Psychosocial intervention for children and young people with depression

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Outline

✓ Psychosocial intervention for suicidal ideation
  ● Child and youth
  ● Parent

✓ Psychosocial intervention for self harming behaviours
  ● Child and youth
  ● Parent

✓ Psychosocial intervention for depression
  ● Child and youth
  ● Parent

✓ Psychosocial intervention for schools
Psychosocial intervention for suicidal ideation

Child and youth intervention
Assessment factors

✓ Check to see the child/adolescent’s expectations of death from suicide – some believe they will come back, there is life after death or that after punishing others by their suicide they can come back

✓ Check the individual’s level of motivation to try other strategies
Treatment strategies for adolescent suicide attempters

- A competent assessment of the risk of further suicidal behaviour, the precipitants and context of the suicide attempt, the presence of coexisting psychopathology, and the availability of supports

- A decision whether to hospitalize or not

- Monitor safety (write a management plan)
Management plan

- A management plan is a written document

- Include –
  - Level of support to be provided by the service
  - Written information about how to seek further help
  - Including 24 hour telephone number and name of a contact person

- Date and time for a re-assessment

- This plan should be negotiated with the person and family

- This information should also be conveyed to the referrer, treating psychiatrist, general practitioner and other relevant health providers in contact with the person
Management plan continued

- Outline who will be supporting this person

- It should include the name and contact details of the clinician who has the prime responsibility for the person’s care

- Provide information for the support people:
  - Maintain appropriate supervision
  - Know where the person is at all times and who they are with
  - How to contact the team for urgent assessment
Treatment continued

- There is no consensus concerning the optimum length of treatment and follow up

- A sensible approach involves a period of intense intervention followed by intermittent low-intensity treatment contract

- Do not let the young person decide whether or not it is necessary to continue appointments – it is likely they will interpret this to mean “you don’t need to come” and some could feel that they are being rejected by the clinician
Treating co-morbidities

- A comprehensive mental health assessment must also be completed
- Look for depression, schizophrenia, bi-polar disorder, drug and alcohol use and trauma issues
- Co-morbidities need to be treated also
Adolescent suicide differs from adult suicide in that it is more likely to be:

- Motivated by revenge
- An act of anger or irritation
- Impulsive
- Romantically and idealistically driven
- Related to low self-esteem
Immediate interventions

- Work with the young person
  - Short term interventions, such as problem solving
  - Developing a caring and empathic relationship
  - Instilling hope
  - Use of medication
  - Provide advice on sleep, diet, hygiene and exercise
  - Exploring the incidents with the person looking at motivation and circumstances

- Ensuring the environment is safe
  - Increasing support from family and friends
  - Contacting other professionals involved to ensure support is provided and coordinated
  - Ensuring basic needs are met (food, shelter)
  - Identifying individual risk and protective factors
  - Developing contingency and relapse plans
  - Family assessment to ensure support is available
Longer term interventions

• Cognitive behavioural therapy

• Problem solving therapy

• Social skills training
  • teach how to communicate more effectively

• Affect management
  • recognition and regulation of anger before it escalates to suicidal behaviour
  • recognise tension (feeling thermometer)

• Relapse prevention

• Treatment of co morbidities
Psychosocial intervention for suicidal ideation

- Parent intervention
Family Stresses

- Death of a parent, caregiver or another family member
- Partnership dissolution and separation
- New family relationships
- Problems with friendships
- Inconsistent parenting
- Physical or psychiatric illness within the family
- Family violence, including sexual abuse and other power relationships
- Suicidal behaviour within the family
- Poverty
Family assessment and treatment

- Family functioning / relationships
- Environmental risk factors
- Level of support / supervision that can be provided
- Ensure that basic needs are met for the family
- Make referrals for their own treatment of mental health issues and/or relationship issues
Treatment

- Inform parents of the management plan
  - Plan for young person
  - Plan for parent

- Family treatment
  - Psychoeducation
  - Communication skills
  - Conflict resolution
  - Affect regulation within the family

