

Guidelines for Adolescent Depression in Primary Care



Tool Kit

Guidelines for Adolescent Depression in Primary Care (GLAD-PC) Toolkit

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Preface

Dear Colleagues:

Welcome to the GLAD-PC toolkit. This kit has been assembled to assist primary care providers in putting the GLAD-PC guidelines into effect. This toolkit has been assembled with the input of experts from the areas of adolescent depression, primary care behavioral medicine, parent and family advocacy, guideline development, and quality improvement. Whenever possible, we have adapted or borrowed generously (and with permission) from those pioneers who had already developed such materials for their own populations and settings. We especially want to thank our partners in depression care improvement from the Texas State Department of Health Services, Columbia University's Treatment Guidelines Project, Intermountain Health Care, American Medical Association, Western Psychiatric Institute and Clinic, the National Alliance for the Mentally Ill and the Depression & Bipolar Support Alliance, and many others too numerous to mention who have shared time, expertise, and toolkit content.

On behalf the GLAD-PC Steering Committee, organization liaison representatives, and the many expert clinicians who contributed to this process to improve adolescent depression management in primary care, we thank for your service and efforts for depressed teens.

Peter S. Jensen, MD

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Guide to Using this Tool Kit

This toolkit was created to help primary care providers decide whether and how to implement the *Guidelines for Adolescent Depression in Primary Care (GLAD-PC)* into their practice. It was designed to be user-friendly and applicable to real-world primary care practices.

As we know the specific needs of providers' practices both differ and change, we have included topics ranging from diagnosis to treatment and follow-up. We have designed each section so that it could be referenced in sequence or on its own. Simply refer to the Table of Contents to find the sections that your practice needs most and is ready to implement. In every section, you'll find each of the following:

- A title page, which lists the contents of the section
- A "guide" which briefly describes the tools contained in the section
- The tools themselves

In the first section, "*GLAD-PC Guidelines*," you'll find the guideline recommendations and a flow chart which depicts how best to manage adolescent depression in the primary care setting.

The following two sections, "*Early Identification*," and "*Screening and Diagnostic Aids*" contain tools for identifying and diagnosing cases of depression. The "*Guide to*" sections will help you choose the right types of tools for your particular practice.

The subsequent sessions, "*Treatment info for Providers*," and "*Treatment Referrals and Follow-up*" contain tools to help clinicians initiate treatment as well as provide referrals and follow up care. Different tools are available to accommodate individual or large group practices.

The “Speaking with Patients and Parents” section provides primary care clinicians with information and guidance for the crucial task of communicating with adolescents and their caretakers. The following sections, “Education Materials for Adolescents,” and “Education Materials for Parents,” contain helpful tools to complement and reinforce verbal communication.

The final sections, “Billing” and “Organizations Change,” address administrative issues often crucial to creating an environment in which to deliver optimal clinical care. **These sections are still under construction.**

In this “short” version of the toolkit, we’ve included tools that we believe are broadly relevant, as well as both easy to use and free. For a more comprehensive selection of tools in all of the included categories, please visit our website at www.gladpc.org.

Chapter I.

GLAD-PC Guidelines

- **Guide to the “GLAD-PC Guidelines” Section**
- **GLAD-PC Recommendations**
- **GLAD-PC Flowchart**

Guide to the GLAD-PC Guidelines Section

The Guidelines for Adolescent Depression in Primary Care are not meant to be a cookbook for pediatric providers but rather to provide some much needed information, recommendations, educational resources, and tools to aid in the management of adolescent depression in primary care. As usual, providers should use their clinical judgment at all times.

- **GLAD-PC Recommendations:**

These recommendations are derived from the full Guidelines for Adolescent Depression in Primary Care paper. They are listed in the order of clinical care when a patient presents at a practice.

Please refer to the Guidelines papers for a more comprehensive description of each recommendation and to understand the evidence behind these recommendations (Zuckerbrot et al., *Pediatrics*, 2007 & Cheung et al., *Pediatrics*, 2007).

- **GLAD-PC Flowchart**

This two-page flowchart, also derived from the paper, depicts the natural flow of patient care in a primary care practice.

As not all providers may be ready to implement all the recommendations at once, use this tool kit to help yourself identify and implement those recommendations that your practice is prepared to apply.

GLAD – PC Recommendations

Identification

Recommendation I: Patients with depression risk factors (such as history of previous episodes, family history, other psychiatric disorders, substance abuse, trauma, psychosocial adversity, etc.) should be identified (Grade of Evidence: C. Strength of Recommendation: Very Strong) and systematically monitored over time for the development of a depressive disorder. (Grade of Evidence: C. Strength of Recommendation: Very Strong).

Assessment/Diagnosis

Recommendation I: PC clinicians should evaluate for depression in high-risk adolescents as well as those who present with emotional problems as the chief complaint. (Grade of Evidence: B. Strength of Recommendation: Very Strong) Clinicians should assess for depressive symptoms based on diagnostic criteria established in the DSM-IV-TR or ICD 10 (Grade of Evidence: B. Strength of Recommendation: Very Strong) and should use standardized

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depression tools to aid in the assessment. (Grade of Evidence: A. Strength of Recommendation: Very Strong).

Recommendation II: Assessment for depression should include direct interviews with the patients and families/caregivers (Grade of Evidence: B. Strength of Recommendation: Very Strong) and should include the assessment of functional impairment in different domains (Grade of Evidence: B. Strength of Recommendation: Very Strong) and other existing psychiatric conditions. (Grade of Evidence: B. Strength of Recommendation: Very Strong)

Initial Management of Depression

Recommendation I: Clinicians should educate and counsel families and patients about depression and options for the management of the disorder. (Grade of Evidence: C. Strength of Recommendation: Very Strong) Clinicians should also discuss limits of confidentiality with the adolescent and family. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

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Recommendation II: Clinicians should develop a treatment plan with patients and families (Grade of Evidence: C. Strength of Recommendation: Very Strong) and set specific treatment goals in key areas of functioning including home, peer, and school settings. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

Recommendation III: The PC clinician should establish relevant links/collaboration with mental health resources in the community, (Grade of Evidence: B. Strength of Recommendation: Very Strong) which may include patients and families who have dealt with adolescent depression and are willing to serve as resources to other affected adolescents and their family members. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

Recommendation IV: All management must include the establishment of a safety plan, which includes restricting lethal means, engaging a concerned third-party, and an emergency communication mechanism should the patient deteriorate, become actively suicidal or dangerous to others, or experience an acute crisis associated with psychosocial stressors especially during the period of initial treatment when safety concerns are highest. (Grade of Evidence: C. Strength of Recommendation: Very Strong)

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Treatment

Recommendation I: After initial diagnosis, in cases of mild depression, clinicians should consider a period of active support and monitoring before starting other evidence-based treatment. (Grade of Evidence: B. Strength of Recommendation: Very Strong)

Recommendation II: If a PC clinician identifies an adolescent with moderate or severe depression or complicating factors/conditions such as co-existing substance abuse or psychosis, consultation with a mental health specialist should be considered (Grade of Evidence: C. Strength of Recommendation: Strong). Appropriate roles and responsibilities for ongoing management by the PC and mental health clinicians should be communicated and agreed upon (Grade of Evidence: C. Strength of Recommendation: Strong). The patient and family should be consulted and approve the roles of the PC and mental health professionals. (Grade of Evidence: D. Strength of Recommendation: Strong).

