

ADDRESSING THE DISORDER OF CHILD AND ADOLESCENT DEPRESSION THROUGH THE USE OF COGNITIVE- BEHAVIORAL THERAPY IN SCHOOLS AND PROVIDING BENEFIT TO STUDENTS IN THE GENERAL POPULATION

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Abstract

Research has shown the use of Cognitive Behavioral Therapy (CBT) to be an effective treatment for childhood and adolescent depression. The etiology of child and adolescent depression will be discussed along with CBT as an effective treatment modality for this disorder. In addition, since children and adolescents spend a good part of their day within the educational system, the use of CBT in the schools for those students struggling with depression will be reviewed, as well as using CBT for students not experiencing depression. Challenges and obstacles to using CBT in the classroom will be addressed and countered. The use of CBT by school psychologists, school counselors, and other school staff will be discussed as a viable option for adequately addressing the disorder of child and adolescent depression, at the same time providing great benefit to students who are not experiencing mental disorders.

Introduction

Child and adolescent depression is a serious condition, with the potential to cause impairment affecting every aspect of a child's life. Rather than just a case of "the blues" or the typical "ups and downs" of childhood and the teenage years, clinical depression disrupts the child's and family's life significantly. When a child or teen is no longer interested in activities that once brought joy, is not doing his/her homework, has persistent feelings of sadness and/or hopelessness lasting 2 weeks or more, it should be determined whether or not depression is the cause. The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV-TR) lists the features of a Major Depressive Episode to include a "period of at least 2 weeks duration in which there is either depressed mood, or the loss of interest or pleasure in nearly all activities" (APA, 2000, p. 349). In children and adolescents, the mood may be irritable rather than sad. "The individual must also experience at least four additional symptoms such as changes in appetite or weight, sleep, psychomotor activity, decreased energy, difficulty concentrating, feelings of worthlessness, thoughts of death or suicide", etc... (APA, 2000, p. 349).

The Impact of Child and Adolescent Depression

Often depression isn't the only condition present in children and adolescents diagnosed with this disorder. According to Mash & Barkley, "Co-morbid disorders have now become widely recognized as the rule, rather than the exception with children and adolescents who have depression" (cited in Hamrin & Pachler, 2005, p.56). In addition, "Studies of community samples of adolescents diagnosed with depression indicate high rates of recurrence, approximately 40% over a 3 to 5 years per Lewinsohn, Clark, Seeley & Rodhe, 1994; Rao, Hammen, & Daley, 1999 (cited in Hamrin & Pachler, 2005, p.56). Also, Weissman et al., stated "as many as 7% of adolescents who develop Major Depressive Disorder

may commit suicide during the young adult years” (cited in Hamrin & Pachler, 2005, p.56). These sobering facts should change the mind of anyone who previously thought children cannot get depressed, or that the problem is no more serious than teenage moodiness. Child and adolescent depression can become a life threatening condition. It can ruin lives. This disorder needs to be taken seriously by all who have children and adolescents in their lives, both family members and professionals alike.

Children and adolescents experiencing depression will often have significant impairments across domains. The academic/vocational domain will be affected as students withdraw from others, academic performance will suffer due to the inability to concentrate, and students will have a hard time even caring about anything because they feel so bad. Sometimes students can't even summon the energy to get out of bed in the morning, so truancy may become an issue. In the behavioral domain, a child or teen experiencing depression is often angry and irritable, and as a result will act out, negatively affecting relationships with their friends, teachers and families. In some cases, a child or adolescent experiencing depression may make poor choices resulting in legal action when they feel there is no hope and nothing matters. In the social/emotional domain, students become less interested in previously enjoyable activities, such as participating in sports, going out with friends, or attending family get-togethers. It isn't hard to see the misery experienced in the social/emotional domain by a child/adolescent who is depressed whether he/she presents as sad and hopeless or angry and irritable.

Treating Child and Adolescent Depression

Cognitive Behavioral Therapy (CBT) has proven to be successful in the treatment of child and adolescent depression. Brant et al. stated, “several researchers have demonstrated more rapid and complete treatment responses in young people as a result of CBT, compared to other controlled treatments” (cited in Hamrin & Pachler, 2005, p.57). According to Langelier (2001), “Given the interdependent nature of the relationship among cognition, emotion, behavior, and bodily sensations, cognitive behavioral therapies appear to be the logical choice for counselors working with adolescents who exhibit impairment in academic, vocational, social and/or behavioral domains due to ineffective management of distressing negative emotions such as anger, depression, and anxiety” (p.80).

