression in youth and learning how to communicate with professionals and other parents about issues related to transitions for highly mobile children diagnosed with depression. Although written with parents in mind, it also is instructive and useful for educators and other professionals.

You will find in this document:

1. Three Infographics, designed to provide a concise overview of depression:
 - ✦ Key Points in Identifying Depression
 - ✦ Key Points in Treating and Managing Depression
 - ✦ Key Family, School and Community Roles
2. A four-page Depression in Youth Dialogue Guide that provides instruction and advice for parents and professionals who would like to host a facilitator-guided conversation about transitions with children who have been diagnosed with depression disorder.
3. Recommended resources from numerous professional organizations.

You are encouraged to print and reproduce all documents.

We encourage you to share the material in any medium or format with appropriate acknowledgment of the Military Child Education Coalition®. You may adapt the material as long as the intent remains unchanged and the modifications are explicitly noted.

These Infographics and Dialogue Guide were developed as a collaborative project by personnel from the National Association of State Directors of Special Education (NASDSE), the Military Child Education Coalition (MCEC), and the Child and Family Behavioral Health System-Program Management Office, United States Army Medical Command.



Depression in Youth

Identifying Depression

WHAT CAN DEPRESSION LOOK LIKE IN ADOLESCENTS?

- Sad, apathetic, irritable, moody
- Resistive -- doesn't want to do work
- Negative self-statements
- Sense of hopelessness and despair
- Withdrawn from family, peers & activities
- Unexplained physical complaints
- Changes in sleeping and eating patterns
- Low performance/failing
- Difficulty with concentration
- Recurrent thoughts of death or suicidal ideation

POSSIBLE TRIGGERS

- Physiological changes/puberty
- Bullying and fears of rejection
- Changes in peer and romantic relationships
- Youth with gender and sexual identity issues at higher risk
- Poor coping skills
- Performance demands at school or home
- Preoccupation with social media and video games
- Excessive overall screen time
- Pressure to use drugs/alcohol

INCIDENCE OF DEPRESSION

- Diagnosed depression has increased over the past decade
- Female: Male Ratio in Children 1:1; in Adolescents 2:1
- Military-connected teens self-report higher levels of depressive symptoms and suicidal ideation than their peers
- Greater risk for youth with special needs, especially autism and ADHD
- Anxiety is often the precursor to depression

ASSESSMENT SHOULD INCLUDE

- Interview and screening, including family history
- Appropriate physical exam
- Lab work to rule out other issues
- Assessment for "suicidality"

SUICIDE

- Is increasing, especially in girls
- Is the second leading cause of death for ages 12-18
- Take threats and signs seriously. Trust instincts and ask directly



Depression in Youth



Treating & Managing Depression

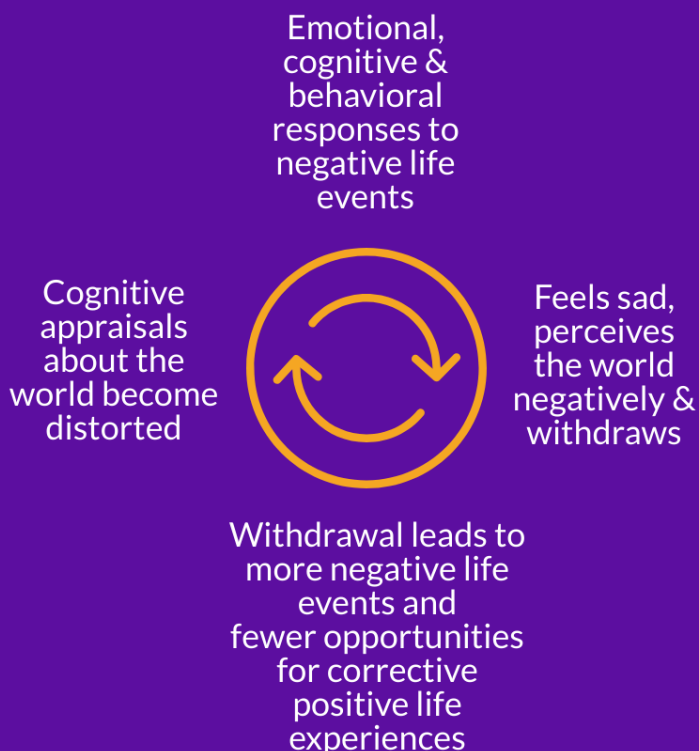
SEVERITY & IMPACT OF DEPRESSION INFORMS the TREATMENT PLAN

- For mild depression: Cognitive Behavioral Therapy (CBT) is the Gold Standard
- For moderate to severe depression: CBT + medication
- Consistent and coordinated processes and procedures are important.