Recommendation III: PC clinicians should recommend scientifically tested and proven treatments (i.e., psychotherapies such as cognitive

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behavioral therapy or interpersonal therapy, and/or antidepressant treatment such as SSRIs) whenever possible and appropriate to achieve the goals of the treatment plan. (Grade of Evidence: A. Strength of Recommendation: Very Strong)

Recommendation IV: PC clinicians should monitor for the emergence of adverse events during antidepressant treatment (SSRIs). (Grade of Evidence: B. Strength of Recommendation: Very Strong)

Ongoing Management

Recommendation I: Systematic and regular tracking of goals and outcomes from treatment should be performed including assessment of depressive symptoms and functioning in several key domains: home, school, and peer settings (Grade of Evidence: D. Strength of Recommendation: Very Strong)

Recommendation II: Diagnosis and initial treatment should be reassessed if no improvement is noted after 6-8 weeks of treatment (Grade of Evidence: B. Strength of Recommendation: Very Strong). Mental health

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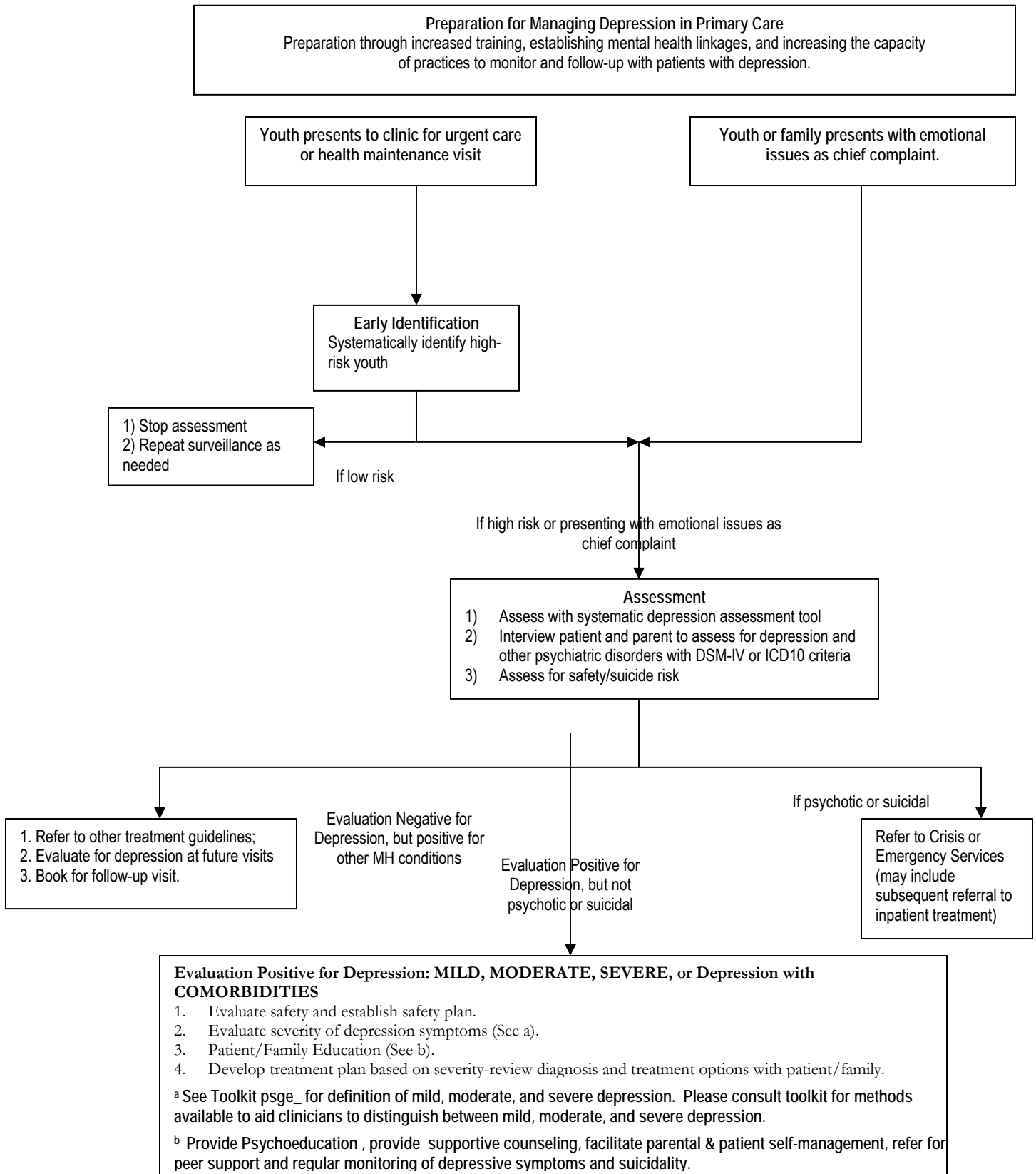
consultation should be considered. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

Recommendation III: For patients who achieve only partial improvement after PC diagnostic and therapeutic approaches have been exhausted (including exploration of poor adherence, co-morbid disorders, and ongoing conflicts or abuse), a mental health consultation should be considered. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

Recommendation IV: PC clinicians should actively support depressed adolescents who are referred to mental health to ensure adequate management (Grade of Evidence: D. Strength of Recommendation: Very Strong). PC clinicians may also consider sharing care with mental health agencies/professionals when possible (Grade of Evidence: B. Strength of Recommendation: Very Strong). Appropriate roles and responsibilities regarding the provision and coordination of care, should be communicated and agreed upon by the PC clinician and the mental health specialist. (Grade of Evidence: D. Strength of Recommendation: Very Strong)

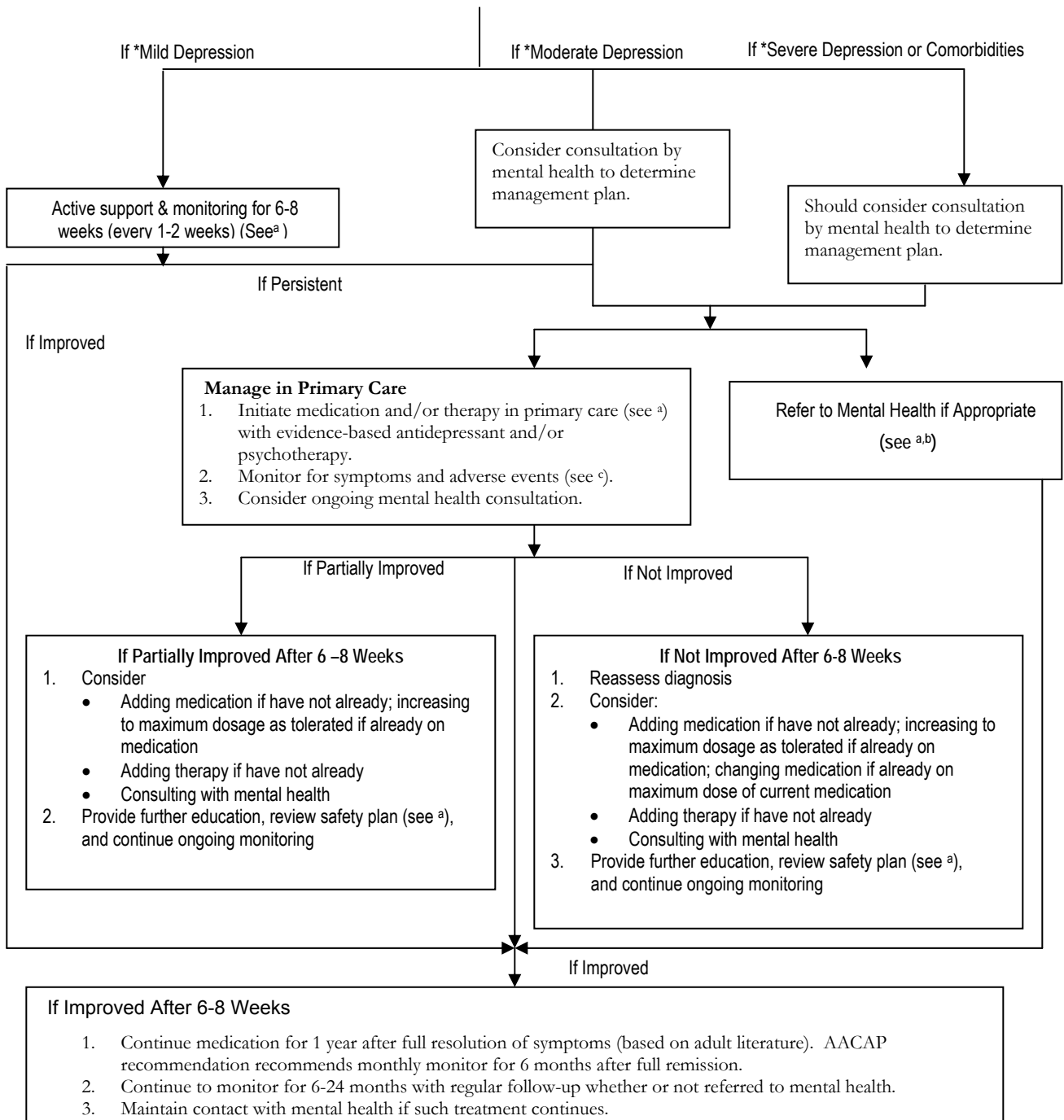
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CLINICAL ASSESSMENT FLOWCHART



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CLINICAL MANAGEMENT FLOWCHART



^a Provide Psychoeducation, provide supportive counseling, facilitate parental & patient self-management, refer for peer support and regular monitoring of depressive symptoms and suicidality.

