

# Recognizing, Preventing and Treating Youth Depression in Schools

Alyssa M. Herman, MS & Alayna L. Park, PhD

February 7, 2024



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email [casey.morton@und.edu](mailto:casey.morton@und.edu).

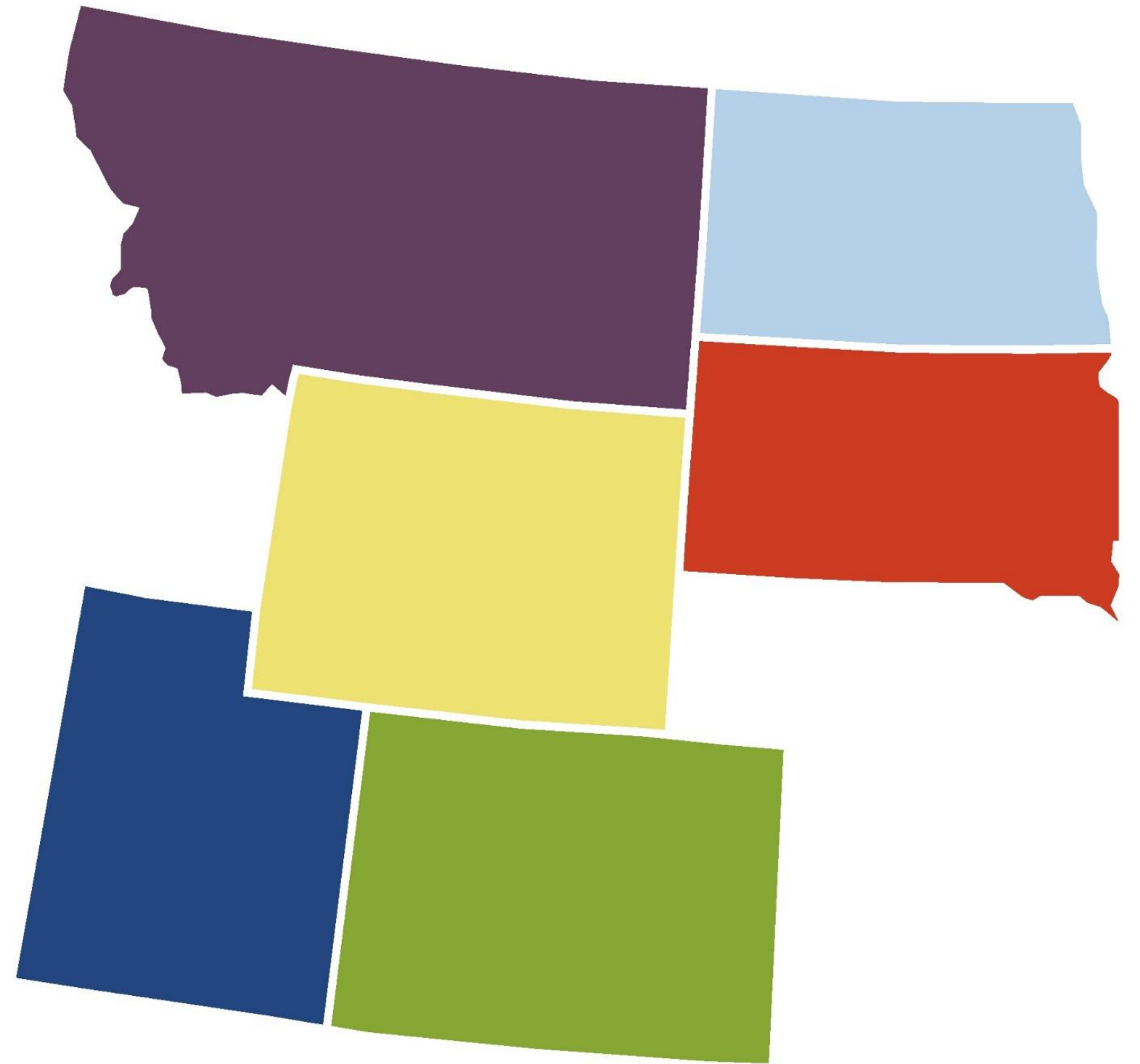
At the time of this presentation, Miriam Delphin-Rittmon served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Alyssa Herman and Alayna Park and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