COGNITIVE BEHAVIORAL THERAPY (CBT)

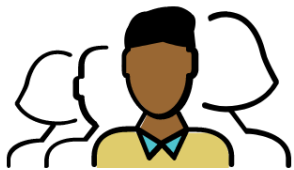
- Psychoeducation
- Behavioral Activation (fun, meaningful, social)
- Mood monitoring
- Relaxation techniques
- Mindfulness
- Communication and social engagement
- Problem solving skills (alternatives to withdrawal)
- Cognitive restructuring (finding realistic appraisal)

TEACH PATIENTS & FAMILY ABOUT THE CYCLE OF DEPRESSION



WHEN MEDICATION IS RECOMMENDED...

- SSRIs are the medication of choice and can be provided by the Primary Care Manager
- A "Start Low, Go Slow" dosing approach is best for optimal results
- Maintenance is necessary to prevent a relapse
- Discontinuation of medication should be at low stress times such as summer



Depression in Youth

Family, School & Community Roles

OVERALL PERCEPTION CHANGE

- Create a culture of collaboration among kids, schools, families and community
- KEY: Relationship with a positive person or adult
- Convey that social/emotional harm is as important as physical harm
- Encourage strong parent-child connection



EDUCATE ALL:

If you see something, say something.
It's OK to tell a trusted adult!



RESPONSE and INTERVENTION

- Create systemic approach to threat assessment and response
- All adults need to be able to recognize the signs of depression/suicide and recognize changes in students/youth
- Students must also understand the importance of reporting self/peers who are in crisis

COLLABORATIVE RESPONSIBILITIES



ONGOING SUPPORT

- Meet the individual student/youth's needs for on-going mental health support
- Support within the school should be coordinated with community support and family support
- Safety planning for suicide is vital for keeping students safe

PREVENTION

- Education on depression & suicide for staff, family and students: know what to look for & what to do
- School-wide prevention programs
- Encourage opportunities for meaningful student engagement (extra-curricular & volunteer)
- Every student needs to have a connection with at least one caring adult (especially in school)
- Military parents need to inform schools & caregivers of treatment plan when in transition
- Foster parent & school partnerships. Maintain an open door policy

DEPRESSION in YOUTH DIALOGUE GUIDE

For Military Families

Introduction

Military connected students generally move six to eight times during their twelve years of schooling. They transfer back and forth between DODEA and public schools in communities where they are assigned. As they move among school settings, they learn that not all schools and health providers are equally prepared to provide needed services for children who have ongoing behavioral health challenges.

During the 2019 Military Child Education Coalition National Training Seminar (NTS), MCEC convened experts, practitioners and families to consider how families could be better empowered to act on behalf of students with two childhood behavioral health issues: anxiety disorders and depression. These stakeholders co-created **Infographics** to communicate basic information in a concise way about both of these challenges. Using these infographics, **Dialogue Guides** were created to help families, military staff members, educators and local providers hold conversations to build sensitivity, understanding and support for children who cope with these challenges. These Guides are particularly helpful as families prepare to move away from communities or after they have moved into new communities.

This booklet contains the Infographics and Dialogue Guide for **depression in youth**.

What is depression?

For almost all adolescents, issues such as peer pressure, academic expectations and changing bodies can bring on a roller coaster of emotions. But for some youth, the emotions are more than just fleeting feelings — they're a symptom of depression, a behavioral health condition that requires attention from all of those who are a part of the youth's circle.

Military families, of course, are not exempt from the diagnosis of adolescent/teen depression or from the fear that their child is exhibiting symptoms of depression. Because of frequent Permanent Change of Station (PCS) moves, they may, however, discover inconsistencies in medical care and support from one community to the next. When that happens, families often feel alone in their search to find appropriate caregivers and support. This set of Infographics and the attached Dialogue Guide provide a starting point for creating both understanding and common discussion points to be shared with others in the same situation.