^b Negotiate roles/ responsibilities between primary care and mental health, and designate case coordination responsibilities. Continue to monitor in primary care after referral. Maintain contact with MH

^c Clinicians should monitor for changes in symptoms and emergence of adverse events such as increased suicidal ideation, agitation or induction of mania. For monitoring guidelines please refer to section on Treatment Information for Providers.

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Chapter II.

Early Identification

- **Guide to the “Early Identification” Section**
- *GAPS* Questionnaire (Parent, Young teen, Older teen)
- *SDQ* (adolescent self-report)

Guide to the “Early Identification” Section

This section is designed to help you identify cases of adolescent depression. One way to identify adolescent depression as early as possible is to establish a systematic protocol to identify those adolescents with risk factors for depression. While many providers rely on their clinical interview to identify these risk factors, providers often do not have enough time to review all risk factors with all patients. We have provided two questionnaires that cover many different psychosocial and health-related risk factors that can be completed either at home before the visit or in the waiting room.

The USPSTF has since recommended screening of adolescents (12-18 years of age) for MDD when systems are in place to ensure accurate diagnosis, psychotherapy (Cognitive-behavioral or interpersonal), and follow-up. The section after this one, Screening and Diagnostic Aids, provides depression specific tools that can be used for screening to fulfill the USPSTF recommendations.

There are information sheets describing these questionnaires in front of the forms.

- **Guidelines for Adolescent Preventive Services (GAPS) Questionnaires** for Parents, Younger and Older Adolescents, in both English and Spanish. These guidelines were developed by the American Medical Association.
- **Strengths and Difficulties Questionnaire (SDQ)** for adolescents. This form has been used in primary care in Great Britain and comes in parent and youth versions and is available in 46 languages.

GAPS Questionnaire information

- The American Medical Association (AMA) has prepared a set of recommendations that provides a framework for the organization and content of preventive services for adolescents. The recommendations, Guidelines for Adolescent Preventive Services (GAPS), are intended for primary care physicians and other health-care providers.
- GAPS recommendations are designed to be delivered ideally as a preventive services package during a series of annual health visits between the ages of 11 and 21.
- GAPS is unique because the recommendations emphasize health guidance and the prevention of behavioral and emotional disorders in addition to traditional biomedical conditions.
- Several tools have been designed to support implementation of the American Medical Association's (AMA) Guidelines for Adolescent Preventive Services (GAPS) program in your clinical setting. The six forms include the Younger Adolescent Questionnaire in English and Spanish, Middle-Older Adolescent Questionnaire in English and Spanish, and the Parent/Guardian Questionnaire in English and Spanish. Administration of the GAPS questionnaire takes approximately 5-10 minutes.
- The *Emotions* section on the questionnaire may flag signs of depression or suicidality that need to be further assessed.
- The monograph with the recommendations can be accessed at:

<http://www.ama-assn.org/ama/upload/mm/39/gapsmono.pdf>

Selected References:

Gadomski A, Bennett S, Young M, Wissow LS. Guidelines for Adolescent Preventive Services: the GAPS in practice. *Archives of Pediatrics & Adolescent Medicine*. 157(5):426-32, 2003

Klein JD, Allan MJ, Elster AB, Stevens D, Cox C, Hedberg VA, Goodman RA. Improving adolescent preventive care in community health centers. *Pediatrics*. 2001;107(2):318-27



Guidelines for Adolescent Preventive Services Parent/Guardian Questionnaire

Confidential

(Your answers will not be given out.)

Date _____

Adolescent's name _____ Adolescent's birthday _____ Age _____

Parent/Guardian name _____ Relationship to adolescent _____

Your phone number: Home _____ Work _____

Adolescent Health History

1. Is your adolescent allergic to any medicines?

☐ Yes ☐ No If yes, what medicines? _____

2. Please provide the following information about medicines your adolescent is taking.

Name of medicine	Reason taken	How long taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Has your adolescent ever been hospitalized overnight?

☐ Yes ☐ No If yes, give the age at time of hospitalization and describe the problem.

Age	Problem
_____	_____
_____	_____

4. Has your adolescent ever had any serious injuries?

☐ Yes ☐ No If yes, please explain. _____

5. Have there been any changes in your adolescent's health during the past 12 months?

☐ Yes ☐ No If yes, please explain. _____

6. Please check (✓) whether your adolescent ever had any of the following health problems:

If yes, at what age did the problem start:

	Yes	No	Age		Yes	No	Age
ADHD/learning disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headaches/migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies/hayfever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Low iron in blood (anemia)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bladder or kidney infections	<input type="checkbox"/>	<input type="checkbox"/>	_____	Rheumatic fever or heart disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood disorders/sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Scoliosis (curved spine)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Severe acne	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis (TB)/lung disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mononucleosis (mono)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis (liver disease)	<input type="checkbox"/>	<input type="checkbox"/>	_____				

7. Does this office or clinic have an up-to-date record of your adolescent's immunizations (record of "shots")?

☐ Yes ☐ No ☐ Not sure

Family History

8. Some health problems are passed from one generation to the next. Have you or any of your adolescent's **blood** relatives (parents, grandparents, aunts, uncles, brothers or sisters), living or deceased, had any of the following problems? If the answer is "Yes," please state the age of the person when the problem occurred and his or her relationship to your adolescent.

	Yes	No	Unsure	Age at Onset	Relationship
Allergies/asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Birth defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Blood disorders/sickle cell anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Yes	No	Unsure	Age at Onset	Relationship
Cancer (type _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drinking problem/alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drug addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Endocrine/gland disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart attack or stroke <i>before</i> age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart attack or stroke <i>after</i> age 55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Seizures/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tuberculosis/lung disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. With whom does the adolescent live most of the time? (*Check all that apply.*)

<input type="checkbox"/> Both parents in same household	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Sister(s)/ages _____
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____
<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Alone
<input type="checkbox"/> Other adult relative	<input type="checkbox"/> Brother(s)/ages _____	

10. In the past year, have there been any changes in your family? (*Check all that apply.*)

<input type="checkbox"/> Marriage	<input type="checkbox"/> Loss of job	<input type="checkbox"/> Births	<input type="checkbox"/> Other _____
<input type="checkbox"/> Separation	<input type="checkbox"/> Move to a new neighborhood	<input type="checkbox"/> Serious illness	
<input type="checkbox"/> Divorce	<input type="checkbox"/> A new school or college	<input type="checkbox"/> Deaths	

Parental/Guardian Concerns

11. Please review the topics listed below. Check (✓) if you have a concern about your adolescent.

Concern About My Adolescent	Concern About My Adolescent
Physical problems	Guns/weapons
Physical development	School grades/absences/dropout
Weight	Smoking cigarettes/chewing tobacco
Change of appetite	Drug use
Sleep patterns	Alcohol use
Diet/nutrition	Dating/parties
Amount of physical activity	Sexual behavior
Emotional development	Unprotected sex
Relationships with parents and family	HIV/AIDS
Choice of friends	Sexual transmitted diseases (STDs)
Self image or self worth	Pregnancy
Excessive moodiness or rebellion	Sexual identity
Depression	(heterosexual/homosexual/bisexual)
Lying, stealing, or vandalism	Work or job
Violence/gangs	Other:

12. What seems to be the greatest challenge for your teen? _____

13. What is it about your teen that makes you proud of him or her? _____

14. Is there something on your mind that you would like to talk about today?

What is it? _____

15. Can we share your answers to Question 13 with your teen? ☐ Yes ☐ No



Guía De Servicios Preventivos Para Los Adolescentes

Cuestionario Para Padres o Guardianes

Confidencial

(No le diremos a nadie lo que nos diga)

Fecha _____

Nombre del adolescente _____ Fecha de nacimiento _____ Edad _____

Nombre del Padre o Guardián _____ Su relación con el adolescente _____

Su número de teléfono: de casa (_____) del trabajo (_____) _____

Historial Médico del Adolescente

- ¿Es su adolescente alérgico a alguna medicina?
☐ Sí ☐ No Si la respuesta es Sí ¿a cuál medicina? _____
- Por favor, díganos qué medicinas está tomando su adolescente.

