

# The ABCs of CBT for Depressed Children

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# Outline of Presentation

1. What are the unique aspects of childhood depression?
2. Developmental challenges to using CBT model with depressed children
3. CBT strategies for treating depressed children and preadolescents
4. Thinking outside of the box

# Unique Aspects of Childhood Depression

- Less ‘melancholic symptoms’  
(Ryan et al., 1987; Birmaher et al., 2004)
- Lower prevalence rates  
(Birmaher et al., 1996; Lewinsohn et al., 1994)
- No gender differences  
(Puig-Antich et al., 1989; Kovacs et al., 1988)
- Low rates of suicide  
(Schaffer & Fisher, 1991; Brent et al., 1999)
- More reactive to environmental stressors than adolescent depression  
(Fendrich et al., 1990; Nomura et al., 2002)

# Comorbid Disorders

40-70% of depressed children with at least one comorbid disorder

(Birmaher et al., 1996; Costello et al., 1999)

- High rates of anxiety disorders (30-80%)
- Disruptive behavior disorders (10-80%)
- Somatic complaints

# Course of Childhood Depression -I

Two subgroups of depressed children:

1. Those with high familial loading who present with more 'pure' internalizing symptoms
2. Those with low familial loading with 'mixed' presentation of depression and comorbid conduct disorder

# Course of Childhood Depression- II

- Children with more ‘pure’ internalizing symptoms are more likely to experience continuous courses of depression
  - Continuity increased for children with depressed parents
- Children with more ‘mixed’ symptoms are less likely to experience continuous courses of depression
  - More continuous courses of conduct disorder
  - High rates of impairment and suicidality

# Psychosocial Treatments

- No ‘efficacious’ psychosocial treatments for depression in children (Compton et al., 2002; Chambless & Hollon)
- Standard of community care
  - Dynamic/ eclectic treatment
  - No behavioral strategies
  - Little parent involvement

# Cognitive Behavioral Therapy Overview

## Cognitive Behavioral Therapy Overview

- Thoughts are mechanism for producing changes in affect and behavior
- Highly structured sessions
- Behavioral activation/ pleasant event scheduling
- Identify automatic negative thoughts and identify cognitive distortions
- Homework

# CBT for Child Depression: Developmental Challenges

*Child cognitive development is not the same  
as adult or adolescent cognitive  
development*

- More concrete
- Less meta-cognitive skills
- Less engaged with discussion of thoughts as compared to interpersonal situations

# CBT for Child Depression: Developmental Challenges

*Child is not an individual patient*

- Embedded in family context
- Reactive to negative events/ interactions in family
- Parental depression
- Cannot negotiate treatment alone
- Generalizability of treatment gains

# CBT for Childhood Depression

- Early treatment studies using CBT or CBT derivative
  - Nonclinical samples
  - School based, prevention programs  
(Weisz et al., 1997; Gillham et al., 1995; Kahn et al., 1990; Liddle & Spence, 1990)
- Equivocal findings

# CBT for Childhood Depression

- Taking ACTION (Stark et al., 1996)
- PASCAT (Weisz et al., 1997)
- Problem solving skills, self-control strategies, cognitive reframing

# The ABCs of CBT

- A – **Affect** identification/ regulation
- B – **Behavioral** activation
- C – **Cognitive** restructuring
- S – Social problem solving **skills**

# Affect Identification

- Psychoeducation about feelings and depression
- Co-existing feelings
- Linking feelings to events
- Hierarchy of feelings/ events
  - Mood thermometer
  - Triggers for strong negative affect
  - Patterns for reacting to negative affect
  - When to use tools

# Affective Regulation Tools

- Relaxation
  - Take 5 . . . Deep breathing exercises
  - Take a ‘Chill Out’
- Distraction
- Talk about feelings
- Ask for help

# Behavior Activation

- Pleasant activity scheduling
- In vivo exercises
  - Pre- and post-exercise mood check
- Homework

# Cognitive Techniques

- Positive self-talk
- Externalizing distressing thoughts
- Concretizing the relationship between thoughts/ expectations and mood

# Social Problem Solving Skills

- Model process of ‘Stop, Think, Respond’
- Assist child in generating/ evaluating possible responses to a problem
- Role play new responses to a problem

# Parental Involvement – I

- Parental depression
- Context of child's depression
- Nature of parents' interactions with and emotional responses to child

# Parental Involvement – II

- Psychoeducation
- Coach parents to use effective communication and behavioral strategies
- Strengthen parent-child relationship

# Thinking Outside of the Box

- Are there other empirically supported therapies for youth depression that can also be adapted for childhood depression?
- **Interpersonal Psychotherapy (IPT)**  
(Klerman et al., 1985; Mufson et al., 2004)

