



**303:
Depression and Suicide in
Children and Adolescents**

A Training Outline

**Developed by
H. Elizabeth Coyle, M.S.**

**For The
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Training Program**

**University of Pittsburgh
School of Social Work
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303: Depression and Suicide in Children and Adolescents

Agenda for a Full-Day of Curriculum on Depression and Suicide Workshop

Estimated Time	Content	Page
30 minutes	Section I – Introductions and Expectations	4
1 hour and 45 minutes	Section II – Depression: A Mood Disorder	5-6
45 minutes	Section III – Working with Families, Schools, and the Medical/Mental Health Community	7-8
45 minutes	Section IV – Suicide Facts and Risk Factors	9-10
15 minutes	Section V – Assessing Suicidal Risk	11
1 hour	Section VI – Application of Suicide Risk Assessment	12-13
15 minutes	Section VI – Action Planning	14
15 minutes	Section VIII – Wrap- Up and Evaluation	15

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An Overview of the Curriculum

Rationale:

Studies indicate that up to 2.5 percent of children and up to 8.3 percent of adolescents in the United States suffer from depression. Additionally, suicide is the third leading cause of death in youth under the age of 19. Given these statistics, caseworkers must be knowledgeable about the signs and symptoms of depression and the risk factors for suicide in youth so that appropriate and immediate intervention can occur.

Competency:

303-1: The child welfare professional can communicate with and interview children using a variety of age-appropriate methods and strategies to elicit and transmit information.

303-3: The child welfare professional knows the behavioral indicators and dynamics of common emotional disorders of children including depression, ADHD, conduct disorders, anxiety, and suicide; and can refer the child to the proper professional for further assessment and/or treatment.

Learning Objectives:

Participants will be able to:

- Identify the symptoms, screening procedures, risk factors, and treatment of depression in children and adolescents.
- Identify the risk factors associated with suicide.
- Implement effective strategies for supporting and intervening effectively with children and adolescents diagnosed with depression or who are at risk for suicide.
- Collaborate effectively with all parties of the treatment team assembled to support children and adolescents diagnosed with depression or who are at risk for suicide.

Length of Workshop:

6 Hours

Materials Needed to Present the Workshop:

The following materials are needed to present this workshop:

- ◆ Color Markers
- ◆ Name Tents
- ◆ Prizes
- ◆ Overhead Projector/Screen
- ◆ TV/VCR
- ◆ Easel Stand/Flip Chart
- ◆ Video “Sad, Angry, Lonely, and Scared: The Masks of Depression”

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An Overview of the Curriculum (continued)

Materials Needed to Present the Workshop (continued):

- ◆ Curriculum With Transparencies
- ◆ Handouts for Participants

Target Audience:

Child Welfare Caseworkers and Supervisors

Expectations of the Trainer:

The trainer should have a strong knowledge base and experience working with children and adolescents diagnosed with depression and who are at risk for suicide. Additionally, the trainer should have extensive experience collaborating effectively with the family, school, medical, and mental health systems that support effective treatment and interventions with children and adolescents diagnosed with depression and who are at risk for suicide.

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Section I - Introductions and Expectations

Estimated Length of Time:

30 minutes

Learning Objectives: Participants will be able to:

- ◆ Understand the workshop rationale, learning objectives, and agenda.
- ◆ Become familiar with the other participants.
- ◆ Articulate their own learning objectives.

Method of Presentation:

Lecturette and large group discussion

Materials Needed:

- Name tents, markers, flip chart paper
- **Overhead 1a: Agenda**
- **Overhead 1b: Learning Objectives**
- **Handout 1: Agenda and Learning Objectives**

Resources Used:

None

Step 1:

The trainer introduces himself/herself and asks participants to introduce themselves.

Step 2:

Distribute **Handout 1: Agenda and Learning Objectives**. Using **Overhead 1a: Agenda** and **Overhead 1b: Learning Objectives**, the trainer reviews the agenda, rationale, and learning objectives and asks participants to add their learning objectives for the day. The trainer asks participants to write their leaning objectives on a flip chart placed on the training room wall. The trainer refers to the learning objectives as material is covered throughout the day.