Nombre de la medicina	Razón para tomarla	Cuánto tiempo tiene tomándola
_____	_____	_____
_____	_____	_____
- ¿Alguna vez ha estado hospitalizado su adolescente?
☐ Sí ☐ No Si la respuesta es Sí, escriba la edad que tenía y explique cuál era el problema.

Edad	Problema
_____	_____
_____	_____
- ¿Su adolescente alguna vez se ha lastimado seriamente?
☐ Sí ☐ No Si su respuesta es Sí por favor explique. _____
- ¿Ha notado cambios en la salud de su adolescente en los últimos 12 meses?
☐ Sí ☐ No Si su respuesta es Sí por favor explique. _____
- Por favor, marque (✓) si su adolescente alguna vez padeció de alguno de los siguientes problemas de salud. Si su respuesta es Sí marque cuántos años tenía cuando comenzó el problema.

	Sí	No	Edad		Sí	No	Edad
Problemas de aprendizaje/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dolores de Cabeza/Migrañas	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alergias	<input type="checkbox"/>	<input type="checkbox"/>	_____	Falta de Hierro en la Sangre (anemia)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pulmonía	<input type="checkbox"/>	<input type="checkbox"/>	_____
Infección de la vejiga o de los riñones	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fiebre reumática o enfermedad del corazón	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enfermedad de la Sangre	<input type="checkbox"/>	<input type="checkbox"/>	_____	Escoliosis (columna vertebral curva)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	_____	Convulsiones/Epilepsia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Varicela	<input type="checkbox"/>	<input type="checkbox"/>	_____	Acné	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depresión	<input type="checkbox"/>	<input type="checkbox"/>	_____	Problemas Estomacales	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tuberculosis/enfermedad del pulmón	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problemas Alimenticios	<input type="checkbox"/>	<input type="checkbox"/>	_____	Mononucleosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problemas Emocionales	<input type="checkbox"/>	<input type="checkbox"/>	_____	Otra(s):	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis (enfermedad del hígado)	<input type="checkbox"/>	<input type="checkbox"/>	_____				
- ¿Tiene esta clínica toda la información sobre las vacunas de su adolescente?
☐ Sí ☐ No ☐ No estoy seguro

Historial Familiar

- Algunos problemas de salud se pasan de generación a generación. ¿Hay algún pariente biológico, de su adolescente (padres, abuelos, tíos, o hermanos), que haya tenido alguna de las siguientes enfermedades? Incluya parientes vivos y difuntos. Si la respuesta es Sí, marque cuántos años tenía la persona cuando empezó el problema y su relación con su adolescente.

	Sí	No	No estoy seguro	Edad cuando empezó	Relación con el adolescente
Alergias/Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Artritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Defectos de Nacimiento	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Enfermedad de sangre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cáncer (de qué tipo _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Sí	No	No estoy seguro	Edad cuando empezó	Relación con el adolescente
Depresión	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Problema con la bebida/Alcoholismo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Adicción a drogas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Enfermedad del sistema endocrino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ataques al Corazón o Embolias <u>antes</u> de los 55 años	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ataques al Corazón o Embolias <u>después</u> de los 55 años	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Presión Alta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alto Nivel de Colesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Enfermedad de los Riñones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Problemas de Aprendizaje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Enfermedad del Hígado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salud Mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Retardo Mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Migrañas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Convulsiones/Epilepsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Fumar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Tuberculosis/enfermedad del pulmón	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

9. ¿Con quién vive el adolescente la mayor parte del año? (Marque todas las que sean ciertas)

- ☐ Ambos padres en la misma casa ☐ Madrastra ☐ Hermanas/edades _____
☐ Madre ☐ Padrastro ☐ Otra persona _____
☐ Padre ☐ Guardián Legal ☐ Solo
☐ Otro pariente adulto ☐ Hermanos/edades _____

10. En estos últimos 12 meses, ¿han habido cambios importantes en su familia? (Marque todos los que sean ciertos.)

- ☐ Matrimonios ☐ Alguien perdió el trabajo ☐ Nacimientos ☐ Otros _____
☐ Separaciones ☐ Mudanzas a otros vecindarios ☐ Enfermedades graves _____
☐ Divorcios ☐ Cambio de escuela o universidad ☐ Muertes _____

Preocupaciones de los padres o guardián

11. Por favor, fíjese en los temas que le damos a continuación. Marque (✓) si tiene usted alguna preocupación sobre algún tema con respecto a su adolescente.

Me preocupa		Me preocupa	
Problemas físicos	<input type="checkbox"/>	Pistolas/armas	<input type="checkbox"/>
Desarrollo físico	<input type="checkbox"/>	Malas notas escolares/ausencias/abandono de estudios	<input type="checkbox"/>
Peso	<input type="checkbox"/>	Fumar cigarrillos/mascar tabaco	<input type="checkbox"/>
Cambios en su apetito	<input type="checkbox"/>	Uso de drogas	<input type="checkbox"/>
Hábitos de dormir	<input type="checkbox"/>	Uso de bebidas alcohólicas	<input type="checkbox"/>
Hábitos de comer/nutrición	<input type="checkbox"/>	Noviazgos/Fiestas	<input type="checkbox"/>
La cantidad de actividad física	<input type="checkbox"/>	Conducta sexual	<input type="checkbox"/>
Desarrollo emocional	<input type="checkbox"/>	Relaciones sexuales sin protección	<input type="checkbox"/>
Su relación con sus padres y familia	<input type="checkbox"/>	VIH/SIDA	<input type="checkbox"/>
Tipo de amigos que tiene	<input type="checkbox"/>	Enfermedades Transmitidas Sexualmente	<input type="checkbox"/>
Auto-proyección o auto-estima	<input type="checkbox"/>	El embarazo	<input type="checkbox"/>
Cambios exagerados de carácter o rebelión	<input type="checkbox"/>	Identidad Sexual (heterosexual, homosexual, bisexual)	<input type="checkbox"/>
Depresión	<input type="checkbox"/>	El trabajo u ocupación	<input type="checkbox"/>
Mentir, robar, o vandalismo	<input type="checkbox"/>	Otra	
Violencia/pandillas	<input type="checkbox"/>		

12. ¿Cuáles son los retos personales más difíciles para su adolescente? _____

13. ¿Qué lo enorgullece de su adolescente? _____

14. Hoy, ¿Quisiera habernos sobre algo en especial? ¿Que? _____

15. ¿Nos permite mostrarle a su adolescente su respuesta a la Pregunta #13? ☐ Sí ☐ No



Guidelines for Adolescent Preventive Services Younger Adolescent Questionnaire

Confidential

(Your answers will not be given out.)

Chart# _____

Name _____ Today's Date _____
Last First Middle Initial month day year

Birthdate _____ Grade in School _____ Boy or Girl (*circle one*) Age _____
month day year

Address _____ City _____ State _____ Zip _____

Phone Number _____ Pager/Beeper Number _____
area code

What languages are spoken where you live? _____

Are you: ☐ White ☐ African-American ☐ Asian/Pacific Islander
☐ Latino/Hispanic ☐ Native American ☐ Other _____

Medical History

1. Why did you come to the clinic/office today? _____

2. Are you allergic to any medicines?
☐ No ☐ Yes, name of medicine(s): _____ ☐ Not Sure

3. Do you have any health problems?
☐ No ☐ Yes, problem(s): _____ ☐ Not Sure

4. Are you taking any medicine now?
☐ No ☐ Yes, name of medicine(s): _____ ☐ Not Sure

5. Have you been to the dentist in the last year? ☐ No ☐ Yes ☐ Not Sure

6. Have you stayed overnight in a hospital in the last year? ☐ No ☐ Yes ☐ Not Sure

7. Have you ever had any of the problems below?

	Yes	No	Not Sure
Allergies or hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Not Sure
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Girls Only

8. Have you started having periods? ☐ No ☐ Yes
a. *If yes*, are your periods regular (once a month) ? ☐ No ☐ Yes
b. *If yes*, what was the 1st day of your last period? Month _____ Day _____
9. Have you ever been pregnant? ☐ Yes ☐ No

Family Information

10. Who do you live with? (Check all that apply).
☐ Mother ☐ Stepmother ☐ Brother(s)/ages _____
☐ Father ☐ Stepfather ☐ Sister(s)/ages _____
☐ Guardian ☐ Other adult relative ☐ Other/(explain) _____
11. Do you have older brothers or sisters who live away from home? ☐ Yes ☐ No ☐ Not Sure
12. During the past year, have there been any changes in your family such as: (Check all that apply)
☐ Marriage ☐ Loss of job ☐ Births ☐ Other changes _____
☐ Separation ☐ Moved to a new neighborhood ☐ Serious Illness/Injury _____
☐ Divorce ☐ A new school ☐ Deaths _____