The Infographics are designed to provide the basis for understanding for families and others, as they:

1. Identify depression
2. Understand the treatment and management of depression
3. Determine the roles that can be shared by families, the community and the schools in supporting children with depression

The Dialogue Guide provides conversation starters to support communication among those who should be a part of the support community.

Exploring the infographics

The three infographics capture the major themes shared by the panel of experts* during the NTS.

As you examine the three infographics:

1. Ask yourself if there is anything new or surprising to you.
2. Imagine how these issues impact the life of a child and a family.
3. Now, think about the number of times these issues must be explored with a new set of providers and educators in a new location.

And, now you're ready to enter into a dialogue!

Participating in a Dialogue

Dialogue is a special kind of conversation. It is not a debate or a discussion. In dialogue, we endeavor to learn what others know and believe. More importantly, we want to create understanding that helps people act together on an issue. There are two types of questions that focus the dialogue: ***Reaction Questions*** and the ***Application Questions***.

Reaction questions surface perspectives of the individuals involved in the conversation. They seek to uncover what people know and believe. In conversing through reaction questions, it is helpful to hold interaction until everyone in the group has had a chance to respond to a question. Then, the facilitator can begin to take comments or questions from among the participants and permit them to address questions to each other.

In dialogue, we are not trying to convince anyone of our position. Rather, we are seeking to understand the perspective of another that may contribute to a greater understanding of the issue in general, or the issue in a particular situation.

Sample Reaction Questions:

About the issue:

1. Why is the impact of a diagnosis of depression on military connected students important to you?
 - in terms of programs and services?
 - in terms of relationships between families and schools?
2. In your experience, how does a diagnosis of depression contribute to the stress that families experience in changing assignments?
3. What do your colleagues say about the need to build understanding between families and schools around a diagnosis of depression?

About the Depression Diagnosis:

1. In what ways does a depression diagnosis differ from other conditions? What are the implications?
2. In your experience, how do families react to a diagnosis of depression in their children?
3. In your experience, what do parents say about the use of medication for depression in youth?
4. In your experience, how do school staff talk about the use of medication to manage depression?
5. Why is a common understanding of a depression diagnosis important to you?
 - in terms of programs and services?
 - In terms of relationships among the parents, pediatrician/family doctor and school.

About Depression Interventions:

1. The research suggests that for moderate and severe depression the combination of medication and cognitive behavioral therapy (e.g., parent training, behavioral activation, etc.) is most effective. In your view, what would this teaming look like?
2. For those children requiring medication, research suggests that establishing the correct dosage is important in managing depression. In what ways does teaming together (practitioners, families, school, etc.) aid in the correct dosing and maintenance, and the effectiveness of a behavioral intervention?

Application questions help participants use the information they have gained in addressing a problem they face. They help the group to think and act together. Application questions help the group to identify leverage points, propose actionable strategies and find key allies.

Sample Application Questions

1. Recall a time when you needed support in managing depression symptoms. How might the approaches described in the infographics have changed that story?
2. Given the information on the infographics, how might parents be expected to respond to the information? Administrators and teachers? Doctors?
3. Where could this information impact current practice?
4. How might parents, teachers, administrators, medical staff, related service providers, students, coaches, chaperones. etc. be better prepared to understand the need to put these ideas into practice?
5. Recall a time when a young child diagnosed with depression had to make a transition from one location and school to another. How might the information in this infographic have helped the family plan for that transition?
6. Students have an active role to play in managing their depression symptoms. How can we involve students in the teaming process in age appropriate ways?
7. How might we prepare students for a greater self-advocacy around depression?

Hosting a Dialogue

The purpose of a dialogue is to help people discover that they have a common need to work together on the issue. When we consider the possible impact of a diagnosis of depression on an entire family, we must build a common understanding of what to look for, what we're looking at, who has the need for support and what support they need.