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Section II – Depression: A Mood Disorder

Estimated Length of Time:

1 hour and 45 minutes

Learning Objectives: Participants will be able to:

- ◆ Identify that depression is one of a number of mood disorders diagnosed in children and adolescents.
- ◆ Identify the signs and symptoms of depression and dysthymia.
- ◆ Understand the prevalence, screening procedures, risk factors, and treatment for depression in children and adolescents.

Method of Presentation:

Lecturette, small group discussion, large group discussion, video

Materials Needed:

- **Overhead 2: Depression: A Mood Disorder**
- **Overhead 3: Symptoms of Depression and Dysthymia**
- **Overhead 4: Facts and Figures**
- **Handout 2: Depression: A Mood Disorder**
- **Handout 3: Symptoms of Depression and Dysthymia**
- **Handout 4: Facts and Figures**
- **Video: Sad, Angry, Lonely, and Scared: The Masks of Depression**

Resources Used:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: Text revision*. (4th ed.). Washington, D.C.

National Institute of Mental Health (2002). *Depression in children and adolescents*. <http://www.nimh.nih.gov/publicat/depchildresfact.cfm>.

Waltz, M. (2000). *Bipolar disorders: A guide to helping children and adolescents*. Sebastopol, CA: O'Reilly & Associates, Inc.

Step 1:

The trainer distributes **Handout 2: Depression: A Mood Disorder**. Using **Overhead 2: Depression: A Mood Disorder**, the trainer explains that depression is one of a number of diagnoses that falls within the “umbrella” of mood disorders commonly diagnosed in children and adolescents.

Step 2:

The trainer distributes **Handout 3: Symptoms of Depression and Dysthymia**. Using **Overhead 3: Symptoms of Depression and Dysthymia**, the trainer reviews the symptoms of depression and notes how depression differs from the symptoms of dysthymia.

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Section II – Depression: A Mood Disorder (Continued)

Step 3:

The trainer shows the **video: Sad, Angry, Lonely, and Scared: The Masks of Depression (29 minutes)** and asks participants to look for the signs and symptoms that are commonly associated with depression in children and adolescents as they view the video.

Step 4:

The trainer distributes **Handout 4: Facts and Figures**. Using **Overhead 4: Facts and Figures**, the trainer reviews the statistics, screening procedures, risk factors, and treatment associated with the diagnosis of depression.

Step 5:

The trainer assigns one of the following topics to each small group of participants: (1) how the symptoms of depression are manifested in the children and adolescents that they work with in their work setting and the symptoms that could be easily missed or misinterpreted; (2) the risk factors most commonly seen in the children and adolescents they work with; and (3) the treatment issues (access to treatment, reluctance to accept treatment, refusal to take medications, etc.) commonly experienced in the field. The trainer asks each small group to write their discussion findings on flip chart paper and to report findings to the large group.

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Section III – Working with Families, Schools, and the Medical/Mental Health Community

Estimated Length of Time:

45 minutes

Learning Objectives: Participants will be able to:

- ◆ Help families implement effective strategies to support and intervene with children and adolescents showing signs and symptoms of depression or who are diagnosed with depression.
- ◆ Identify resources in schools and in the medical/medical health community to support children and adolescents exhibiting symptoms of depression or who are diagnosed with depression.
- ◆ Work collaboratively with families, schools, and the medical/mental health community to support and intervene with children and adolescents showing symptomology of depression or who are diagnosed with depression.

Method of Presentation:

Lecturette, small group discussion, large group discussion, case study

Materials Needed:

- **Overhead 5: Tips for Working with Families, Schools, and the Medical/Mental Health Community**
- **Handout 5: Tips for Working with Families, Schools, and the Medical/Mental Health Community**
- **Handout 6: Case Study of Roberto**

Resources Used:

Copeland, M. E. (1992). *The depression workbook: A guide for living with depression and manic depression*. Oakland, CA: New Harbinger Publications, Inc.

Oster, G. D., & Montgomery, S. S. (1995). *Helping your depressed teenager*. NY: John Wiley & Sons, Inc.

Step 1:

The trainer distributes **Handout 5: Tips for Working with Families, Schools, and the Medical/Mental Health Community**. Using **Overhead 5: Tips for Working with Families, Schools, and the Medical/Mental Health Community**, the trainer offers points to consider when identifying resources of support and interventions when working with children and adolescents exhibiting symptoms of depression or who are diagnosed with depression.