Specific Health Issues

13. Please check whether you have questions or are worried about any of the following:
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Height | <input type="checkbox"/> Neck or back | <input type="checkbox"/> Muscle or pain in arms/legs | <input type="checkbox"/> Anger or temper |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Breasts | <input type="checkbox"/> Menstruation or periods | <input type="checkbox"/> Feeling tired |
| <input type="checkbox"/> Eyes or vision | <input type="checkbox"/> Heart | <input type="checkbox"/> Wetting the bed | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Hearing or earaches | <input type="checkbox"/> Coughing or wheezing | <input type="checkbox"/> Trouble urinating or peeing | <input type="checkbox"/> Fitting in/belonging |
| <input type="checkbox"/> Colds/runny or stuffy nose | <input type="checkbox"/> Chest pain or trouble breathing | <input type="checkbox"/> Drip from penis or vagina | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Mouth or teeth or breath | <input type="checkbox"/> Stomach ache | <input type="checkbox"/> Wet dreams | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Vomiting or throwing up | <input type="checkbox"/> Skin (rash/acne) | <input type="checkbox"/> Dying |
| <input type="checkbox"/> Other _____ | | | |

These questions will help us get to know you better. Choose the answer that best describes what you feel or do. Your answers will be seen only by your health care provider and his/her assistant.

Health Profile

Eating/Weight/Body

14. Do you eat fruits and vegetables every day? ☐ No ☐ Yes
15. Do you drink milk and/or eat milk products every day? ☐ No ☐ Yes
16. Do you spend a lot of time thinking about ways to be skinny? ☐ Yes ☐ No
17. Do you do things to lose weight (skip meals, take pills, starve yourself, vomit, etc) ☐ Yes ☐ No
18. Do you work, play, or exercise enough to make you sweat or breathe hard at least 3 times a week? ☐ No ☐ Yes
19. Have you pierced your body (not including ears) or gotten a tattoo? ☐ Yes ☐ No

School

20. Is doing well in school important to you? ☐ No ☐ Yes
21. Is doing well in school important to your family and friends? ☐ No ☐ Yes
22. Are your grades this year worse than last year? ☐ Yes ☐ No ☐ Not Sure
23. Are you getting failing grades in any subjects this year? ☐ Yes ☐ No ☐ Not Sure
24. Have you been told that you have a learning problem? ☐ Yes ☐ No
25. Have you been suspended from school this year? ☐ Yes ☐ No

Friends and Family

26. Do you know at least one person who you can talk to about problems? ☐ No ☐ Yes
27. Do you think that your parent(s) or guardian(s) usually listen to you and take your feelings seriously? ☐ No ☐ Yes
28. Have your parents talked with you about things like alcohol, drugs, and sex? ☐ No ☐ Yes ☐ Not Sure
29. Are you worried about problems at home or in your family? ☐ Yes ☐ No ☐ Not Sure
30. Have you ever thought seriously about running away from home? ☐ Yes ☐ No

Weapons/Violence/Safety

31. Is there a gun, rifle, or other firearm where you live? ☐ Yes ☐ No ☐ Not Sure
32. Have you ever carried a gun, knife, club, or other weapon to protect yourself? ☐ Yes ☐ No
33. Have you ever been in a physical fight where you or someone else got hurt? ☐ Yes ☐ No
34. Have you ever been in trouble with the police? ☐ Yes ☐ No
35. Have you ever seen a violent act take place at home, school, or in your neighborhood? ☐ Yes ☐ No
36. Are you worried about violence or your safety? ☐ Yes ☐ No ☐ Not Sure
37. Do you usually wear a helmet and/or protective gear when you rollerblade, skateboard, or ride a bike? ☐ No ☐ Yes
38. Do you always wear a seat belt when you ride in a car, truck, or van? ☐ No ☐ Yes

Tobacco

39. Have you ever tried cigarettes or chewing tobacco? ☐ Yes ☐ No
40. Have any of your close friends ever tried cigarettes or chewing tobacco? ☐ Yes ☐ No
41. Does anyone you live with smoke cigarettes/cigars or chew tobacco? ☐ Yes ☐ No

Alcohol

42. Have you ever tried beer, wine, or other liquor (except for religious purposes)? ☐ Yes ☐ No
43. Have any of your close friends ever tried beer, wine, or other liquor (except for religious purposes)? ☐ Yes ☐ No
44. Have you ever been in a car when the driver has been using drugs or drinking beer, wine or other liquor? ☐ Yes ☐ No
45. Does anyone in your family drink so much that it worries you? ☐ Yes ☐ No ☐ Not Sure

Drugs

46. Have you ever taken things to get high, stay awake, calm down or go to sleep? ☐ Yes ☐ No ☐ Not Sure
47. Have you ever used marijuana (pot, grass, weed, reefer, or blunt)? ☐ Yes ☐ No ☐ Not Sure
48. Have you ever used other drugs such as cocaine, speed, LSD, mushrooms, etc.? ☐ Yes ☐ No ☐ Not Sure
49. Have you ever sniffed or huffed things like paint, 'white-out', glue, gasoline, etc.? ☐ Yes ☐ No ☐ Not Sure

50. Have any of your close friends ever used marijuana, other drugs, or done other things to get high? ☐ Yes ☐ No ☐ Not Sure
51. Does anyone in your family use drugs so much that it worries you? ☐ Yes ☐ No ☐ Not Sure

Development/Relationships

52. Are you dating someone or going steady? ☐ Yes ☐ No ☐ Not Sure
53. Are you thinking about having sex ("going all the way" or "doing it")? ☐ Yes ☐ No ☐ Not Sure
54. Have you ever had sex? ☐ Yes ☐ No ☐ Not Sure
55. Have any of your friends ever had sex? ☐ Yes ☐ No ☐ Not Sure
56. Have you ever felt pressured by anyone to have sex or had sex when you did not want to? ☐ Yes ☐ No ☐ Not Sure
57. Have you ever been told by a doctor or a nurse that you had a sexually transmitted disease like herpes, gonorrhea, or chlamydia? ☐ Yes ☐ No ☐ Not Sure
58. Would you like to receive information on abstinence ("how to say no to sex")? ☐ Yes ☐ No ☐ Not Sure
59. Would you like to know how to avoid getting pregnant, getting HIV/AIDS, or getting sexually transmitted diseases? ☐ Yes ☐ No ☐ Not Sure

Emotions

60. Have you done something fun during the past two weeks? ☐ No ☐ Yes
61. When you get angry, do you do violent things? ☐ Yes ☐ No
62. During the past few weeks, have you felt very sad or down as though you have nothing to look forward to? ☐ Yes ☐ No
63. Have you ever seriously thought about killing yourself, made a plan, or tried to kill yourself? ☐ Yes ☐ No
64. Is there something you often worry about or fear? ☐ Yes ☐ No
65. Have you ever been physically, emotionally, or sexually abused? ☐ Yes ☐ No ☐ Not Sure
66. Would you like to get counseling about something that is bothering you? ☐ Yes ☐ No ☐ Not Sure

Special Circumstances

67. In the past year have you been around someone with tuberculosis (TB)? ☐ Yes ☐ No ☐ Not Sure
68. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? ☐ Yes ☐ No
69. Have you ever lived in foster care or a group home? ☐ Yes ☐ No

Self

70. What two words best describe you?

1) _____ 2) _____

71. What would you like to be when you grow up?

72. If you could have three wishes come true, what would they be?

1) _____

2) _____

3) _____



Guía de Servicios Preventivos Para los Adolescentes

Cuestionario para Adolescentes Jóvenes

Confidencial

(No le diremos a nadie lo que nos diga)

Archivo # _____

Nombre _____ Fecha de Hoy _____
(Apellido) (Nombre) (Inicial) mes/día/año

Fecha de Nacimiento _____ Año/Curso Escolar _____ Niño o Niña (marque con círculo) Edad _____
mes/día/año

Dirección _____ Ciudad _____ Código Postal/Zip _____

Teléfono () _____ Anunciador/Pager/Beeper () _____
Código

¿Cuales idiomas se hablan donde vive Ud.? _____

¿Es Ud.?: ☐ Blanco ☐ Afro-Americano ☐ Asiático/Isleño del Pacífico
☐ Latino/Hispano ☐ Indígena Norteamericano ☐ Otro

Historia Médica

1. ¿Porqué vino al consultorio hoy? _____

2. ¿Tiene alergias a cualquier medicina?