- Behaviour management
  - Orientate the parents toward limit setting in a non-coercive way (sensitive to the developmental needs of the adolescent but still provides containment)
  - Reinforcement of non-suicidal, adaptive responses
Parent psychoeducation – warning signs

- **Interpersonal behaviour**
  - Giving away prized possessions
  - Sudden changes in relationships, for example, exhibiting disruptive behaviour
  - Withdrawing from friends and social involvements
  - Not wanting to be touched by others

- **Episodic stressful precipitants**
  - In trouble with school authorities or police
  - Breaking up with boyfriend or girlfriend
  - Feared pregnancy
  - Major family dysfunction
  - Refusal by significant other to provide anticipated help, support or love
Survivor groups

- To meet with others who have had similar traumatic experience
- To normalise their experience by discovering that others have had similar experiences and reactions
- To learn more about suicide and share information
- To give and receive help
- Giving help is one way to create something positive out of a traumatic event
- To break the isolations and alienation these individuals feel
- Gives an environment where positive changes will be supported
- To dispel the myths of suicide, and be active in educative sessions
Psychosocial intervention for self harming behaviour

- Child and youth intervention
Learn to understand

- Explore the meaning of the self harm including triggers, thought feelings etc

- May be possible for the young person to develop an understanding of the self-harm in context of life events and relational interactions

- If possible address the function of the self harm eg to feel in control = other effective methods of gaining control
Effectiveness of CBT

- Generally research findings are inconclusive regarding the effectiveness of CBT, however it has been found to be more successful in reducing self-harming behaviours than no treatment.
Treatment for self harming behaviour

- Validation

  - Allow emotional ventilation
  - Offer reflective statements
  - Communicate that their responses make sense and are understandable within their current life context
  - Validation of their emotions – assist them to observe and identify feelings
Treatment for self-harming behaviour

- Emotional regulation skills
  - Identifying emotions
  - Obstacles to changing emotions
  - Reducing vulnerability to stress
  - Increasing positive emotional events
  - Applying distress tolerance techniques
Treatment for self harming behaviour

- Problem solve
  - Identify current problem
  - Generate, evaluate and implement alternative solutions that might have been used or could be used in the future
Treatment for self-harming behaviour

- Use of relationship
  - Strengthen coping behaviour by praise and positive regard
  - Find alternative behaviour to their problem behaviour that can be reinforced
Positive behavioural coping strategies

✓ Distraction
  • Eg sports, phone a friend, TV, hobbies

✓ Comforting / self-soothing
  • Eg hold a safe object, sit in a safe place, aromatherapy, favourite food, pets, hot bath, relaxing music, talk to a friend/family

✓ Positive emotional techniques
  • Watch funny show, read joke book, look through photos
Positive behavioural coping strategies

- Relaxation

- Safer forms of self-harm
  - Eg hold ice in hand, rubber band on wrist, punching bag/pillow, stress ball

- Self-harm reduction
  - Eg hand in razor blades/knife, hand in tablets, phone crisis numbers, contact support people
Develop a support system

- Encourage disclosure to family
- Encourage to talk to professionals in their life (teacher, school psychologist etc)
Management Plan

✓ When I am feeling distressed or upset I have choices and strategies to keep myself from harming myself
  - 
  - 
  - 
  - 

✓ If strategies are not successful, I can contact
  - During school hours: _______________________
  - Outside school hours: _____________________
Psychosocial intervention for self harming behaviour

- Parent intervention
Treatment

- Inform parents of the management plan
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Psychosocial intervention for depression

- Child and youth
Adolescent masked depression

- Adolescents don’t necessarily look or seem sad

- They engage in certain activities to escape from their sad thoughts
  - Antisocial behaviour (start to drink, take drugs, fight, commit acts of vandalism, run away from home, or become sexually promiscuous)

- May emphasise profound boredom; feeling unloved; lonely

- May in response to favourable events, describe brief windows of normal mood, but still have underlying depression
Evidence for interventions