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Section III – Working with Families, Schools, and the Medical/Mental Health Community (Continued)

Step 2:

The trainer distributes **Handout 6: Case Study of Roberto**. The trainer asks participants to read the case study and reminds the participants to be aware of the cultural issues evident in this case. The trainer moves the participants into four small groups and assigns one of the following topics to each small group of participants for discussion: (1) identify and help Roberto and his family implement appropriate strategies of support in the home setting, (2) identify appropriate school and community resource referrals, (3) list the ways in which a caseworker could link Roberto and his family to these resources, and (4) list ideas for working collaboratively with Roberto, his family, his school, and the medical/mental health professionals in his community. Each small group reports out to the larger group and the trainer records the responses on flip chart paper.

Step 3:

The trainer leads a large group discussion regarding how the strategies of support and intervention might vary with children and adolescents from a variety of cultural backgrounds (i.e., language barriers, families' beliefs about accepting help outside the extended family, etc.).

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Section IV – Suicide Facts and Risk Factors

Estimated Length of Time:

45 minutes

Learning Objectives: Participants will be able to:

- ◆ Become more knowledgeable about the statistics and issues related to suicide in children and adolescents.
- ◆ Recognize the risk factors associated with youth suicide and be able to apply that information during assessment of the children and adolescents on their caseload.

Method of Presentation:

Suicide awareness quiz, large group discussion

Materials Needed:

- **Overhead 6: Myths and Facts about Suicide**
- **Overhead 7: Suicide Risk Factors**
- **Handout 7: Suicide Awareness Quiz**
- **Handout 8: Myths and Facts about Suicide**
- **Handout 9: Suicide Risk Factors**

Resources Used:

Portner, J. (2001). *One in thirteen: The silent epidemic of teen suicide*. Beltsville, MD: Robbins Lane Press.

Roleff, T. (Ed.). (2000). *Teen suicide*. San Diego, CA: Greenhaven Press.

Shea, S. C. (1999). *The practical art of suicide assessment: A guide for mental health professionals and substance abuse counselors*. NY: John Wiley & Sons, Inc.

Step 1:

The trainer distributes **Handout 7: Suicide Awareness Quiz** and asks participants to complete the quiz.

Step 2:

The trainer distributes **Handout 8: Myths and Facts about Suicide**. Using **Overhead 6: Myths and Facts about Suicide**, the trainer provides the answers to the quiz (refer to the answer guide at the end of this step), reviews the material on the overhead, and distributes a prize for the top three high scorers.

(Answer Key: 1-F; 2-F; 3-F; 4-T; 5-F; 6-F; 7-F; 8-F; 9-F; 10-F; 11-T; 12-T; 13-F; 14-T; 15-F.)

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Section IV – Suicide Facts and Risk Factors (Continued)

Step 3:

The trainer distributes **Handout 9: Suicide Risk Factors**. Using **Overhead 7: Suicide Risk Factors**, the trainer reviews the factors associated with suicide risk in children and adolescents. The trainer answers any questions the participants have regarding suicide facts and risk factors and conducts a large group discussion of which, if any, risk factors are most prevalent in the population of children and adolescents in the Child Welfare field.

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Section V – Assessing Suicidal Risk

Estimated Length of Time:

15 minutes

Learning Objectives: Participants will be able to:

- ◆ Assess the risk for suicide during an interview with a child or adolescent on their caseload.

Method of Presentation:

Lecturette

Materials Needed:

- **Overhead 8: Assessing Suicidal Risk**
- **Handout 10: Assessing Suicidal Risk**

Resources Used:

Portner, J. (2001). *One in thirteen: The silent epidemic of teen suicide*. Beltsville, MD: Robbins Lane Press.

Roleff, T. (Ed.). (2000). *Teen suicide*. San Diego, CA: Greenhaven Press.

Shea, S. C. (1999). *The practical art of suicide assessment: A guide for mental health professionals and substance abuse counselors*. NY: John Wiley & Sons, Inc.

Step 1:

The trainer distributes **Handout 10: Assessing Suicidal Risk**. Using **Overhead 8: Assessing Suicidal Risk**, the trainer reviews the process for effectively assessing suicidal risk in youth.