☐ No ☐ Sí, (nombre(s) de la(s) medicina(s): _____) ☐ No estoy seguro

3. ¿Tiene cualquier problema con la salud?

☐ No ☐ Sí, (problema(s): _____) ☐ No estoy seguro

4. ¿Esta tomando medicinas actualmente?

☐ No ☐ Sí, (nombre de la medicina(s): _____) ☐ No estoy seguro

5. ¿En el último año ha consultado al dentista?..... ☐ No ☐ Sí ☐ No estoy seguro

6. En el último año Ha pasado la noche en el hospital?..... ☐ No ☐ Sí ☐ No estoy seguro

7. ¿Alguna vez padeció cualquiera de los siguientes problemas de salud?

	Sí	No	No estoy seguro		Sí	No	No estoy seguro
Alergias o "hay fever".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Convulsiones/Ataques.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (TB).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unicamente para Niñas

8. Ha comenzado a tener su período/ la regla? ☐ No ☐ Sí

a. Si ya comenzó Le viene regularmente (una vez al mes)?..... ☐ No ☐ Sí

b. Si es el caso, ¿Cual fue el primer día de la última regla?..... Mes _____ Día _____

9. ¿Alguna vez ha estado embarazada? ☐ No ☐ Sí

Información Familiar

10. ¿Con quién vive? (Marque todas que sean ciertas).

- | | | |
|---|---|--|
| <input type="checkbox"/> Madre | <input type="checkbox"/> Madrastra | <input type="checkbox"/> Hermanos/edades |
| <input type="checkbox"/> Padre | <input type="checkbox"/> Padrastro | <input type="checkbox"/> Hermanas/edades |
| <input type="checkbox"/> Guardián Legal | <input type="checkbox"/> Otro pariente adulto | <input type="checkbox"/> Otra/(explique) |

11. ¿Tiene hermanos mayores que no viven en casa?..... ☐ Sí ☐ No ☐ No estoy seguro

12. En el último año Han habido cambios importantes en su familia? (Marque todas que sean ciertas),

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Matrimonios | <input type="checkbox"/> Alguien perdi su empleo | <input type="checkbox"/> Nacimientos | <input type="checkbox"/> Otros cambios |
| <input type="checkbox"/> Separaciones | <input type="checkbox"/> Mudanzas a otros vecindarios | <input type="checkbox"/> Enfermedades graves | |
| <input type="checkbox"/> Divorcios | <input type="checkbox"/> Cambio de escuela | <input type="checkbox"/> Muertes | |

Problemas Específicos de la Salud

13. Por favor, marque a continuación si tiene preguntas o alguna preocupación sobre:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Estatura/desarrollo físico | <input type="checkbox"/> Cuello o espalda | <input type="checkbox"/> Músculos o dolor en los brazos/piernas | <input type="checkbox"/> Enojo o mal genio |
| <input type="checkbox"/> Peso | <input type="checkbox"/> Pechos/senos | <input type="checkbox"/> Menstruación o la regla | <input type="checkbox"/> Cansancio |
| <input type="checkbox"/> Ojos/la vista | <input type="checkbox"/> Corazón | <input type="checkbox"/> Mojarse la cama | <input type="checkbox"/> Dificultad al dormir |
| <input type="checkbox"/> Dificultad para oír o dolor del oído | <input type="checkbox"/> Tos o le chilla el pecho hacer pipí | <input type="checkbox"/> Dificultad para orinar o | <input type="checkbox"/> Su relación con los compañeros |
| <input type="checkbox"/> Catarro/moquillo o las narices tapadas | <input type="checkbox"/> Dolor del pecho o dificultad en respirar | <input type="checkbox"/> Gota del pene o la vagina | <input type="checkbox"/> Cáncer |
| <input type="checkbox"/> Boca o dientes o aliento | <input type="checkbox"/> Dolor del estómago | <input type="checkbox"/> Sueño mojado | <input type="checkbox"/> VIH/SIDA |
| <input type="checkbox"/> Dolores de cabeza | <input type="checkbox"/> Vómito o náuseas | <input type="checkbox"/> Piel (salpullido/espinillas) | <input type="checkbox"/> La muerte |
| <input type="checkbox"/> Otro _____ | | | |

Estas preguntas nos ayudarán a conocerle mejor. Escoja la respuesta que mejor indica lo que siente o hace. Sus respuestas serán vistas únicamente por su médico/enfermera y su asistente.

Su Salud

Comer/Peso/Cuerpo

14. ¿Come Ud. frutas y vegetales cada día? ☐ No ☐ Sí
15. ¿Toma Ud. leche y/o come productos lácteos cada día? ☐ No ☐ Sí
16. ¿Gasta mucho tiempo pensando en como adelgazar? ☐ Sí ☐ No
17. ¿Trata de bajar de peso (evita comidas, toma pastillas, ayuna, vomita, etc) ☐ Sí ☐ No
18. ¿Trabaja Ud, juega, o hace suficiente ejercicio como para sudar o respirar fuerte por lo menos 3 veces por semana? ☐ No ☐ Sí
19. Ha perforado su cuerpo (sin incluir las orejas) o ha puesto un tatuaje? ☐ Sí ☐ No

La Escuela

20. ¿Salir bien en sus estudios es importante para Ud.? ☐ No ☐ Sí
21. ¿Salir bien en sus estudios es importante para su familia y sus amigos? ☐ No ☐ Sí
22. ¿Sus notas (calificaciones) son peores este año ? ☐ Sí ☐ No ☐ No estoy seguro
23. ¿Está saliendo mal en alguna materia ? ☐ Sí ☐ No ☐ No estoy seguro
24. ¿Le han dicho que tiene dificultad en aprender? ☐ Sí ☐ No
25. ¿Le han suspendido de clases este año? ☐ Sí ☐ No

Los Amigos y la Familia

26. ¿Conoce al menos una persona con quien puede hablar si tiene un problema? ☐ No ☐ Sí
27. ¿ Cree Ud. que sus padres o su guardián le escuchan y toman en serio sus sentimientos?.....☐ No ☐ Sí
28. ¿Sus padres han hablado con Ud. sobre alcohol, drogas, y sexo ?☐ No ☐ Sí ☐ No estoy seguro
29. ¿Está preocupado por problemas en su casa o en su familia ?☐ Sí ☐ No ☐ No estoy seguro
30. ¿Alguna vez ha contemplado seriamente fugarse de la casa?☐ Sí ☐ No

Las Armas/la Violencia/la Seguridad

31. ¿Hay una pistola, rifle u otra arma de fuego en la casa donde vive ?☐ Sí ☐ No ☐ No estoy seguro
32. ¿Alguna vez ha portado una pistola, cuchillo, palo u otra arma para protegerse?.....☐ Sí ☐ No
33. ¿Alguna vez ha estado en una pelea donde Ud. u otra persona fue lesionado?..☐ Sí ☐ No
34. ¿Alguna vez ha tenido problemas con la policía?☐ Sí ☐ No
35. ¿Alguna vez ha visto un acto de violencia en la casa, la escuela, o en el vecindario?.....☐ Sí ☐ No
36. ¿Está Ud. preocupado por la violencia o por su seguridad?☐ Sí ☐ No ☐ No estoy seguro
37. ¿Normalmente usa Ud. un casco y/o equipo protector cuando patina (“roller blade,” “skateboard”, o monta a bicicleta?☐ No ☐ Sí
38. ¿Siempre usa Ud. el cinturón de seguridad cuando monta en un auto, vehículo de carga, o camioneta?☐ No ☐ Sí

El Tabaco

39. Ha probado Ud. cigarrillos o tabaco de mascar (rapé)?.....☐ Sí ☐ No
40. ¿Alguno de sus mejores amigos ha probado cigarrillos o tabaco de mascar?.....☐ Sí ☐ No
41. ¿Alguien con quien vive Ud. fuma cigarrillos/puros o usa tabaco de mascar?....☐ Sí ☐ No