- Most effective way to treat childhood mood disorders is through a combination of medication and Cognitive Behavioural Therapy (CBT) - but CBT alone is also very effective, especially for milder cases

- Cognitive component addresses the faulty thinking patterns

- Behavioural component addresses difficulties with motivation and helps to change behaviours
Child / Youth focussed interventions

- **Cognitive techniques**
  - Cognitive behavioural therapy
  - Positive self talk
  - Coping skills
  - Self change skills (self monitoring, goal setting, self-reinforcement)

- **Behavioural techniques**
  - Problem solving skills
  - Increasing pleasant activities
  - Social skills (assertiveness, making friendships)

- **Affective education and management**
  - Relaxation
  - Anger management
3 stage model to guide the treatment of depression (Overholser, 2003)

- **Stage 1**
  - Alliance
  - Assessment
  - Diagnosis

- **Stage 2 (target areas)**
  - Reduced activity
  - Ineffective coping
  - Problem-solving deficits
  - Social impairment
  - Cognitive biases
  - Inadequate self-esteem

- **Stage 3**
  - Relapse prevention
The treatment for adolescents with depression study (TADS) (Columbia, 2005)

- Based on cognitive behavioural therapy
- 12 week group based treatment
- Group sessions for young people
- Parent-teen conjoint sessions
- Optional parent modules include:
  - Parent psychoeducation
  - Family problem solving
  - Family communication
  - Behaviour management
  - Family attachment and commitment
Group versus individual

- Lots of current evidence that group CBT is more cost-effective than individual CBT
- Peers can support each other – reduces social isolation
- They can see that they aren’t the only ones
- Provides immediate opportunities to practice new skills
- The group can generate alternative solutions to particular issues
- Increases their awareness of others needs and feelings
- Provides the young people with an experience of positive social interaction
Add in individual sessions

- An engagement and orientation session
- A mid-group feedback session
- An end of group feedback session
Explaining depression to a child

- Use of books and other visual aides to accompany discussions
- Use child friendly words
- Be open with children - do not underestimate what they understand

Include:
- Information about symptoms
- Prevalence
- Prognosis
- Treatment options
- Teach how to rate their depression on a rating scale
What is Cognitive Behaviour Therapy?

- Acknowledges the connection between what we think, feel, and how we behave.

- Principles of CBT:
  - When an event occurs (situation) it triggers off certain thoughts;
  - These thoughts lead to certain emotions;
  - Certain behaviours then follow these emotions;
  - An individual’s behaviour can be changed by altering the thoughts they have;
  - Certain thought patterns lead to an individual acting in a particular way.
Cognitive Coping Skills: the link between thoughts, feelings, and behaviour

- Situation
- Thoughts
- Emotions
- Behaviour
Situation / A triggering event
Another child tells you that you can’t play with them.

Thoughts
“Nobody wants to play with me. I’ll never find anyone to play with because I am useless.”

Emotion / Feeling / Physiological response
Sad and lonely. A little anxious. Heart pounds a little faster.

Behaviour / Action
Go to the back of the oval and sit by yourself feeling isolated.
CBT

- Working on ‘unhelpful’ beliefs / thoughts
  
  - Main goal: ‘change’ beliefs/ thoughts that precipitate (ie trigger thoughts) and or perpetuate (ie cognitive distortions) into more helpful/beneficial ones
Situation / A triggering event
Another child tells you that you can’t play with them.

Thoughts
“Oh well, their loss. I will find someone else to play with.”

Emotion / Feeling / Physiological response
Disappointed, but still happy. Relaxed.