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Section VI – Application of Suicidal Risk Assessment

Estimated Length of Time:

1 hour

Learning Objectives: Participants will be able to:

- ◆ Apply the information learned about suicide risk and assessment procedures.
- ◆ Demonstrate their ability to carry out a complete suicide assessment with the children and adolescents they work with in the field.

Method of Presentation:

Lecturette, case study, role play

Materials Needed:

- **Overhead 9: Suicide Risk Assessment Checklist**
- **Handout 11: Case Study of Teisha**
- **Handout 12: Suicide Risk Assessment Checklist**

Resources Used:

Portner, J. (2001). *One in thirteen: The silent epidemic of teen suicide*. Beltsville, MD: Robbins Lane Press.

Roleff, T. (Ed.). (2000). *Teen suicide*. San Diego, CA: Greenhaven Press.

Shea, S. C. (1999). *The practical art of suicide assessment: A guide for mental health professionals and substance abuse counselors*. NY: John Wiley & Sons, Inc.

Step 1:

The trainer indicates that participants will have the opportunity to practice implementation of suicide risk assessment through role playing. The trainer distributes **Handout 11: Case Study of Teisha** and asks the participants to read the directions for the role play and to read the information about Teisha. The trainer asks participants to move into groups of three and determine who will play the role of the caseworker, who will play the role of Teisha, and who will be the observer/feedback person.

Step 2:

The trainer distributes **Handout 12: Suicide Risk Assessment Checklist**. Using **Overhead 9: Suicide Risk Assessment Checklist**, the trainer explains that this checklist can be used as a guide for the caseworker during the role play and in the field. The observer/feedback person in the groups of three can use this as a guide to provide feedback for the person playing the role of caseworker during the role play.

Step 3:

Following the role plays, the trainer asks participants to discuss what was easy and what was difficult when role playing the suicide risk assessment and to apply this information to their work in the field.

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Section VII – Action Planning

Estimated Length of Time:

15 minutes

Learning Objectives: Participants will be able to:

- ◆ Develop an action plan to implement the strategies learned in this workshop.

Method of Presentation:

Individual completion of action plan, large group discussion

Materials Needed:

- **Handout 13: Action Plan**

Resources Used:

None

Step 1:

Distribute **Handout 13: Action Plan**. The trainer instructs participants to complete **Handout 13: Action Plan**.

Step 2:

The trainer asks participants to share one or two strategies learned throughout the workshop that they will implement in their work setting.

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Section VIII – Wrap-Up and Evaluation

Estimated Length of Time:

15 minutes

Learning Objectives: Participants will be able to:

- ◆ Bring closure to their day of training.
- ◆ Use the bibliography for further reading and learning.
- ◆ Evaluate the training.

Method of Presentation:

Lecturette, evaluation

Materials Needed:

- **Handout 14: Bibliography**
- **Evaluation Form**

Resources Used:

None

Step 1:

The trainer summarizes the learning objectives of the day and encourages participants to implement their action plans in their work settings.

Step 2:

Distribute **Handout 14: Bibliography**. Distribute evaluation forms. The trainer asks participants to refer to the bibliography for further reading and information and asks participants to complete evaluation forms.

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REFERENCES

Books/Websites

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: Text revision*. (4th ed.). Washington, D.C.
- Copeland, M. E. (1992). *The depression workbook: A guide for living with depression and manic depression*. Oakland, CA: New Harbinger Publications, Inc.
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- Portner, J. (2001). *One in thirteen: The silent epidemic of teen suicide*. Beltsville, MD: Robbins Lane Press.
- Roleff, T. (Ed.). (2000). *Teen suicide*. San Diego, CA: Greenhaven Press.
- Shea, S. C. (1999). *The practical art of suicide assessment: A guide for mental health professionals and substance abuse counselors*. NY: John Wiley and Sons, Inc.
- Training Institute for Suicide Assessment & Clinical Interviewing (2002). *The CASE approach*. <http://www.suicideassessment.com>
- Waltz, M. (2000). *Bipolar disorders: A guide to helping children and adolescents*. Sebastopol, CA: O'Reilly & Associates, Inc.

Videos

- Sad, angry, lonely, and scared: The masks of depression*. Human Relations Media. Mt. Kisko, NY (UL-241-VSD) (800-431-2050).