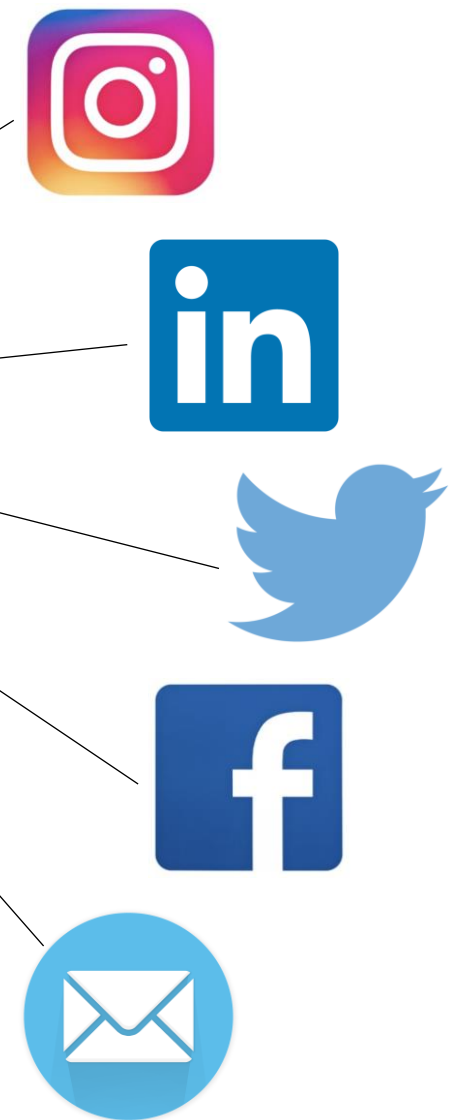
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

# Stay Connected

---

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



# Welcome!

---

## Tell us about yourself in the chat!

**Name | Position | What you hope to get out of this presentation?**

# RECOGNIZING, PREVENTING, AND TREATING YOUTH DEPRESSION IN SCHOOLS

---

Alyssa M. Herman, MS  
Alayna L. Park, PhD

February 2024



# TABLE OF CONTENTS

---

**Introductions**

**Signs of  
depression**

**Assessing  
depression**

**Addressing  
depression**

**Cultural  
considerations**

# INTRODUCTIONS

# Training Team

---



Alyssa Herman, MS



Alayna L. Park, PhD

# Disclosures

---

- I have no actual or potential conflict of interest in relation to this presentation.

# **SIGNS OF DEPRESSION**

# Depression

---

**3-15%**  
Youth struggle  
with  
depression

# Depression

---

- Changes in mood, activity, and thinking which cause significant distress and impairments in school and social functioning.
- More than a transient sad mood and last for significant periods of time (2+ weeks)

# Depression in youth

---

- Primary features of depression in youth overlap with depression in adults
- Some key differences in depression presentation that depend on the youth's developmental level



# Depression in youth

---

01

Depressed mood

# Depression in youth

---

01

Depressed mood



- Irritability\*
- Temper outbursts\*
- Crankiness\*
- Sad
- Down
- Empty

# Depression in youth

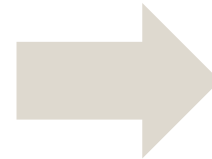
---

01

Depressed mood

02

Lack of interest/ anhedonia



**Loss of interest in activities**

- **Not wanting to see friends**
- **No longer engaging in enjoyable activities**

# Depression in youth

---

01

Depressed mood

02

Lack of interest/ anhedonia

One needs to  
be present

# Depression in youth

---

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes



- **Not hungry**
- **Underweight or failing to make expected weight gain**
- **Eating too much**

# Depression in youth

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

**Change in sleep**

- **Hypersomnia**
- **Insomnia**

# Depression in youth

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

05

Motor activity



- Moving or walking slowly
- Talking slowly
- Restlessness

# Depression in youth

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

05

Motor activity

06

Cognition



- **Fear of bad things going to happen**
- **Being bad person**
- **Thinking no one loves them**
- **Negative comments**



