

## Intensive Interventions for Students With Depression

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Intensive interventions for depression are provided to students who are (a) at very high risk of developing depression or already diagnosed with a depressive disorder and (b) not responding adequately to less intensive interventions. Within a response-to-intervention (RTI) framework, these would be considered Tier 3 interventions. School-based interventions typically are similar to targeted (Tier 2) interventions but are specifically designed for students with depression, and include psychotherapeutic approaches. Integrated into these more intensive efforts are strategies designed to enhance protective factors and build skills that are important components of therapeutic intervention. Examples of approaches that are considered evidence-based are cognitive-behavior therapy, the Adolescent Coping with Depression Course, and interpersonal psychotherapy for depressed adolescents (IPT-A).

### INTERVENTIONS FOR DEPRESSION IN ADOLESCENTS

#### Cognitive-Behavior Therapy

Cognitive-behavior therapy (CBT) is the most researched school-based intervention and has yielded the strongest and longest lasting benefits for students with depression. Some of the most frequently implemented CBT techniques include the following.

- *Cognitive restructuring*: teaching students to challenge distorted and negative cognitions about themselves and their environment, and to replace these with more realistic ones.
- *Problem-solving*: teaching students to evaluate situations or problems by gathering relevant information, considering alternative responses or options, and choosing the best response.
- *Pleasant activity scheduling*: the student's systematic planning of daily activities to include pleasant and desirable events.
- *Anxiety management/relaxation training*: is not as well researched, but promising.
- *Social skills training*: teaching students social problem-solving skills and self-assertion.

#### General Findings About Cognitive-Behavior Therapy

- School-based CBT delivered in a group format minimizes the time and resources required to effectively reduce depression.
- For school-based intervention, 10 hours of CBT intervention appears to be the minimum required to have a meaningful impact on student depression. The more sessions provided, the better the response to CBT. It is best for schools to make intervention available throughout the school year.
- If the student is on an antidepressant, delivering 10 or more CBT sessions more than doubled the likelihood of an adequate response.
- The treatment effects of CBT alone, without medication, can last for more than 9 months.

#### The Adolescent Coping With Depression Course

The Adolescent Coping With Depression Course is a cost-effective, nonstigmatizing, CBT-based psychoeducational intervention for depression that can be delivered in schools. Skills taught include progressive relaxation, increasing pleasant activities, using positive thoughts to counter negative ones, social skills, communication skills, and goal setting. All materials are free and may be downloaded at <http://www.kpchr.org>.

#### Interpersonal Psychotherapy-Adolescents

Interpersonal psychotherapy for adolescents (IPT-A) with depression is designed for individuals, making it helpful for students who are more introverted and less comfortable in group settings. Some research suggests that it may be preferable to CBT for low-income individuals or in cases where there is family or parent-child conflict. The IPT-A treatment manuals and workbooks can be purchased from the developer (Laura Mufson, PhD; [lh3@columbia.edu](mailto:lh3@columbia.edu)).

## **INTERVENTIONS FOR DEPRESSION IN CHILDREN**

Because the rate of depression in younger children is low, less is known about intensive treatments and their efficacy in this population. However, given the adverse psychosocial and educational impacts of depression on young students, school mental health providers must provide intervention. Both CBT and interpersonal psychotherapy can be adapted for elementary school students but attention must be paid to the developmental challenges with which school mental health providers in elementary schools are familiar.

- Young children are more concrete and have fewer meta-cognition skills than middle school or high school students.
- They are generally less verbally articulate about feelings.
- Young children are not as readily engaged in a discussion of thoughts.

With this developmental context in mind, adaptation of the basic elements of CBT and interpersonal psychotherapy can be made according to the younger student's developmental level, attention span, verbal skills, and reading abilities.

### **The ACTION Program**

This CBT program is a developmentally and gender-sensitive group intervention for students as young as 9 years old that has been used extensively and effectively in public schools. It includes cognitive, self-control, behavioral, and parent-training procedures. The workbooks and a video are relatively inexpensive and available at <http://www.workbookpublishing.com/depression.html>. The sessions are designed to be fun and engaging for younger children while teaching them about their depressive symptoms, stressors, and relationship difficulties.

### **Interpersonal Psychotherapy**

The basic premise of IPT is that the onset of depression is linked to conflicts and problems in interpersonal relationships, especially for those who are biologically vulnerable. Since young children are particularly embedded in family relationships, addressing interpersonal interactions is a central effort in this approach. This focus on interpersonal interactions is actually more concrete than a focus on cognitions. Although the phases of individual treatment can be readily adapted for younger children, parental involvement is critical.

## **COLLABORATION AND CASE MANAGEMENT**

Students with severe depression and those who have depression with substance use, history of child abuse, suicidal ideation, and complex family involvement often need all services available in the school and in the community. Intensive interventions in these cases require school mental health professionals to engage in collaboration with community-based providers and partnerships with parents in order to provide a comprehensive, integrated program for the student.