Behaviour / Action
Go and talk to another group of children and start playing with them.
Cognitive Behaviour Therapy (CBT)

Goals

- Increased self-awareness
- Facilitate better understanding of self
- Improve self control
- Identifies dysfunctional thought patterns
- Teaches new ways of behaving, new problem solving skills, and new ways of thinking
Using CBT principles & strategies

- Interaction of thoughts, emotions and actions
- Emotion recognition & mood management
- Activity scheduling
- Cognitive reframing
- Social problem solving
- Self monitoring & self reinforcement
- Assertive communication
Core beliefs

- Strong patterns of thinking based on way we think about ourselves, judge what we do, and view our future

- Fundamental beliefs
  - Difficult to change
  - Triggered by important events and experiences

- Results from life experiences

- Reflect the influences of our families, culture, interpersonal relationships, and personal experiences

- Help to predict and make sense of what happens in our lives

- Can be unhelpful
  - Prevent us from making choices and decisions
  - Lead to false assumptions
  - Set us up to fail, feel bad, and limit our behaviour
Core beliefs

- Inferior - I am not as important as others
- Unworthy - I don’t deserve to have good things happen
- Abandonment - I need others to love me
- Inadequate - I am not as skilled as others
- Guilty - I always worry I will do the wrong thing
- Vulnerable - bad things always happen to me
Automatic thoughts

- Used to describe all the spontaneous thoughts that run through our minds
- Produced as results of core beliefs and assumptions
- Are positive and negative
- Conscious or unconscious
- May or may not make sense or be accurate or realistic
- Negative automatic thoughts are associated with a negative mood, positive thoughts with positive mood
### Different ways of seeing the same thing

<table>
<thead>
<tr>
<th>Event</th>
<th>Thought</th>
<th>Feeling</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>Stepped in dog poo.</td>
<td>Why does this always happen to me? I’m so hopeless I can’t even walk properly.</td>
<td>Sad Worthless</td>
<td>Go home and sulk</td>
</tr>
<tr>
<td>Stepped in dog poo.</td>
<td>Who put that there? I’m going to strangle the dog who put that there!</td>
<td>Angry Aggressive</td>
<td>Kick a nearby rubbish bin and shout at the dog walking by.</td>
</tr>
<tr>
<td>Stepped in dog poo.</td>
<td>Oh no I’m going to be filthy. How will I ever get it off my shoe? I bet those people over there are laughing at my stupidity.</td>
<td>Anxious Paranoid</td>
<td>Rush around trying to clean it off. Go very red.</td>
</tr>
<tr>
<td>Stepped in dog poo.</td>
<td>What a pain. Oh well I walk this way often and I rarely step in dog poo.</td>
<td>Irritated Less irritated</td>
<td>Wipe it off and forget about it.</td>
</tr>
</tbody>
</table>
Helpful and unhelpful thoughts

- Unhelpful thoughts are usually negative and automatic
- Most of the time we do not even notice them
- Usually aware of the emotion that follows them (e.g. sadness).
- Interpretations of situations that happen around us
- Think of them as being based on truth or fact and rarely question them
- Need to recognise the first thought may not always be the most helpful
  - Unhelpful thoughts need to be questioned
Unhelpful thoughts

- I think I’m worthless
- I make too many mistakes
- My memory is bad
- No one would miss me if I was dead
- I don’t see my life getting better in the future
- The world would be a better place without me
- I don’t find anything enjoyable
Working on unhelpful thoughts

- **Step 1**
  - Identification of trigger thoughts and distortions through monitoring techniques

- **Step 2**
  - Discussion of the potential impact of unhelpful thoughts on self harm – challenging the thoughts

- **Step 3**
  - Creation of a list of coping thoughts (helpful thoughts) to replace trigger thoughts and distortions

- **Step 4**
  - Monitor and evaluate implementation of coping plan
<table>
<thead>
<tr>
<th>What happened</th>
<th>When and where did it happen?</th>
<th>What were your thoughts/feelings before you harmed yourself</th>
<th>What were your thoughts/feelings after you harmed yourself?</th>
<th>Distress rating (1-10)</th>
</tr>
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The Royal Children's Hospital Melbourne
<table>
<thead>
<tr>
<th>Situation</th>
<th>Your triggering thoughts</th>
<th>Distress rating (1-10)</th>
<th>Coping strategy used / coping thoughts</th>
<th>Distress rating (1-10)</th>
</tr>
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Thinking errors