Understanding CBT

If one uses CBT to treat depression, the belief is that the disorder is caused by faulty thought processes. “CBT focuses on alleviating the symptoms of depression by changing individuals' cognitive distortions (i.e., negative thoughts and actions), encouraging activities that promote a positive mood, and teaching problem-solving skills, designed to promote more effective coping strategies to better manage negative life events (Hamrin & Pachler, 2005 p.57). CBT is based on the idea that problems in functioning are the result of faulty beliefs about ourselves, our relationships, the world and the future. Within a professional, therapeutic relationship, CBT is a purposeful, straight forward technique in which the therapist and client review each faulty thought and consider replacement thoughts, which will hopefully lead to more adaptive behavior. The sequence is such that one experiences an event which triggers faulty thoughts. The interpretation of the event is more problematic than the event itself. The faulty, or illogical, interpretation of the event will negatively affect moods and result in maladaptive behavior. In CBT, the therapist will work to find evidence that disproves the client's interpretations that lead to faulty thoughts. This creates in the client a cognitive dissonance; the impossibility of two dissimilar thoughts occurring at the same time. An example of this is, “I always fail my exams.” The therapist then leads the client in a discussion regarding other past exams and if the client has failed every single exam ever taken. The

therapist is always on the lookout for automatic surface thoughts and extreme language, such as “I *always* fail my exams.” *Always?* The goal of CBT is for the client to learn to recognize when a faulty thought process begins, and to stop it by countering the faulty thoughts with thoughts they know to be more accurate. Having this skill internalized allows clients to become very effective problem solvers in their lives. “Problem solving skills may help students who are depressed develop alternative solutions to problems that may be otherwise thought of as insurmountable” (Maag & Swearer, 2005, p. 262). Although these new skills will take time and practice to become automatic, they are skills that remain with a person and can be accessed at any time when needed throughout the lifespan.

CBT in the School Setting: Beyond Intervening for Depression

While it is imperative that children and adolescents experiencing depression receive assistance in developing skills to effectively manage distressing emotions in their personal lives and at school, it is likely that all children and adolescents can benefit from learning these emotional intelligence skills in the classroom setting. Many classroom teachers realize that the emotional needs of students must be addressed in order for children to process information in the classroom. There are many general and special educators who use cognitive behavioral strategies in the classroom with great success. For example, the video “Feelings Count” demonstrated teachers facilitating students in using problem solving techniques around interpersonal conflicts that challenged their initial thought processes and reactions. According to Linda Darling-Hammond, Professor of Education at Stanford University and narrator of this video, “Students need to learn to manage emotions in order to succeed in school and in life. We must teach them how to recognize and articulate their feelings, set reasonable goals, and persevere” (Johnson, 2002). Many schools already use cognitive-behavioral techniques in their work with students. “Many of the intervention techniques used to treat depression, such as social skills training, self-management training, and various cognitive-behavioral approaches have all been used by special educators to address a variety of problematic behaviors” (Maag, 1993, p. 260).

Conclusion

Despite research proving the effectiveness of CBT in schools that have successfully implemented structured cognitive behavioral programs such as Mood Management Langelier (2001), significant obstacles exist in widespread implementation of CBT within our schools. According to Mayer, Lochman & Acker (2005), some of these obstacles include concern regarding liability using techniques considered therapeutic, disagreements over schools providing mental health services, academic accountability driving curriculum, limited school resources, and stakeholder buy-in (p.205).

Despite any challenges or obstacles to do so, schools are required to provide students with a free and appropriate public education (FAPE). The symptoms of child and adolescent depression will most likely hamper students’ ability to access the general curriculum. In such situations, the school will then be unable to provide FAPE and therefore fail their mission. Structured cognitive-behavioral techniques should be strongly considered as a tool school systems may use to meet the needs of students exhibiting symptoms of depression. It is a bonus that these same techniques will help all students learn to effectively manage emotions.

Although there have been clear successes using cognitive-behavioral approaches in the classroom, widespread implementation of the techniques remain a challenge. More research is needed on the use of these modalities within school systems to bring further recognition to these techniques as best practices. When doing so becomes reality, more children and adolescents diagnosed with depression will have

easy access to much needed help at school and children without emotional difficulties will also learn structured ways of organizing their thoughts, feelings and behaviors. Imagine the improvements to our world and our lives when all students graduate, as Dr. Darling-Hammond stated, with “the ability to recognize and articulate their feelings, set reasonable goals, and persevere” (Johnson, 2002).

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