# Depression in youth

---

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

05

Motor activity

06

Cognition

07

Concentration

- 
- **Difficulty focusing and paying attention**

# Depression in youth

---

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

05

Motor activity

06

Cognition

07

Concentration

08

Fatigue

# Depression in youth

01

Depressed mood

02

Lack of interest/ anhedonia

03

Appetite changes

04

Sleep disturbances

05

Motor activity

06

Cognition

07

Concentration

08

Fatigue

09

Suicidal ideation

- Thoughts about death
- Talk about death
- Wanting to kill self
- Hopelessness

# ASSESSING DEPRESSION

# What do you look for when assessing for depression?

---

# Assessing for Depression

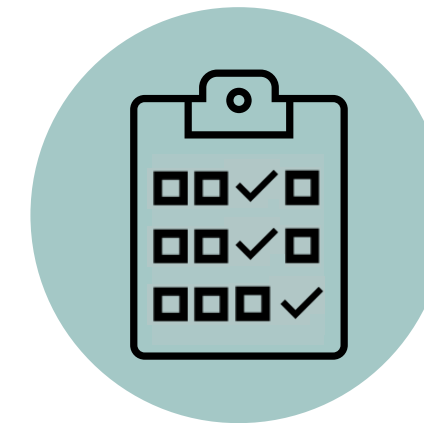
- It is important to effectively diagnose whether or not a youth is presenting with depression.



Unstructured Interview



Structured Interview



Questionnaire Scales

# Unstructured Interview



- Idiosyncratic methods that vary by clinician
- Less reliable and valid due to risks of bias



# Structured Interview

---



- Standardized interview questions and probes
  - Specific symptoms
  - Duration of symptoms
  - History of symptoms
  - General functioning in various domains
- Can be lengthy and typically require training and supervision by a licensed mental health professional





# Structured Interview

Measure Name	Administration Time	Type	Link to Form
<b>Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS)</b>	<b>90 minutes</b>	<b>Semi-structured interview</b>	<b><a href="https://osf.io/rygju/">https://osf.io/rygju/</a></b>
<b>Diagnostic Interview for Anxiety, Mood, and OCD and Related Neuropsychiatric Disorder (DIAMOND - KID) – Child Version</b>	<b>90 minutes</b>	<b>Semi-structured interview</b>	<b><a href="https://giving.hartfordhospital.org/tolin-diamond-training-video/">https://giving.hartfordhospital.org/tolin-diamond-training-video/</a></b>
<b>Mini-International Neuropsychiatric Interview for Children and Adolescents (MINI-KIDS)</b>	<b>15-50 minutes</b>	<b>Structured interview</b>	<b><a href="https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview-for-children-and-adolescents">https://eprovide.mapi-trust.org/instruments/mini-international-neuropsychiatric-interview-for-children-and-adolescents</a></b>

# Questionnaires

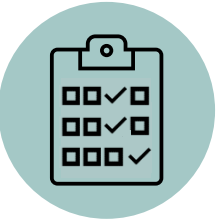
---



- Quick, reliable and valid measures of symptom severity within a specific time frame
- Assess symptom severity or frequency using a scale
- Completed by the youth, youth's teacher, or the youth's parent
- Tool for screening and evaluating change over time

**What questionnaires do you use?**

# Behavior and Feelings Survey



- **Ages:** 7-15 years old
- **Reporters:** Parent or youth
- **Cost:** Free
- **Purpose:** 12 item questionnaire to assess progress with externalizing and internalizing problems during psychotherapy



Link to Questionnaire

# BFS Scoring

---



- Summed scoring with higher scores indicating more difficulties
- Internalizing Problems (0-24)
- Externalizing problems(0-24)
- Total problems (0-48)

# Revised Child Anxiety and Depression Scale (RCADS)



- **Ages:** 8-18 years old
- **Reporters:** Parent and youth version
- **Languages:** 7 Languages (e.g., English, Spanish, Chinese, Korean, French)
- **Cost:** Free
- **Purpose:** Assess for the presence of depression and anxiety



Link to Questionnaire

# RCADS Versions

---



01

## RCADS (47 items)

- Separation anxiety
- Social phobia
- Generalized anxiety
- Panic disorder
- Obsessive-compulsive disorder (OCD)
- Depression (low mood)

02

## RCADS-Short Form (25 items)

- Depression
- Anxiety

# RCADS Scoring

---



- Raw Total Score
- Normed scores based on grade and gender
  - T-Scores below 65 = outside clinical range
  - T-Scores between 65 - 69 = borderline clinical range
  - T-Scores at or above 70 = at clinical threshold



Scoring Form



# Assessments

---

## HGAPS Portfolios



Helping Give Away Psychological Science (HGAPS) has portfolios of assessments and links to the questionnaires.