El Alcohol

42. ¿Alguna vez ha probado Ud. cerveza, vino, u otro licor (fuera de propósitos religiosos)? ☐ Sí ☐ No
43. ¿Alguno de sus mejores amigos ha probado cerveza, vino, u otro licor (fuera de propósitos religiosos)? ☐ Sí ☐ No
44. ¿Alguna vez ha estado en un veh culo cuando el motorista ha estado tomando drogas, cerveza, vino, u otro licor?☐ Sí ☐ No
45. ¿Hay alguien en su familia que toma tanto que le preocupa?.....☐ Sí ☐ No ☐ No estoy seguro

Las Drogas

46. ¿Alguna vez ha tomado sustancias para elevarse, para mantenerse despierto, calmarse, o para dormir?.....☐ Sí ☐ No ☐ No estoy seguro
47. ¿Alguna vez ha usado marijuana (hierba, pasto, maría, mota, “refer, o pot”)?.....☐ Sí ☐ No ☐ No estoy seguro
48. ¿Alguna vez ha usado otras drogas como la coca na, la metanfetamina “speed”, LSD, hongos.?.....☐ Sí ☐ No ☐ No estoy seguro
49. ¿Alguna vez ha inhalado sustancias: pintura, “white-out”, gases de los pegantes o gomas, gasolina?☐ Sí ☐ No ☐ No estoy seguro
50. ¿Alguno de sus mejores amigos ha usado la marijuana, otras drogas o hecho otras cosas para elevarse o sentirse “bien”?☐ Sí ☐ No ☐ No estoy seguro
51. ¿Hay alguien en su familia que usa tanta droga que le preocupa?☐ Sí ☐ No ☐ No estoy seguro

El Desarrollo/Relaciones Personales

52. ¿Tiene novio(a) o esta saliendo con alguien?.....☐ Sí ☐ No ☐ No estoy seguro
53. ¿Está pensando en tener relaciones sexuales (en hacerlo, tener sexo)?.....☐ Sí ☐ No ☐ No estoy seguro
54. ¿Quisiera recibir información sobre como abstenerse
(como decir que “no” a tener sexo)?.....☐ Sí ☐ No ☐ No estoy seguro
55. ¿Alguna vez ha tenido relaciones sexuales?.....☐ Sí ☐ No ☐ No estoy seguro
56. ¿Alguno de sus amigos ha tenido relaciones sexuales ya?.....☐ Sí ☐ No ☐ No estoy seguro
57. ¿Alguna vez ha sido presionado por alguien a tener
relaciones o ha tenido relaciones cuando no quería?☐ Sí ☐ No ☐ No estoy seguro
58. ¿Alguna vez un médico le ha dicho que tuvo una enfermedad
transmitida sexualmente como el herpes, la gonorrea, o la sífilis?.....☐ Sí ☐ No ☐ No estoy seguro
59. ¿Quisiera saber como evitar el embarazo, el VIH/SIDA,
o una enfermedad “venérea”?.....☐ Sí ☐ No ☐ No estoy seguro

Las Emociones

60. ¿ Ha hecho algo divertido en las últimas dos semanas?☐ No ☐ Sí
61. ¿Cuando se pone enojado, se hace cosas violentas?.....☐ No ☐ Sí
62. ¿Durante las últimas semanas ha sentido muy triste,
desanimado, desalentado?☐ No ☐ Sí
63. ¿Alguna vez ha pensado seriamente en matarse,
ha hecho un plan, o ha intentado matarse?☐ No ☐ Sí
64. ¿Hay algo que le preocupa o teme con frecuencia?.....☐ No ☐ Sí
65. ¿Alguna vez ha sido abusado físicamente, emocionalmente, o sexualmente?☐ No ☐ Sí ☐ No estoy seguro
66. ¿Quisiera hablar con un(a) consejero(a) de algo que le preocupa?☐ No ☐ Sí ☐ No estoy seguro

Circunstancias Especiales

67. En este año pasado, ¿Ha pasado tiempo con alguien
que tiene la tuberculosis? ☐ Sí ☐ No ☐ No estoy seguro
68. En este año pasado, ¿Ha pasado la noche en un albergue,
la cárcel, o un centro detención juvenil? ☐ Sí ☐ No
69. ¿Alguna vez ha vivido con padres de crianza, o en una casa juvenil?..... ☐ Sí ☐ No

Sí Mismo

70. ¿Cuales dos palabras describen mejor a Ud.? 1)_____ 2)_____
71. ¿Que quiere hacer cuando sea adulto?_____
72. Si podrían concederle tres deseos, cuales serían?
- 1)_____
- 2)_____
- 3)_____

Febrero, 1998

**Confidential**

(Your answers will not be given out.)

Chart # _____

Name _____ Date _____
Last First Middle Initial

Date of Birth _____ Grade in School _____ Year in college _____ Sex: Male Female Age _____

Address _____ City _____ Zip _____

Phone number where you can be reached _____ Pager/beeper number _____

What languages are spoken where you live? _____ Race _____

Medical History

1. Why did you come to the clinic/office today? _____
2. Do you have any health problems? ☐ Yes ☐ No Problem(s) _____
3. Did you have any health problems in the past 12 months? ☐ Yes ☐ No Problem(s) _____
4. Are you taking any medicine now? ☐ Yes ☐ No Name of medicine _____

For Girls

5. Date when last period started _____ Are your periods regular (monthly)? ☐ No ☐ Yes
Month Date
6. Have you had a miscarriage, an abortion, or live birth in the past 12 months? ☐ Yes ☐ No

Specific Health Issues

7. Please check whether you have questions or are worried about any of the following:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Height/weight | <input type="checkbox"/> Mouth/teeth/breath | <input type="checkbox"/> Frequent or painful urination | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Neck/back | <input type="checkbox"/> Discharge from penis or vagina | <input type="checkbox"/> Feeling tired a lot |
| <input type="checkbox"/> Diet/food/appetite | <input type="checkbox"/> Chest pain/trouble breathing | <input type="checkbox"/> Wetting the bed | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Future plans/job | <input type="checkbox"/> Coughing/wheezing | <input type="checkbox"/> Sexual organs/genitals | <input type="checkbox"/> Dying |
| <input type="checkbox"/> Skin (rash, acne) | <input type="checkbox"/> Breasts | <input type="checkbox"/> Menstruation/periods | <input type="checkbox"/> Sad or crying a lot |
| <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Heart | <input type="checkbox"/> Wet dreams | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Stomach ache | <input type="checkbox"/> Physical or sexual abuse | <input type="checkbox"/> Anger/temper |
| <input type="checkbox"/> Eyes/vision | <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Masturbation | <input type="checkbox"/> Violence/personal safety |
| <input type="checkbox"/> Ears/hearing/ear aches | <input type="checkbox"/> Diarrhea/constipation | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Muscle or joint pain in arms/legs | | |
| <input type="checkbox"/> Lots of colds | | | |

Health Profile

These questions will help us get to know you better. Choose the answer that best describes what you feel or do.
Your answers will be seen only by your health care provider and his/her assistant.

Eating/Weight

8. Are you satisfied with your eating habits? ☐ No ☐ Yes
9. Do you ever eat in secret? ☐ Yes ☐ No
10. Do you spend a lot of time thinking about ways to be thin? ☐ Yes ☐ No
11. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills or laxatives, or starving yourself? ☐ Yes ☐ No
12. Do you exercise or participate in sport activities that make you sweat and breathe hard for 20 minutes or more at a time at least three or more times during the week? ☐ No ☐ Yes

School

13. Are your grades this year worse than last year? ☐ Yes ☐ No ☐ Not in school
14. Have you either been told you have a learning problem or do you think you have a learning problem? ☐ Yes ☐ No
15. Have you been suspended from school this year? ☐ Yes ☐ No ☐ Not in school

Friends & Family

16. Do you have at least one friend who you really like and feel you can talk to? ☐ No ☐ Yes
17. Do you think that your parent(s) or guardian(s) *usually* listen to you and take your feelings seriously? ☐ No ☐ Yes
18. Have you ever thought seriously about running away from home? ☐ Yes ☐ No ☐ Not sure

Turn page

Weapons/Violence/Safety

19. Do you or anyone you live with have a gun, rifle, or other firearm? ☐ Yes ☐ No ☐ Not sure
20. In the past year, have you carried a gun, knife, club, or other weapon for protection? ☐ Yes ☐ No
21. Have you been in a physical fight during the *past 3 months*? ☐ Yes ☐ No
22. Have you ever been in trouble with the law? ☐ Yes ☐ No
23. Are you worried about violence or your safety? ☐ Yes ☐ No ☐ Not sure
24. Do you usually wear a helmet when you rollerblade, skateboard, ride a bicycle, motorcycle, minibike, or ride in an all-terrain vehicle (ATV)? ☐ No ☐ Yes
25. Do you usually wear a seat belt when you ride in or drive a car, truck, or van? ☐ No ☐ Yes