# IPT for Childhood Depression

- Interpersonal experiences precipitants of prepubertal depression
- Problem areas germane to prepubertal depression – loss, conflict in relationships, developmental and family transitions, and interpersonal skill deficits
- Focus on interpersonal interactions more concrete than focus on cognitions

# Adapting IPT for Childhood Depression – I

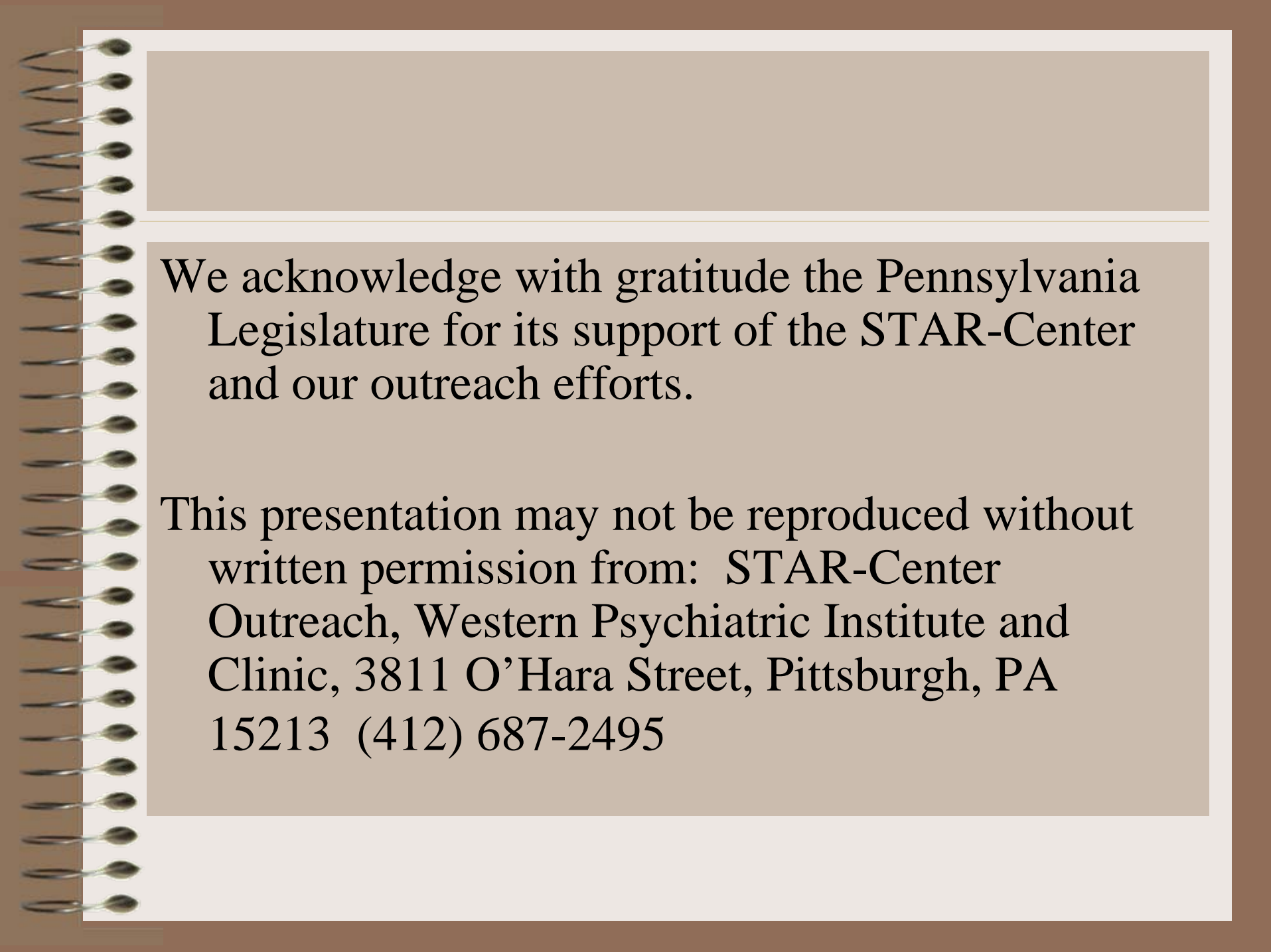
- Problem areas to reflect family as primary interpersonal context
- Role transition for developmental stage and family circumstances
- Techniques to improve interpersonal skills

# Adapting IPT for Childhood Depression – II

- Psychoeducation
- Focus on child's developmental tasks
- Teach new parent management and communication skills

# Discussion

- Commonalities across CBT and IPT approaches
- Clinician Experiences
- Thoughts/ Challenges

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