## List of Free Assessments



Dr. Becker-Haimes et al., a professor at University of Pennsylvania's Perelman School of Medicine, has a list of brief, free, accessible youth mental health measures



# ADDRESSING DEPRESSION

# Vignette

---

Alexa, a 12-year-old Latina girl, was referred to the school counselor after being suspended for fighting with another student and talking back to her teacher. Alexa's teacher reported that her behavior at school has progressively worsened over the past few months. Alexa's parents confirmed that she seemed more irritable at home. However, they expressed their primary concerns are Alexa's decline in her academic performance and her withdrawal from family activities. Despite their requests to join events, she frequently chooses to spend time alone rewatching the same TV shows.

Alexa shared that people at school often get on her nerves and she only has a couple close friends. Alexa reported that she used to draw and play games with those friends, but recently she has not had the energy or interest to hang out with them.

# Vignette

---

01

**What additional information would you want to know about Alexa?**

# Vignette

---

01

What additional information would you want to know about *Alexa*?

02

How would you assess that information?

# Assessments

## RCADS

	T-Score
Separation anxiety	55
Social phobia	62
Generalized anxiety	60
Panic disorder	59
OCD	50
Depression	72

## BFS

Internalizing	16 (out of 24)
Externalizing	13 (out of 24)
Total difficulties	29 (out of 48)

# Vignette

---

01

What additional information would you want to know about *Alexa*?

02

How would you assess that information?

03

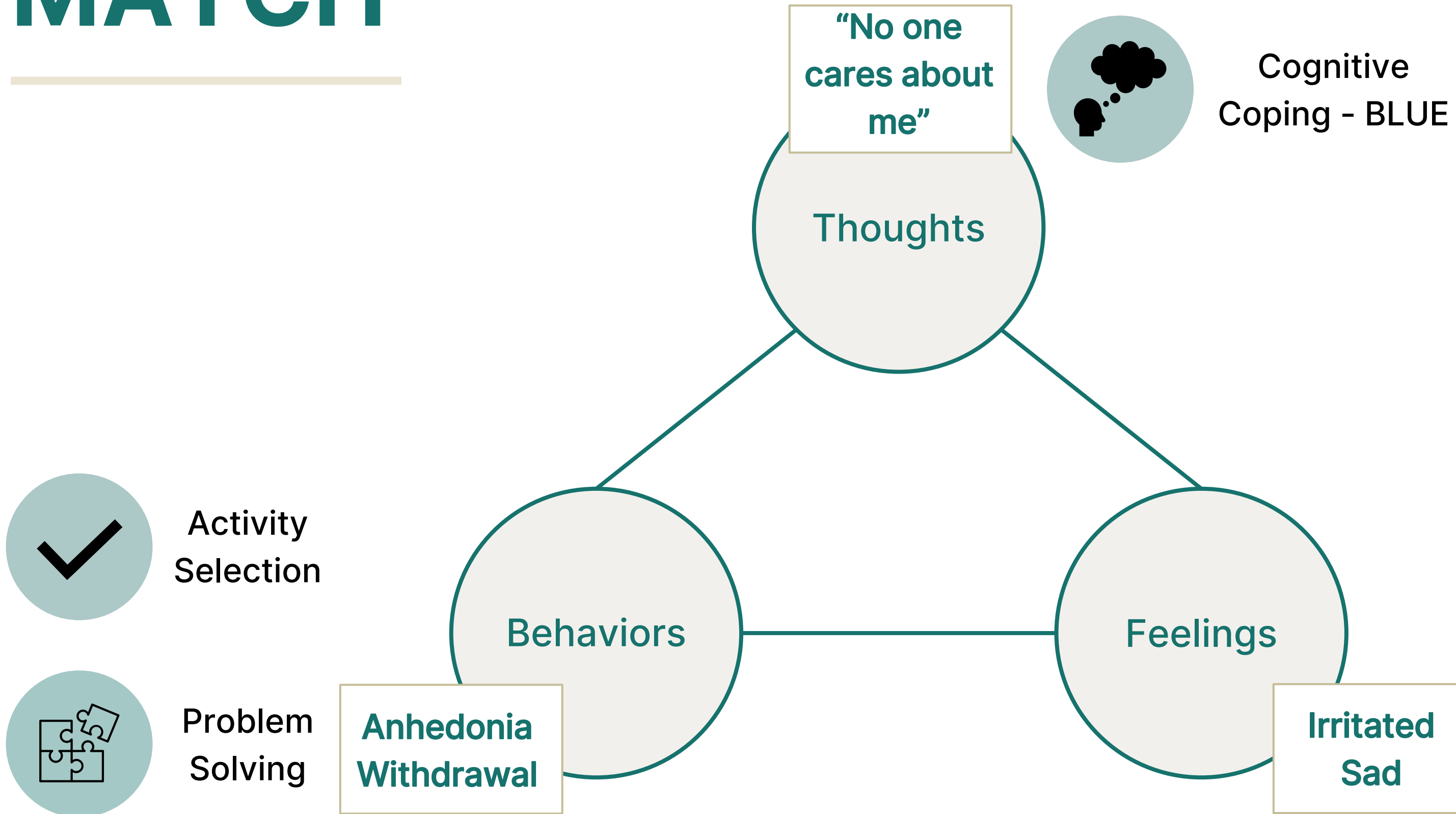
What problem would you focus on in treatment?

