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Description of Depressive Disorders

Disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder, and premenstrual dysphoric disorder are categorized under depressive disorders in the fth edition of The Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013). Youth depression is caused by a combination of genetic, biological, environmental, and psychological factors, with family history accounting for 24% to 58% of depression in youth (Rao & Chen, 2009). Prevalence rates for depression are around 11% in adolescents (Merikangas et al., 2010) and 2.5% in children (Costello, Foley, & Angold, 2006). Younger children (i.e., ages 1-3) are less likely to experience depression, and symptoms gradually increase from middle childhood through adolescence.

Symptoms of depressive disorders vary, but in most instances youth experience a depressed mood or loss of interest in what should be pleasurable activities (e.g., spending time with friends). Counselors should note, however, that in some cases involving children and adolescents, an irritable mood may also be noted (Stringaris, Maughan, Copeland, Costello, & Angold, 2013). Furthermore, youth with a depressive disorder frequently encounter intense and persistent sadness, tiredness/loss of energy, changes in sleep, and somatic complaints. These symptoms may result in school absenteeism, poor academic performance, and even thoughts of death and/or suicide (APA, 2013).

An important distinction between youth and adults includes children expressing depression as physical symptoms such as aches and pains, and speci cally abdominal pain (Field, Seligman, & Albrecht, 2008). As they get older, however, youth can communicate more speci c depressive symptoms than younger children, including helplessness, hopelessness, sadness, and pessimism (Kendall & Comer, 2010). Although adults frequently withdra or isolate themselves when they experience depression, adolescents will disengage, but not completely (Field et al., 2008). Instead, youth communication with parents and peers becoming less frequent, or youth might seek alternative friends/social groups. Ultimately, counselors should consider age and developmental factors when assessing symptoms of depression.

Resources:

The American Academy of Child and Adolescent Psychiatry
http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Depressed-Child-004.asp

The National Institute on Mental Health
http://www.nimh.nih.gov/health/topics/depression/depression-in-children-and-adolescents.shtml

The National Institute on Mental Health
http://www.nimh.nih.gov/health/publications/depression/index.shtml

Help Guide Organization
http://www.helpguide.org/articles/depression/teen-depression-signs-help.htm

National Institute on Mental Health
http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml

Psychoeducation enhances a youth's awareness of the effects depressive symptoms have on behaviors and is linke to more positive treatment outcomes (Smith et al., 2010). Counselors are encouraged to consider including pyschoeducation as part of a youth's treatment plan, as increased understanding can also facilitate a sense of empowerment in young clients. Psychoeducation lays the groundwork for youth to participate in self-monitoring, self-initiating, and self-regulating skills that are essential to cognitive behavioral treatment approaches, and help young people to manage depressive symptoms.

Cognitive Behavioral Therapy

A cognitive behavioral therapy (CBT) approach to youth depression involves educating youth to recognize their reactions to depressive symptoms and utilize behavioral and cognitive coping strategies (Friedberg, McClure, & Garcia, 2009; Stark, Streusand, Prerna, & Patel, 2012). When youth are depressed they frequently ruminate and focus on negative thoughts about themselves, their world, or the future. Therefore, the goal of CBT is to assist youth in identifying, challenging, and modifying their thoughts, beliefs, and assumptions in order to generate more adaptive thought processes. The essential goal in CBT is to have youth shift their thinking to becoming aware of their positive attributes and skills (Kress & Paylo, 2015). CBT principles and interventions are important counseling interventions to apply with youth who have depression (Klein, Jacobs, & Reinecke, 2007).

Cognitive restructuring is one technique that may be used in counseling, and this technique involves young clients identifying and replacing distorted cognitions with more positive, adaptive beliefs. Counselors will need to assist youth in identifying cognitive distortions and help them elaborate on their interpretations and assumptions, in alignment with their developmental level. Next, counselors should have clients assess whether or not there is evidence to support the harmful or negative thoughts. With young clients, a visual representation (e.g., the use of pictures, visual or cyclical patterns, drawings, paintings, puppets, or clay) may be used to help identify and challenge distorted thoughts.

Behavioral Activation Therapy

Behavioral activation therapy (BAT; Chartier & Provencher, 2013) is used to modify young clients' behaviors, which consequently reduces their depressive symptoms, feelings, and thoughts. The basic premise of BAT is that if you stay busy and engaged in activities that are enjoyable, you will begin to feel better. When young people are behaviorally activated they are more likely to participate in enjoyable activities, which then contributes to an enhanced mood.

The implementation of BAT with youth involves activity scheduling to assist them in challenging the withdrawal, el b24.9(v)16.(ar).9(v)-14.(8(la)16.8(als)-y) ma)1612.9(yl-1.9ful)ssicn col.7(v)158( )-1hat de

especially with young people who have recently started to take medication or those who have had changes in their medication (Barbui et al., 2009).

Resources:

Articles on Behavior Activation Therapy
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2223147/
http://www.personal.kent.edu/~dfresco/CBT_Readings/BM_Lejuez_BATD_Manual.pdf

Beck Institute for Cognitive Behavior Therapy
http://www.beckinstitute.org/get-informed/tools-and-resources/professionals/

The American Association of Suicidology provides resources for families and clinicians about suicide risk factors
http://www.suicidology.org/resources/recommended-videos

The Development of the Interpersonal and Social Rhythm Therapy (IPSRT) website was supported by the National Institute of Mental Health grant R34MH091319
https://www.ipsrt.org/

The National Center for Biotechnology Information: Provides information on Interpersonal Therapy
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414693/

Youth Suicide Prevention Program
http://www.yspp.org/downloads/resources/YSPP_depression_Final_low.pdf

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