

Section I

TREATMENT PLANNING

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DEPRESSION

MASTER BEHAVIORAL DEFINITION LIST

1. Loss of appetite.
2. Depressed affect.
3. Diminished interest in or enjoyment of activities.
4. Psychomotor agitation or retardation.
5. Sleeplessness or hypersomnia.
6. Lack of energy.
7. Poor concentration and indecisiveness.
8. Social withdrawal.
9. Suicidal thoughts and/or gestures.
10. Feelings of hopelessness, worthlessness, or inappropriate guilt.
11. Low self-esteem.
12. Unresolved grief issues.
13. Mood-related hallucinations or delusions.
14. History of chronic or recurrent depression for which the client has taken antidepressant medication, been hospitalized, had outpatient treatment, or had a course of electroconvulsive therapy.

CHILD*

BEHAVIORAL DEFINITIONS

A. See Master List.

B. Unique Definitions

1. Preoccupation with the subject of death.
2. Moody irritability.
3. Isolation from family and/or peers.
4. Deterioration in academic performance.
5. Refusal to communicate openly.
6. Use of street drugs to elevate mood.
7. Little or no eye contact.

LONG-TERM GOALS

1. Elevate the mood and show evidence of the usual energy, activities, and socialization level.
2. Show a renewed typical interest in academic achievement, social involvement, and eating patterns, as well as occasional expressions of joy and zest for life.
3. Reduce irritability and increase normal social interaction with family and friends.
4. Acknowledge the depression verbally and resolve its causes, leading to normalization of the emotional state.

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SHORT-TERM OBJECTIVES

1. Complete psychological testing to evaluate the depth of the depression. (1, 2)

2. State the connection between rebellion, self-destruction, or withdrawal and the underlying depression. (3, 4, 5, 6)

3. Specify what is missing from life to cause the unhappiness. (7, 8, 9)

4. Specify what in the past or present life contributes to sadness. (10, 11)

THERAPEUTIC INTERVENTIONS

1. Arrange for the administration of psychological testing to facilitate a more complete assessment of the depth of the client's depression.
2. Give feedback to the client and his/her family regarding psychological testing results.
3. Assess the client's level of self-understanding about self-defeating behaviors linked to the depression.
4. Interpret the client's acting-out behaviors as a reflection of the depression.
5. Confront the client's acting-out behaviors as avoidance of the real conflict involving his/her unmet emotional needs.
6. Teach the client the connection between angry, irritable behaviors and feelings of hurt and sadness (or assign the exercise "Surface Behavior/Inner Feelings" in the *Brief Child Therapy Homework Planner* by Jongsma, Peterson, and McInnis).
7. Reinforce the client's open expression of underlying feelings of anger, hurt, and disappointment.
8. Explore the client's fears regarding abandonment or the loss of love from others.
9. Ask the client to discuss what is missing from his/her life that contributes to the unhappiness.
10. Probe aspects of the client's current life that contribute to the sadness.

5. Express emotional needs to significant others. (12, 13, 14)
6. Express feelings of sadness, hurt, and anger in a play-therapy setting. (15, 16)
7. Identify and replace negative self-talk that precipitates feelings of hopelessness, helplessness, and depression. (17, 18)
8. Stop the verbalized interest in the subject of death. (18, 19)
9. Terminate suicidal behaviors and/or verbalizations of the desire to die. (20, 21)
10. Initiate and respond actively to social communication with family and peers. (22, 23)
11. Cooperate with an evaluation of the necessity for psychotropic medications (24, 25)
11. Explore the emotional pain from the client's past that contributes to the feelings of hopelessness and low self-esteem.
12. Hold a family therapy session to facilitate the client's expression of conflict with family members.
13. Support the client's respectful expression of emotional needs to family members and significant others.
14. Teach the parents to encourage, support, and tolerate the client's respectful expression of his/her thoughts and feelings.
15. Arrange for a play-therapy setting that allows the client to express feelings toward himself/herself and others.
16. Interpret the feelings expressed in play-therapy as those of the client toward real life.
17. Assist in identifying the cognitive messages that the client gives to himself/herself that reinforce helplessness and hopelessness.
18. Teach and reinforce positive cognitive messages that facilitate the growth of the client's self-confidence, self-acceptance, and hope for the future.
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19. Reinforce the client's statements of hope for the future and desire to live.
20. Monitor the potential for self-harm and refer the client to a protective setting if necessary.
21. Contract with the client for no self-harm.
22. Encourage the client's participation in social/recreational activities that enrich life.
23. Use therapeutic feelings games (e.g., the Talking, Feeling, and Doing Game) to assist the client in being more verbal.
24. Assess the client's need for psychotropic medications.
25. Arrange for a prescription of antidepressant medications for the client.

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12. Take prescribed medication as directed by the physician. (26)
13. Improve academic performance as evidenced by better grades and positive teacher reports. (27, 28)
14. Eat nutritious meals regularly without strong urging from others. (29)
15. Adjust sleep hours to those typical of the developmental stage. (25, 30)
16. Verbalize a feeling of being loved and accepted by family and friends. (31, 32)
17. Describe an interest and participation in social and recreational activities. (33, 34)
18. Reduce anger and irritability as evidenced by friendly, pleasant interactions with family and friends. (12, 35)
19. Express negative feelings through artistic modalities. (36, 37, 38)
20. Monitor the client's medication compliance, effectiveness, and side effects.
21. Challenge and encourage the client's academic effort.
22. Arrange for a tutor to increase the client's sense of academic mastery.
23. Monitor and encourage the client's healthy and regular food consumption.
24. Arrange for a prescription of antidepressant medications for the client.
25. Monitor the client's sleep patterns and the restfulness of sleep.
26. Encourage and reinforce the parents to give warm, positive, affirming expression of love to the client.
27. Assist the parents in establishing a routine of positive, structured activity with the client (e.g., playing table games, playing at a park, watching the client's favorite video together).
28. Explore with the client pleasurable interests and activities that could be pursued; assign participation, and process the experience.
29. Assist the client in formulating a plan of action to meet his/her social and emotional needs; process the implementation of the plan.
30. Hold a family therapy session to facilitate the client's expression of conflict with family members.
31. Reinforce pleasant social interaction between the client and friends and/or family members.
32. Use art therapy (e.g., drawing, coloring, painting, collage, or sculpture) to help the client express depressive feelings; use the client's artistic products as a springboard for further elaboration or emotions and their causes.
33. Ask the client to draw pictures of experiences that contribute to feelings of sadness and hurt; process these feelings.
34. Ask the client to produce a kinetic family drawing to help assess the factors contributing to his/her depression.

20. Verbalize the life changes that would result in a reduction of sadness and an increase in hope. (39)
21. Identify the losses that have been experienced and the feelings associated with those losses. (40)
39. Assign the client the homework of writing three ways he/she would like to change the world to bring increased feelings of joy, peace, and security (or assign the exercise "Three Ways to Change the World" in the *Brief Child Therapy Homework Planner* by Jongsma, Peterson, and McInnis).
40. Assess the client for unresolved grief and loss issues; treat grief issues that underlie the client's depression.
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DIAGNOSTIC SUGGESTIONS:

Axis I:

300.4	Dysthymic Disorder
296.2x	Major Depressive Disorder, Single Episode
296.3x	Major Depressive Disorder, Recurrent
296.89	Bipolar II Disorder
296.0x	Bipolar I Disorder
301.13	Cyclothymic Disorder
309.0	Adjustment Disorder with Depressed Mood
310.1	Personality Change Due to (Axis III Disorder)
V62.82	Bereavement

Axis II:

V71.09	No Diagnosis on Axis II
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