- Everybody makes thinking errors

- Six most common thinking errors
  - The Downers – focus only on the negatives
  - Blowing Things Up – all or nothing thinking, magnifying the negative, snowballing
  - Predicting Failure – mind reader, fortune telling
  - Feeling thoughts – emotions cloud the way we think and feel (emotion reasoning, dust bin labels)
  - Setting Yourself Up to Fail – setting targets too high
  - Blame me – feeling responsible for negative things that happen but are out of your control
Challenging thoughts

Essential that children and young people are taught to challenge their thoughts

Question

- What evidence is there to support the thought?
- What evidence is there against the thought?
- What would my teacher or friend say if they heard me thinking like this?
- What would I say to someone else with this thought?
- Am I making a thinking error?
Example – young person with suicidal ideation

**Event** – young person had a fight with their father

**Thoughts**
– he argued with me,
- therefore he does not love me,
- therefore nobody must love me,
- therefore I am unloveable

**Feelings**
- sad
- lonely
- depressed

**Behaviour**
- self harm
- attempt suicide
CBT and younger children

- All children are capable of responding successfully to cognitive behaviour therapy if they have the core cognitive skills:
  - Access and communicate their thoughts
  - Generate alternative reasons for events
  - Be aware of different emotions
  - Be able to link thoughts, feelings, and events

- Under 9 years benefit less than older children

- Material must be pitched at appropriate level

- Young children require more concrete techniques and simple, clear instructions and the use of pictures
Techniques for younger children

- Metaphors
  - Volcano
  - Traffic light
  - Thermometer
  - Magic Circle (what you think, how you feel, what you do)
- Puppets
- Thought bubbles
- Toys
- Cartoons
- Role plays
- Handouts and worksheets
Coping or positive self-talk

- Self-talk is about talking to oneself in a helpful manner
- This means saying things to yourself that will get you through
- Use calming statements?
  - Take it easy
  - Take some deep breaths
  - I can do this
  - I’m going to be OK
  - Relax
- Relate it to situations that children feel comfortable with
Managing strong emotions

- Recognising bodily signs of sadness
- Using sadness rating scales (1-10)
- Calming down strong feelings
- Determining what is behind the sadness
  - Helpful for older children
- Problem-reaction scale
<table>
<thead>
<tr>
<th>Day</th>
<th>Mood rating</th>
<th>Notes (events, thoughts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>2</td>
<td>Not a good day. I forgot to take my homework to school. I am useless.</td>
</tr>
<tr>
<td>Monday</td>
<td>3</td>
<td>Had a fight with mum, its always my fault.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>6</td>
<td>Grandfather visited tonight.</td>
</tr>
</tbody>
</table>
The Volcano

Exploding 10
Enraged 9
Furious 8
Fuming 7
Angry 6
Grumpy 5
Frustrated 4
Annoyed 3
Irritated 2
Feel good 1
Relaxation

- Various types
  - Calm breathing, take deep breaths
  - Pause before doing something
  - Deep or Progressive Muscle Relaxation
  - Imagery or visualisation

- Can be difficult for younger children but not impossible

- Emphasis on need for practice for success
Goal planning

- Helps to motivate individuals

- Can be
  - Short term
  - Medium term
  - Long term

- Might include
  - Activities they used to participate in
  - Problems that need to be addressed

- May need to be broken into achievable steps (shaping)
Activity scheduling

- Increasing activity levels is essential
  - Provides control
  - Distracts thought processes
  - Motivates the individual to do more
  - Improves ability to think clearly

- Must involve family members to assist
  - Planning, reminders, encouragement, joint participation

- Find the activities that motivate and use these as a starting point

- Break down tasks into steps if necessary
# Activity log

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity / Exercise / Pleasurable events</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Walked to the end of the street</td>
<td>It wasn’t as hard as I thought it would be.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Went to the movies with friends</td>
<td>It was good to be with my friends and I enjoyed the movie</td>
</tr>
</tbody>
</table>

Social skills training

- Increases confidence for the child
- Can be taught directly and indirectly
- May be basic or more complex
- Important to identify what is not going well and work on these areas
- May need to use role plays to practice before being in the “real life” situation
- May require support of significant others
Social skills

You Can Do It Program (Michael Bernard)

- **Objective** – to achieve social-emotional-behavioural well-being.

