



Depression in Youth with Spina Bifida

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Objectives

- Understand stress
- Identify symptoms of depression
- Coping skills practice
- Know how to find resources





NIMH's "5 Things You Need to Know About Stress"

- Stress affects everyone
 - Routine stress
 - Stress from a negative life event
 - Traumatic Stress
- Not all stress is bad
 - Stress can motivate you to perform to your potential
- Long-term stress can harm your health
 - Prolonged stress response can lead to physical symptoms
- There are ways to manage stress
 - Recognize the signs
 - Get regular exercise
 - Try a relaxing activity
 - Set goals and priorities
 - Stay connected with friends and family
- Ask a professional for help if you are feeling overwhelmed by stress



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Sources of Stress for Kids and Teenagers





Depression Statistics

- Adolescents with SB
 - 13% - 18% (Sawin, Brei, Buran & Fastenau, 2002)
- Adults with SB
 - Rates of depression 25.8% - 45.7% (Dicianno, Kinback, Bellin et al., 2015)
 - Higher rates of depression associated with less mobility (fewer hours out of bed and fewer hours leaving the house)

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Depression

- No single cause for depression
- Genetics and environment both play a role in development of depression
- Triggering events for depression in children and teenagers
 - Stressful situations; Illness variables
- **Irritability, NOT sadness, is the hallmark symptom of depression in children and teenagers**

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Symptoms of Depression

- Feeling or appearing sad, tearful, or irritable
- Decreased interest in activities (anhedonia)
- Change in appetite
- Change in sleep patterns
- Difficulty concentrating or thinking
- Appearing to be physically sped up or slowed down
- Increase in tiredness and fatigue or decreased energy
- Feeling worthless or guilty
- Thoughts of suicide or self destructive behavior

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Diagnosis of Depression

- 5 or more of symptoms (previous slide)
- Symptoms must occur within the same 2 week period
- At least one of the symptoms is depressed mood or loss of interest or pleasure
- Symptoms must cause clinically significant impairment in functioning
 - School, Home, Peer relationships
- Symptoms not due to substance use or medical condition

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Relationship Between Depression and Anxiety

The diagram consists of two overlapping circles on a dark blue background. The left circle is labeled 'Anxiety*' and contains the following symptoms: Anxiety, Worry, Dry mouth, Palpitations, Sweating, Trembling, Blushing, and Stuttering. The right circle is labeled 'Depression' and contains: Depressed mood, Loss of interest or pleasure, Appetite disturbance, Worthlessness, Suicidal ideation, and Low self-esteem. The overlapping area, labeled 'Symptom Overlap', contains: Agitation, Irritability, Fatigue, Difficulty concentrating, Sleep disturbance, Muscle tension, GI complaints, and Pain. Below the diagram is a small footnote: '*Symptoms of GAD and SAD. DSM-IV-TR. Washington, DC: American Psychiatric Association; 2000.'

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Treatment for Depression

- Medication
 - Increase or decrease amount of neurotransmitters in the brain
 - Serotonin, Norepinephrine, and Dopamine
- Cognitive Behavioral Therapy (CBT)
 - Individual therapy
 - Family therapy
 - Group therapy
- Combination of Medication and CBT

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Coping

- What do children and adolescents want?
 - To feel loved and to belong (security/relatedness)
 - To feel good about who they are (self-esteem)
 - To feel they are good at something (confidence/competence)
 - To feel a sense of independence (autonomy, with some boundaries/limits)



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Coping Strategies

- Open the lines of communication
 - How do you know if someone is listening to you?
 - Empathic active listening
 - How does it feel to know you've been heard?



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Communication

- Find a consistent way to ask your child about their day
 - Before bed or In the car
 - “What good thing happened today?”
 - “Did anything bad happen today?”
 - Tell your child something good that happened to you today.
 - Parental problems ≠ child problems
- Gives your child confidence that you will “open the door” for them to talk to you
- These conversations can be really difficult for kids to initiate
- Your response will determine if your kids tell you things in the future



Improving Communication

- Empathic active listening
 - Rephrase what you heard
 - Validate
 - Normalize
- Example:
 - Child: “I failed my math test today. I’m so stupid and I’m never going to pass the class.”
 - Parent: “It sounds like your math test must have been really difficult.”
 - “I can understand why you would be frustrated because you really studied for this one.”
 - “It’s really hard when you study for a test and then don’t do well on it. I know that always made me feel disappointed in myself when it happened to me.”