# MATCH

---

- The Modular Approach to Therapy for Children (MATCH) is an evidence-based treatment designed to treat multiple diagnoses including depression, anxiety, disruptive behavior and trauma.

# MATCH





# Activity Selection

---



- Behavioral modification, or increasing healthy positive behaviors, is **one of the most effective ways to treat depression.**
- It helps to get our minds off bad feelings and engage in activities we enjoy.
- **Activity selection** involves introducing mood-elevating activities that are fun, enjoyable and rewarding.



# Identifying Activities

---



01

**How would you identify pleasant activities?**

02

**What are some activities youth enjoy?**

# Common Activities



Activity	2 to 7 years old	7 to 13 years old	13 to 17 years old
Art	Finger painting, molding, Play-Doh, drawing and coloring with crayons or washable markers	Drawing and coloring with colored pencils or glitter pens	Drawing and coloring with colored pencils or paint
Games	Playing Candy Land, Go Fish, Uno	Playing Connect Four, Jenga, Exploding Kittens	Playing Scrabble, Taboo, card games
Sports	Playing Candy Land, Go Fish, Uno Running, hopping or skipping, throwing and catching	Playing soccer, dancing, jumping rope	Playing baseball/ softball, basketball, bowling
Toys	Playing with giant building blocks, dolls or trucks, simple jigsaw puzzles	Playing with Legos, Rubik's Cube	Playing with Legos, 3-D puzzles

# Identifying Activities



The goal of activity selection is to work with the youth to create a list of simple, free, and readily available activities.

When choosing activities ensure that activities include at least one of the following:

**Enjoyed before**

**With someone  
they like**

**Keep busy**

**Help someone**

# Activity Selection (Alexa)



1. Alexa was withdrawing from family activities.
2. Spending time alone watching TV shows.
3. A few close friends.
4. No longer draws or plays games with friends.

**Enjoyed before**

With someone  
they like

Keep busy

Help someone

# Activity Selection (Alexa)



1. Alexa was withdrawing from family activities.
2. Spending time alone watching TV shows.
3. A few close friends.
4. No longer draws or plays games with friends.

Enjoyed before

**With someone  
they like**

Keep busy

Help someone

# Activity Selection (Alexa)



1. Alexa was withdrawing from family activities.
2. Spending time alone watching TV shows.
3. A few close friends.
4. No longer draws or plays games with friends.

Enjoyed before

With someone  
they like

**Keep busy**

Help someone

# Activity Selection (Alexa)



1. Alexa was withdrawing from family activities.
2. Spending time alone watching TV shows.
3. A few close friends.
4. No longer draws or plays games with friends.

