Family Engagement & Empowerment Series II
Managing your Middle School Child’s Anxiety & Depression

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Defining Mental Illness

Mental illnesses are health conditions involving changes in cognition, emotion, or behavior (or a combination of these).

Refers collectively to all diagnosable mental disorders – health conditions involving:
- Significant changes in thinking, emotion and/or behavior
- Distress and/or problems functioning in social, work, or family activities
Relevance

- Foundation for thinking, communication, learning, resilience, and self-esteem.

- Key to relationships, personal and emotional well-being, and contributing to community/society.

- Involves effective functioning in daily activities resulting in:
  - Productivity (work, school, caregiving)
  - Healthy relationships
  - Ability to adapt to change and cope with adversity
Prevalence

- 50% of all lifetime cases of mental illness begin by age 14. (National Institute of Mental Health, 2009)

- Nearly one in five (19%) U.S. adults experience some form of mental illness. (American Psychiatric Association, 2015)

- All feelings are purposeful – we don’t want to exaggerate normal experiences

- The difference is the intensity, duration, and frequency at which we experience the associated symptoms, and the degree to which they impact our psychosocial functioning.
Reciprocal Model

THOUGHTS

BEHAVIOR

FEELINGS

Cognitive Behavioral Therapy
Depression Defined

- Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you think, feel, and act.

- Causes feelings of sadness and/or a loss of interest in typically enjoyable activities.

- Can lead to a variety of emotional and physical problems, and can decrease an individual’s ability to function at work, school, or home.
Depressive Disorders

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder
- Substance/Medication–Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

American Psychiatric Association, 2013
Depressive Disorders – Signs & Symptoms

- Irritability
- Continuous feelings of sadness and hopelessness
- Often sad/tearful
- Socially withdrawn (isolating behaviors)
- Increased sensitivity to rejection
- Increases or decreases in appetite
- Hypersomnia or Insomnia
- Difficulties concentrating
- Fatigue or loss of energy
- Often reports headaches or stomach aches
- Loss of interest in typically enjoyable activities
- Sudden drop in grades or classroom performance
- Feelings of worthlessness or inappropriate guilt
- Difficulties concentrating or making decisions
- Recurrent thoughts of death or suicide

American Psychiatric Association, 2017
Major Depressive Disorder – Specifiers

- Mild, Moderate, Severe, With Psychotic Features, In Partial Remission, In Full Remission, Unspecified
  - With Anxious Distress
  - With Mixed Features
  - With Melancholic Features
  - With Atypical Features
  - With Mood–Congruent Psychotic Features
  - With Mood–Incongruent Psychotic Features
  - With Catatonia
  - With Peripartum Onset
  - With Seasonal Pattern

American Psychiatric Association, 2013
Responding to Depressive Disorders

- Speak slowly, while trying to more closely match their energy level
- Understand that they might be tired
- As a symptom, a child really may not care (i.e., be apathetic) about chores, hygiene, homework, etc.
- Accept their limited range of emotion – you may not be able to cheer them up (this is not a reflection of you)
- Communicate compassion and acceptance, especially if the child feels hopeless and worthless
- Find activities that are physically engaging
- Talk with your child’s pediatrician
- Know when to get someone else involved for risk-assessment
Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia (animal, natural environment, blood-injection-injury, situational)
- Social Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder
Anxiety Defined

- The apprehensive anticipation of future danger or misfortune accompanied by a feeling of worry, distress, and/or somatic symptoms of tension.

- Feelings of nervousness or tenseness in reaction to diverse situations, frequent worry about negative effects of past or future negative possibilities.

- Feeling fearful and apprehensive about uncertainty; expecting the worst to happen
Anxiety – Signs & Symptoms

- Excessive worry, occurring more days than not, for a period of at least 6 months
- Difficulties controlling the worry
- Only 1 of the following is required for children (3 or more are required for adults):
  - Restlessness or feeling keyed-up or on-edge
  - Being easily fatigued
  - Difficulties concentrating or mind going blank
  - Irritability
  - Muscle Tension
  - Difficulties falling or staying asleep, restlessness, unsatisfying sleep

American Psychiatric Association, 2013
Anxiety – Additional Signs & Symptoms

- Checking & re-checking things
- Asking many/repeated questions
- Finding reasons to leave seat/leave the classroom
- Going to the bathroom often
- Withdrawn during play or group activities
- Sudden and unusual avoidance of social events (e.g., school, family gatherings, neighborhood events)
- Fidgeting, nail or lip biting, skin picking, hair pulling
Be consistent – this helps an anxious child know what to expect

Give the child an exit strategy

Encourage them to talk with you about their anxiety (if you feel comfortable)

Monitor times and/or events which seem to increase the child’s anxiety, and reduce their exposure to these events (within reason)

Model healthy responses to unexpected events when they occur, and be the shining example of “calm”

Do not be forceful when trying to calm an anxious child

Make it “ok” to make mistakes, lose, not be perfect – home and school need to be a places of learning and support, not judgment

Encourage the child to try new things, but don’t push them to do things with which they are entirely uncomfortable

Encourage group activities where the anxious child can have a voice, build confidence, and develop assertiveness skills

Be supportive of the child’s autonomy, encourage them to make choices, and be reassuring in times of failure

Maladaptive Thinking, Self-Talk, & Reinforcement

- As a symptom, anxious and/or depressed individuals will often exhibit a tendency to engage in patterns of negative thought.

- Unhealthy self-talk can become primary, or can become automatic when encountering negative or challenging events.

- Thoughts reinforce feelings, and feelings can reinforce behavior.

- What we say and do as adults—it really matters: We don’t want to say things which compound a child’s symptoms of depression, or condition the child to be fearful/anxious.

- Take the opportunity to access resources and supports.
Services at MJHS

- School Counselors and School Psychologist
  - Preliminary Screenings
  - Student support/Brief Solution–focused interventions

- Child Focus, Inc.
  - Prevention
  - Therapeutic Behavior Support (Case Management)

- Children’s Home of Cincinnati
  - Therapy Services

- Comprehensive Mental Health Support Spec.
  - Risk–Assessment/Crisis Intervention
Prevention

- Assists in the early identification of mental health disorders
- Designed to reduce risk factors, increase resilience, and prevent development of further at-risk behaviors
- Does not involve diagnosis
- Short-term interventions that support at-risk students
- Limited to 3 individual sessions
- Can serve students in a universal setting (e.g., small group, classroom presentation)

Therapeutic Behavior Support (Case Management)

- More intensive service than prevention
- Ongoing individualized service that requires participation from the family
- Diagnostic assessment & treatment plan
- Can meet weekly as an ongoing service
- Focuses on developing skills and strategies to manage problems a student is experiencing in the “here and now” and/or difficulties in managing their symptoms
Therapy

- Most intensive ongoing service we offer in the school setting

- Diagnostic assessment & treatment plan

- Still addresses a number of general mental health concerns (e.g., skill-building, peer relationships, problems with daily functioning)

- Draws upon various theoretical approaches to treat mental health concerns which are more severe and/or complex.

- Therapy often involves a deeper level of treatment (i.e., it requires exploration & processing of underlying concerns)
Resource Information

- Clermont County Public Library (Mulberry): 513–248–0700
- School Counselors and School Psychologist: 513–831–1900
- Clermont County Crisis Hotline: 513–528–SAVE (7283)
- Child Focus, Inc.: 513–752–1555
- Children’s Home of Cincinnati: 513–272–2800
- Children’s Hospital (PIRC): 513–636–4124
References