- **Foundations**
  - getting along (social responsibility, playing by the rules, thinking first, being tolerant of others).
  - organisation (planning my time, setting goals).
  - persistence (working tough, giving effort, I can do it).
  - confidence (being independent, taking risks, accepting myself).
Develop problem solving skills

- Problems solving skills help children and young people to understand the need to think through difficult situations logically before deciding how to act or react to the situation.

- STOP THINK DO (Peterson & Gannoni)
STOP THINK DO

STOP
- Ask myself what is the problem?

THINK
- Brainstorm things that I could do?
- What would be the consequences of each one?

DO
- Which one of these would be the best thing to do?
- Try it!
- Evaluation - Did it work? If not try something else.
STOP what is the problem?

THINK what can I do? Choose one.

DO it, did it work? If not try another.
Effective communication - Assertiveness Training

COOL WEAK AGGRO

COOL
- stay calm
- speak nicely
- ignore
- feel OK

WEAK
- cry
- sulk
- look down
- feel upset

AGGRO
- blame others
- yell
- hit
- feel angry
Effective communication

I messages

✓ I feel .......... (upset)

✓ When you .......... (don’t listen to me)

✓ Could you ............ (let me talk)
Pleasurable activities

- Engage in pleasure-oriented behaviours as they help increase positive mood

- Make a list of activities that the individual identifies as activities that improve their mood
  - Physical activity
  - Hobbies
  - Interpersonal activities

- Ask them to think about activities that they used to find enjoyable
Changing Their Narratives About Themselves

- Self inventory
  - Physical characteristics / appearance
  - How do they describe their mental processes?
  - What type of feelings do they generally have?
  - How would they describe their general behaviour?
  - How would they describe their family?
  - What is important to them?
  - What are the good and bad things about them?

- Look at self-esteem
  - What are the verbal and nonverbal messages they get from their family, friends and others?
  - What things make them feel good?
  - Help them list positive statements about themselves
Psychosocial intervention for depression

- Family intervention
What do we know about families of depressed adolescents?

- The family environment plays a significant role as a risk factor of young people developing depression.
- There is a three times higher risk of depression in young people who have depressed mothers.
- Depression in fathers is a risk factor for adolescent depression and for greater family conflict.
- Certain parenting styles place a young person at more risk of developing depression.
- US research indicates a high risk for Major Depressive Disorder in unhappy marriages.
Family/Parent interventions

- Designed to improve parenting skills and family relationships
- Helping families to support the child/young person
- Engaging families in the process
- Addressing family factors that contribute to risk such as family violence, parental psychopathology
Running groups for parents

- Parents gain support from other participants
- They learn from each other
- The group generates a variety of examples of problems and solutions to work with
- Adjust expectations
- Create a contest for recovery that is supportive and goal oriented
- Identify communication problems
Parent intervention

- Parent psychoeducation
- Family problem solving and compromise
- Family communication
  - Active listening – summarizing and reflecting what the listener hears
  - How to give clear messages – I statements
- Supporting the child through behaviour management
  - Setting boundaries and limits
  - Encourage use of rewards
    - Non-depressed behaviour
    - Engaging in activities
  - Encourage young people to go to school and participate in activities
- Addressing high expectations and use of positive rewards
Psychoeducation

- Information regarding diagnosis (what it is and how it was made)
- Treatment options
- Parents may need to clarify their understanding of depression – that it is a medical illness (decreased school performance, decreased energy and concentration are not due to laziness)
- Help identify stressors affecting their family as well as their adolescent
- The importance for parents to support their adolescent in recovery
- Information regarding medication
- Self monitoring information
- Coping strategies
Explain symptoms of depression so parents understand