Who should be invited to the dialogue? All interested stakeholder, to include (but not limited to):

- Parents of children who have been diagnosed with depression or similar behavioral issues
- Educators, to include teachers in addition to those responsible for behavioral health oversight
- EFMP (Exceptional Family Member Program) personnel from the military installation
- Mental health professionals

A facilitator manages the conversation by setting and maintaining ground rules that guide interaction. Choose a dialogue facilitator that will be welcoming and neutral in interacting with the group. Working together, members of the National Association of State Directors of Special Education's IDEA (Individuals with Disabilities Education Act) Partnership created a Facilitator's Guide. This guide will help you to think about organizing and hosting a dialogue, and it can be found at this link:

www.ideapartnership.org/media/documents/Dialogue_Guide_Facilitator_Handbook.pdf

The Georgia Department of Education also has a very useful guide based on the dialogue strategy. Their guide (<http://www.gaspedg.org/resource/circles-adults-focusing-educationcafe-dialogue-implementation-guide>) suggests a particular practice that they have found to be quite effective. In their dialogues, there is no crosstalk until all have spoken. Participants do not react or ask question of each other until everyone has contributed. In their view, this helps participants think about their perspective in relation to the array of other perspectives before they speak.

Taking the First Step

This material is meant to help you begin important conversations about depression, and it can also support conversations about other important issues. Take the first step to open the conversation. Your advocacy will help in **leaving a footprint behind** as you work to foster a greater understanding in your community about depression and all behavioral health issues.



*Panel participants:

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Facilitators:

Paul Ban, Ph.D., Director of Outreach for the Child and Family Behavioral Health System-Program Management Office, United States Army Medical Command.

Joanne Cashman, Ed.D. is the Director of The IDEA Partnership at the National Association of State Directors of Special Education (NASDSE)

TOOLS and RESOURCES about DEPRESSION

Depression in Children - Websites

- American Academy of Child & Adolescent Psychiatry – Resources for Families and Youth
https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Depression_Resource_Center/Resources_for_Youth_Depression.aspx
- American Academy of Pediatrics – Pediatric Patient Education
<https://patiented.solutions.aap.org/handouts.aspx#d>
- Anxiety and Depression Association of America - Resources
<https://adaa.org/>
- Child Mind Institute -- An independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorder.
<https://childmind.org/topics/concerns/depression/> and
<https://childmind.org/topics/disorders/depressive-and-mood-disorders/>
- Child Mind Institute – Study: Understanding the Online Lives of Children and Adolescents
file:///C:/Users/Joan%20Barrett/Documents/M.C.E.C/INSTRUCTIONAL%20SYSTEMS%20DESIGN%20INFO/Resources%20--%20General/Childrens_Mental_Health_Report_2019.pdf
- Comprehensive Information about Childhood Depression/Mood Disorders
<https://infoaboutkids.org/emotions/common-emotional-conditions/mood-disorders/>
- General Information and Effective Treatments
<https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/sadness-hopelessness-and-depression/>
- Intervention Central -- Behavioral Interventions
<https://www.interventioncentral.org/behavioral-intervention-modification>
- National Center for School Mental Health – Guidance from the Field
<http://csmh.umaryland.edu/Resources/Foundations-of-School-Mental-Health/Advancing-Comprehensive-School-Mental-Health-Systems--Guidance-from-the-Field/>
- One in Five Minds Campaign -- Focused on supporting families through their journeys with behavioral health issues primarily in the San Antonio, TX, area. The resources are universal
<https://www.1in5minds.org/who-we-are/about-us>
- PBIS World (Positive Behavior Interventions and Supports) resources
www.pbisworld.com
- Stop Bullying Now
www.stopbullying.gov

Books for Parents:

- Interventions for Achievement and Behavior Problems in a Three-Tier Model Including RTI, Edited by Mark Shinn and Hill Walker, Published by NASP
- Pre-Referral Intervention Manual, 4th Edition, by Stephen McCarney & Kathy Cummins Wunderlich

Books for Kids:

- How to Get Unstuck from The Negative Muck: A Kid's Guide To Getting Rid Of Negative Thinking by Lake Sullivan, Ph.D.
- Think Good – Feel Good, A Cognitive Behavior Therapy Workbook for Children and Young People by Paul Stallard
- What to Do When You Are Sad and Lonely: A Guide for Kids by James J. Crist