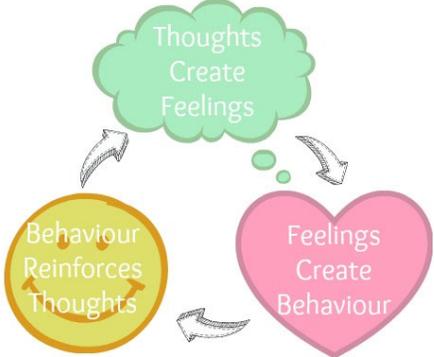
Improving Communication

- Collaborative Problem-Solving
 - Empowers the person you are helping
 - Problem solve WITH them, not FOR them
 - Collaboratively come up with solutions, resources, support people
- Example
 - Child: "I have homework in English class, but I left the assignment in my locker at school and it's due tomorrow!"
 - Parent: "That definitely sounds like a problem. What can you do to get a copy of the assignment?"
 - Child: "I don't know! Can you email my teacher? Or, maybe I can text James and ask him to take a picture of the assignment and send it to me. Or, I can call James and ask him to read the assignment to me."
 - Parent: "Those all sound like reasonable options. Why don't you try to text James to see if you can get the picture of the assignment. If you can't get a hold of him, I can email your teacher."
 - Child: "I texted James, but the camera on his phone isn't working. So, he called me, read the assignment to me, and I wrote it all down. I'm all set and I'm going to my room to work on it."



Cognitive Behavioral Theory (CBT)

The Cognitive Triangle



The diagram illustrates the Cognitive Triangle, a model of how thoughts, feelings, and behaviors are interconnected. It consists of three nodes: a green thought bubble at the top, a yellow circle at the bottom left, and a pink heart at the bottom right. Arrows indicate a clockwise cycle: from Thoughts to Feelings, from Feelings to Behaviour, and from Behaviour back to Thoughts.

- Thoughts Create Feelings
- Feelings Create Behaviour
- Behaviour Reinforces Thoughts

One Time Through





Automatic Thoughts

- The thoughts that “pop up” in your head in response to an action or event.
- When people are depressed or anxious, their automatic thoughts tend to be negative (ANTs)
- ANTs need to be actively “challenged” because we fall into “thinking traps”

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Get rid of the 
AUTOMATIC NEGATIVE THOUGHTS

TYPES OF A.N.T.'S:

 1	ALL OR NOTHING	Seeing everything as either one way or another, no in-between.
 2	PREDICTING THE FUTURE	Expecting bad things are going to happen.
 3	OVERBOARD	Making a bigger deal of something than what it really is.
 4	MINIMIZE	Downplaying your good qualities, talents, or successes.
 5	MUST BE ABOUT ME	Believing things are about me when it is possible they might not be.

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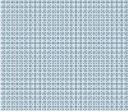


A-B-C Form

Step 2: Fill this in after writing down your feelings (box C)

Step 3: Finally, try and list all the thoughts, self-talk and beliefs you were having in this situation

Step 1: It is often helpful to start here



<p>A The Situation (Activating Event)</p>	<p>B Your Thoughts (Beliefs)</p>	<p>C Your Feelings (Emotional Consequence)</p>
→	→	