- Low energy and can be difficult to motivate
- Loses interest easily in an activity they usually enjoy
- Makes negative comments about self
- Sees the negatives rather than the positives in situations
- Easily annoyed or upset
- Withdraws from company and spends more time alone
- Cries easily
- No interest in food or over-eats
- Has trouble sleeping
- Feels hopeless about the future
- Has suicidal thoughts
Ensure parents aren’t

- Permitting avoidance of situations
- Becoming impatient/angry
- Being too directive
- Disregarding or playing down the signs
- Denial
- Guilt
Parent Training Programs – Relationship Programs

- Parent Effectiveness Training (PET)
  - focuses on communication of feelings and cooperative resolution of conflicts. Active listening, I-messages and no-lose method of negotiation, problem solving

- Systematic Training for Effective Parenting (STEP)
  - helps parents understand the importance of mutual respect and understanding and teaches the communication skills necessary for effective parenting
Emotion coaching

- Havighurst and Harley, 2007
  - Tuning into Teens

- Gottman, 1997
The emotion coaching parent

- Sees emotions as a time for intimacy and teaching
- Makes time to talk about feelings with children.
- Tries to find out why the child is feeling the way they do
- Helps the child to be aware of the feeling, label it, and express it
- Shows empathy and seeks closeness
- Avoids criticising and calling the child ‘stupid’, ‘shy’, ‘silly’, ‘mean’ etc
- Is able to remain calm and help the child to solve the situation
- Is aware of his/her own emotions
1. Play the emotion detective

- The first goal is to notice how you think your child is probably feeling. Especially notice lower intensity emotions
  - What does their facial expression/body language say
  - What sort of emotion(s) might the situation make your child feel

- You might need to think about a comparable situation for yourself
2. Clarify with a question

- This helps your child work out how they feel

  - When Sam ignored you, how did you feel?
  - Were you scared when you had to give your talk first?
  - How did you feel when Liz didn’t play with you at lunch time?
  - I wonder if you were feeling frustrated when your teacher told you off?
3. Help them describe how they feel with words

- It looks like you are very happy
- You seem a bit sad
- I can see you are very frustrated
- You look really angry
- It sounds like you were really scared

- What are you feeling?
4. Acknowledge the feeling

- With words, a noise, non-verbals (nodding of your head, facial expression) to convey empathy
  - Oh, that sounds really tough

- Locate the emotion in the body – where do you feel ____ in your body?
  - Sometimes I feel like I have butterflies in my stomach when _____
  - My fists get tense when I get angry, what about you?
4. Reflect how you would feel in a similar situation

- That would make me feel __________ too

- It makes me feel _____ when _____ happens also
5. Follow up with a further question or comment to find out more about the situation or explore other emotional reactions

- You said you felt angry when that happened, I wonder if you also were a little scared?
6. Problem solve if required

- 1. What is the problem you are having?
- 2. What are some plans you could use?
- 3. What is the best plan you could use?
- 4. Do the plan
- 5. Did your plan work?
Emotion coaching

1. Notice the emotion
2. Clarify with a question
3. Help them describe how they feel with words
4. Reflect how you would feel in a similar situation
5. Follow up with a further question or comment to find out more about the situation or explore other emotional reactions
6. Problem solve if required
Exercise: think of a time when you could have used the emotion coaching technique with your child. Write down what you could have said and role play it with the person sitting next to you.

<table>
<thead>
<tr>
<th>Notice the emotion</th>
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<tbody>
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</tbody>
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Family problem solving worksheet

- **Define the problem:**
  - Each family member expresses clearly his/her perspective.
  - Each member to describe in detail the outcome they want.

- **Generate alternative solutions:**
  - Members list a variety of suggestions for ways to resolve the dispute and achieve the outcome.
  - List as many ideas as possible.
  - Defer evaluation of ideas until making the decision of which one to use.
  - Suggest creative and outrageous ideas.