Enjoyed before

With someone  
they like

Keep busy

**Help someone**



# Identifying Activities

---



- Depressed youth will likely *not* want to engage in these activities
  - Helpful to include a caregiver (via Zoom call, phone call, afterschool appointment)
  - Helpful to schedule them throughout the day

# Cultural Considerations

---



- Take the families lead in identifying activities
  - Recommended activities should align with the values of the youth and their family
- Explain the benefit of the activity to client and their caregiver

# Cognitive BLUE

---



- **Cognitive restructuring**, or adjusting our thoughts, is another effective way of treating depression in youth.
- Examining thoughts can help youth identify unhelpful or negative thoughts and adjust them to be more accurate



# Cognitive BLUE

**B**

Blaming self

*taking too much  
personal  
responsibility for  
negative events*

**L**

Looking for bad  
news

*Paying attention  
only to the  
negative  
information and  
ignoring the  
positive  
information*

**U**

Unhappy  
guessing

*Expecting bad  
outcomes when we  
don't really know  
how things will turn  
out*

**E**

Exaggerating

*Making things  
seem worse than  
they really are*

# Cognitive BLUE

---



1. What's the evidence?
2. Is there another way to look at the situation?
3. What would you tell a friend?
4. What if it is true – would you be able to handle it?

# Cognitive BLUE (Alexa)



My parents  
will never like  
me as much  
as my  
brother.

B

Blaming self

L

Looking for bad news

U

Unhappy guessing

E

Exaggerating

*What are some questions  
you could ask Alexa to  
challenge that thought?*

# Cognitive BLUE (Alexa)



It's all my fault  
that I'm failing  
in school.

B

Blaming self

L

Looking for bad news

U

Unhappy guessing

E

Exaggerating

*What are some questions  
you could ask Alexa to  
challenge that thought?*

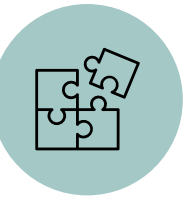


# Cultural Considerations

---

- This exercise is very individualistic. Those coming from collectivistic culture may benefit from:
  - Asking questions regarding roles (e.g., as a daughter, as a sister)
  - Activities that focus on behavior (e.g., activity selection)
- “Yes and” approach
  - Acknowledging the experience and asking for another perspective





# Problem solving

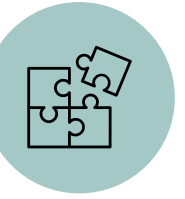
- 3 common responses to a problem



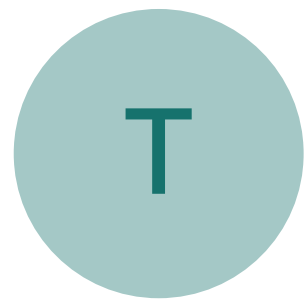
Increasing rational problem solving can help youth improve mood and relationships by allowing a sense of control over the situation.

# STEPS

---



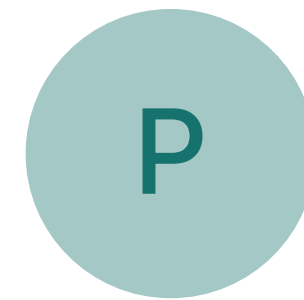
Say the  
problem



Think of  
solutions



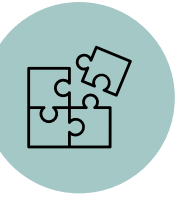
Examine each  
solution



Pick one



See if it worked



# STEPS (Alexa)

S

Say the  
problem

I'm doing poorly on my tests.

T

Think of  
solutions

I could quit school.  
I could ask the teacher for help.  
I could ask sister for help.  
I could study and work with a friend.  
I could talk to my teacher about retaking tests.  
I could ask my parents for help.  
I could attend afterschool classes.

E

Examine  
each  
solution

P

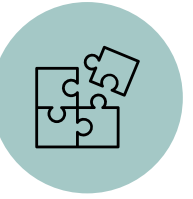
Pick a  
solution

S

See if it  
worked

# Cultural Considerations

---



- Incorporating parents in the problem solving
- Some families may see therapist as authority figure and be hesitant to provide self-generative ideas
  - More scaffolding of client-centered problem solving (e.g., showing how to go through a first problem or offering a solution)
  - Therapist should continue to encourage client to have self generative ideas

# Culturally Sensitive Care

**01**

Provide treatment and resources in a language that is understandable to the client and their family

**02**

Use culturally appropriate terminology

**03**

Understand the client's view of factors maintaining symptoms and their goals for therapy

**04**

Assessment and incorporation of outer context of society

**05**

Be aware of traditional cultural variables while not perpetuating those stereotypes and biases

Cultural  
Formulation  
Interview



# Thank you!

---

Alyssa Herman | [aherman2@uoregon.edu](mailto:aherman2@uoregon.edu)