- What are some **OTHER WAYS** to think about this situation? _____

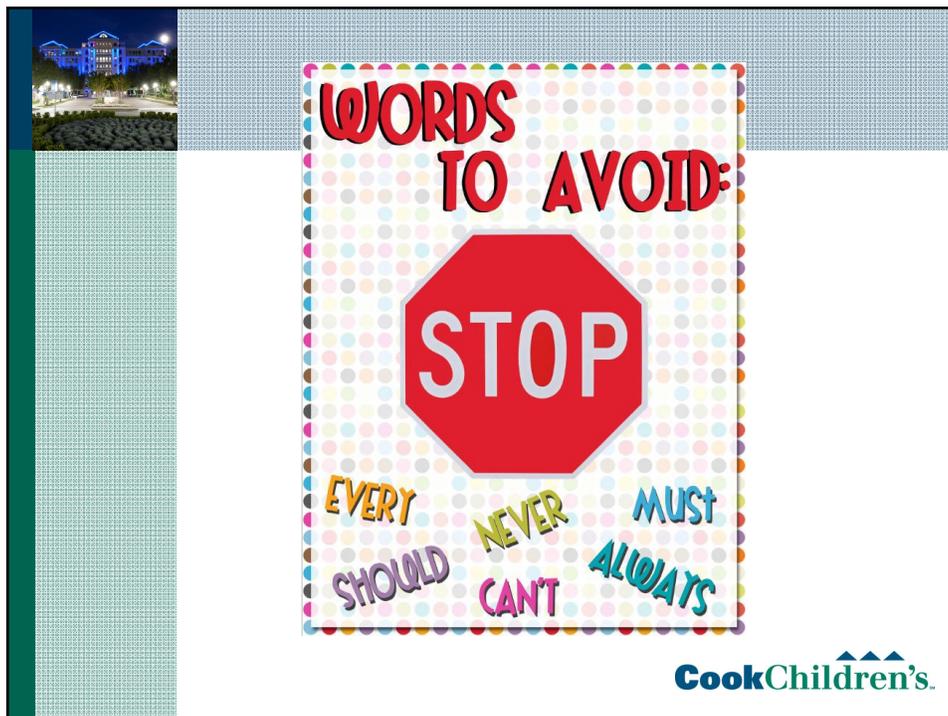
- What is the **EVIDENCE** for and against your beliefs?

Evidence FOR	Evidence AGAINST
_____	_____
_____	_____

- If these beliefs were **TRUE**,
 - ...what is the **WORST** thing that could happen? _____
 - ...what is the **BEST** thing that could happen? _____
 - ...what is the **MOST LIKELY** thing that would happen? _____
 - ...what is a **PLAN OF ATTACK** that you can use to help with this situation? _____

- Write your **POSITIVE COUNTERTHOUGHTS** Here:







Resources

- The Internet
 - Teachers pay teachers
www.teacherspayteachers.com
 - MentalHealthTX.org
 - NIMH Children and Mental Health
www.nimh.nih.gov
- App Store
 - Breathing, relaxation apps
 - Virtual Hope Box
 - Coping apps



Cook Children's Resources

- Cook Children's Behavioral Health
 - Psychiatry (ages 2 – 17)
 - Psychiatric evaluation
 - Inpatient program (ages 2 – 12)
 - Partial hospitalization program (ages 5 – 17)
 - Outpatient medication management
 - Clinical therapist program
 - Parent education and support group
 - Psychology (ages 2 – 18)
 - Individual and family therapy
 - Parent education and support
 - Diagnostic testing
 - Intake Line (682) 885-3917





Local Resources

- MHMR
 - County – specific depending on where patient resides
 - Tarrant: www.mhmtarrant.org
 - Crisis Line Call or Text : (817) 335 – 3022
- Child Study Center
 - www.cscfw.org
 - ECI services
 - Evaluation and therapy services
 - (682) 303 – 9200



Suicide Assessment – Role of Adults

- If a child confides in you, your immediate reaction will set the stage for future disclosures
 - Don't Panic!
 - Ask for details
 - How long have they thought about this?
 - When was the last time they thought about this?
 - Do they have a plan for how they would hurt themselves?
 - Could they carry out the plan?
 - Have them evaluated in an Emergency Room
 - Cook Children's ER
 - JPS Psychiatric ER (10th floor)





Discussion Points

- Talk about this difficult subject at home
- Open the lines of communication
- Come up with a “code word” for your
 - If a child just comes up and tells you the code word, you know they are needing help
 - Post this in the house
- **#1 Protective Factor Against Suicide in Youth**
 - Trusted Adult (parent, teacher, coach, etc)
- National Suicide Hotline: (800) 273 – 8255
- National Suicide Text Line: Text “GO” to 741741

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Questions?



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