- **Choose one:**
  - Evaluate each idea by asking the members to think about the positive and negative consequences (the pro’s and con’s)
  - How realistic are the solutions, can they live with the consequences etc.
  - Negotiate an agreement to use one of the solutions.
Family problem solving worksheet cont..

- **Plan to implement the solution:**
  - You might need to think about specific details to be able to put the plan into place – who will do what, when and where!
  - Anticipate difficulties and brainstorm solutions for these.

- **Evaluate:**
  - Did the plan work? Did it solve the problem?
  - Was there anything that either member could have done differently next time?

- **Praise and reward:**
  - If members are attempting to problem solve and give it a go, reward and praise for these attempts.
  - If members weren’t able to come up with solutions and try to problem solve, all members should receive consequences for the problem occurring.
Relapse prevention

- Identify high risk situations
- Discuss what relapse means
- Look for early warning signs
- Discuss what to do
  - Management plan
  - Contact numbers
Psychosocial intervention for schools
School based psychosocial treatment

- Early detection and treatment of risk factors
  - Screening programs – questionnaires

- In-service training of teachers to improve knowledge of mental illness, its early detection and management of disruptive behavioural disorders and co-morbidity with suicidal ideation

- Develop policy and programs to reduce drug use by young people
  - teacher professional development
  - parent involvement and strategies for identifying and monitoring at risk students

- Classroom peer psychoeducation regarding
  - what to do if your friend is talking of suicide (primary prevention and a secondary prevention)
  - discussion of relevant facts, statistics, myths, warning signs, available community resources (and how to use them), help-seeking
  - problem solving skills and development in the areas of stress management, communications and social coping
School based psychosocial treatment

- School drop out prevention / school enhancement programs
- Developing programs that teach pro-social behaviours to adolescents
- Support to children experiencing grief, trauma, loss, parental discord or mental illness
- Programs that aim to reduce school violence, bullying and racism to promote healthy relationships
Skill based training in schools

- Depression management skills training
- Anger and aggression management skills
- Loneliness prevention
- Interpersonal problem solving skills
- Competency enhancement skills
- Critical viewing skills
- Help seeking behaviour skills
Warning signs

Classroom behaviour

- Marked decline in school performance and levels achieved
- Skipping classes and opting out of school activities generally
- Poor concentration, sleepiness, inattentiveness
- Unusually disruptive or rebellious behaviour
- Death or suicide themes dominate written, artistic or creative work
- Loss of interest in previously pleasurable activities
- Inability to tolerate praise or rewards
To address feelings of powerlessness

- Provide opportunities to involve students in setting goals
- Structure for choice and responsibility within the classroom
- Work with individuals to set high but attainable goals
- Support students in working towards their goals
To address social isolation

- Develop opportunities for students to participate with and develop connections with others
- Design classroom activities to promote participation and support
- Run special interest groups
- Provide a key adult as a mentor
- Build opportunities for peer support
- Develop a sense of belonging and attachment to the school via involvement in school activities
What Mental Health Services can do to assist schools

- Provide secondary consultation on how to deal with behavioural problems
- Provide tertiary consultation on dealing with particular students with behavioural problems
- Help schools to formulate a behaviour management plan for the student which includes strategies the student could use instead of self harming and what to do if they have self harmed
- Work in partnership to provide school based assessment and counselling services
- Provide staff and students with information about mental health resources
- Provide psychoeducation to school staff regarding warning signs and referral pathways
Community role in treatment

- Most adolescent suicide attempts occur outside normal office hours
  - 24 hour community based response teams
  - Flexible working arrangements
  - Youth friendly emergency departments
  - 24 hour help lines

- Community training programs that target members who may have frequent contact with youth (clergy, doctors, police etc.)
  - Warning signs
  - Referral sources
  - Procedures

- Means restriction

- Screen for at risk youth (survivor groups)