Tobacco

26. Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No
26. Do any of your close friends ever smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No
28. Does anyone you live with smoke cigarettes/cigars, use snuff or chew tobacco? ☐ Yes ☐ No

Alcohol

29. In the past month, did you get drunk or very high on beer, wine, or other alcohol? ☐ Yes ☐ No
30. In the past month, did any of your close friends get drunk or very high on beer, wine, or other alcohol? ☐ Yes ☐ No
31. Have you ever been criticized or gotten into trouble because of drinking? ☐ Yes ☐ No ☐ Not sure
32. In the past year have you used alcohol and then driven a car/truck/van/motorcycle? ☐ Yes ☐ No ☐ Does not apply
33. In the past year, have you been in a car or other motor vehicle when the driver has been drinking alcohol or using drugs? ☐ Yes ☐ No
34. Does anyone in your family drink or take drugs so much that it worries you? ☐ Yes ☐ No

Drugs

35. Do you ever use marijuana or other drugs, or sniff inhalants? ☐ Yes ☐ No ☐ Not sure
36. Do any of your close friends ever use marijuana or other drugs, or sniff inhalants? ☐ Yes ☐ No ☐ Not sure
37. Do you ever use non-prescription drugs to get to sleep, stay awake, calm down, or get high? (These drugs can be bought at a store without a doctor's prescription.) ☐ Yes ☐ No
38. Have you ever used steroid pills or shots without a doctor telling you to? ☐ Yes ☐ No ☐ Not sure

Development

39. Do you have any concerns or questions about the size or shape of your body, or your physical appearance? ☐ Yes ☐ No ☐ Not sure
40. Do you think you may be gay, lesbian, or bisexual? ☐ Yes ☐ No ☐ Not sure
41. Have you ever had sexual intercourse? (How old were you the first time? _____) ☐ Yes ☐ No ☐ Not sure
42. Are you using a method to prevent pregnancy? (Which: _____) ☐ No ☐ Yes ☐ Not active
43. Do you and your partner(s) *always* use condoms when you have sex? ☐ No ☐ Yes ☐ Not active
44. Have any of your close friends ever had sexual intercourse? ☐ Yes ☐ No ☐ Not sure
45. Have you ever been told by a doctor or nurse that you had a sexually transmitted infection or disease? ☐ Yes ☐ No ☐ Not sure
46. Have you ever been pregnant or gotten someone pregnant? ☐ Yes ☐ No ☐ Not sure
47. Would you like to receive information or supplies to prevent pregnancy or sexually transmitted infections? ☐ Yes ☐ No ☐ Not sure
48. Would you like to know how to avoid getting HIV/AIDS? ☐ Yes ☐ No ☐ Not sure
49. Have you pierced your body (not including ears) or gotten a tattoo? ☐ Yes ☐ No ☐ Thinking about it

Emotions

50. Have you had fun during the past two weeks? ☐ No ☐ Yes
51. During the past few weeks, have you *often* felt sad or down or as though you have nothing to look forward to? ☐ Yes ☐ No
52. Have you ever *seriously* thought about killing yourself, made a plan or actually tried to kill yourself? ☐ Yes ☐ No
53. Have you ever been physically, sexually, or emotionally abused? ☐ Yes ☐ No ☐ Not sure
54. When you get angry, do you do violent things? ☐ Yes ☐ No
55. Would you like to get counseling about something you have on your mind? ☐ Yes ☐ No ☐ Not sure

Special Circumstances

56. In the past year, have you been around someone with tuberculosis (TB)? ☐ Yes ☐ No ☐ Not sure
57. In the past year, have you stayed overnight in a homeless shelter, jail, or detention center? ☐ Yes ☐ No
58. Have you ever lived in foster care or a group home? ☐ Yes ☐ No

Self

59. What four words best describe you? _____
60. If you could change one thing about your life or yourself, what would it be? _____
61. What do you want to talk about today? _____



Guía De Servicios Preventivos Adolescentes

Cuestionario Mayores Para Adolescentes

Confidencial

(No le diremos a nadie lo que tú nos digas)

Expediente # _____

Nombre _____ Fecha _____
(apellido) (nombre) (inicial del segundo nombre)
Fecha de nacimiento _____ Año Escolar _____ Año Universitario _____ Sexo: ☐ Hombre ☐ Mujer Edad _____
Dirección _____ Ciudad _____ Área Postal _____
Teléfono donde te podemos llamar _____ Beeper _____
¿Qué idiomas se hablan en tu hogar? _____ Raza _____

Historial Médico

1. ¿Por qué viniste hoy a la clínica/oficina? _____
2. ¿Tienes algún problema de salud? ☐ Sí ☐ No Problema(s) _____
3. ¿Hastenido algún problema de salud en el año pasado? ☐ Sí ☐ No
4. ¿Estás tomando alguna medicina ahora? ☐ Sí ☐ No Nombre de la medicina _____

Para Mujeres Jóvenes

5. ¿Cuál fue el primer día de tu última regla? _____ ¿Te viene la regla regularmente cada mes? ☐ No ☐ Sí
6. ¿Has tenido un aborto (natural o provocado) o has tenido un hijo en los últimos 12 meses? ☐ Sí ☐ No

Sobre La Salud

7. Si tienes alguna pregunta o preocupación sobre alguno de los siguientes temas, márcalos.

- | | | |
|--|---|---|
| <input type="checkbox"/> Estatura/peso | <input type="checkbox"/> Tos/te silba el pecho | <input type="checkbox"/> Eyaculas cuando sueñas (el despertar mojado) |
| <input type="checkbox"/> Alta o baja presión | <input type="checkbox"/> Senos (el busto) | <input type="checkbox"/> Abuso físico o sexual |
| <input type="checkbox"/> Dieta/comida/apetito | <input type="checkbox"/> Corazón | <input type="checkbox"/> Masturbación |
| <input type="checkbox"/> Planes para el futuro/trabajo | <input type="checkbox"/> Dolores de estómago | <input type="checkbox"/> VIH/SIDA |
| <input type="checkbox"/> Piel (sarpullido, acné) | <input type="checkbox"/> Náusea/vómitos | <input type="checkbox"/> No duermes bien |
| <input type="checkbox"/> Dolores de cabeza/migrañas | <input type="checkbox"/> Diarrea/estreñimiento | <input type="checkbox"/> Cansancio todo el tiempo |
| <input type="checkbox"/> Mareos/desmayos | <input type="checkbox"/> Dolor muscular o en las articulaciones | <input type="checkbox"/> Cáncer |
| <input type="checkbox"/> Ojos/visión | <input type="checkbox"/> Orinas frecuentemente o tienes dolor al orinar | <input type="checkbox"/> La muerte |
| <input type="checkbox"/> Oídos/dolor de oídos | <input type="checkbox"/> Secreción del pene o de la vagina | <input type="checkbox"/> Triste o lloras mucho |
| <input type="checkbox"/> Nariz | <input type="checkbox"/> Te orinas en la cama | <input type="checkbox"/> Estrés |
| <input type="checkbox"/> Muchos catarros | <input type="checkbox"/> Organos sexuales/genitales | <input type="checkbox"/> Enojo/mal humor |
| <input type="checkbox"/> Boca/dientes/aliento | <input type="checkbox"/> Menstruación/regla | <input type="checkbox"/> Violencia/seguridad personal |
| <input type="checkbox"/> Cuello/espalda | | |
| <input type="checkbox"/> Dolor de pecho/dificultad al respirar | | |
| <input type="checkbox"/> Otros (explica) _____ | | |

Tu Salud

Estas preguntas nos ayudarán a conocerte mejor. Escoge la respuesta que mejor describe lo que sientes o haces. Tus respuestas sólo las repasan el doctor y su asistente.

Dieta/Peso

8. ¿Estás satisfecho con tus hábitos alimenticios? ☐ No ☐ Sí
9. ¿Comes a escondidas o en secreto de vez en cuando? ☐ Sí ☐ No
10. ¿Te pasas horas pensando en cómo bajar de peso? ☐ Sí ☐ No
11. En el año pasado, ¿trataste de bajar o controlar tu peso haciéndote vomitar, usando pastillas, laxantes o purgantes, o dejando de comer? ☐ Sí ☐ No
12. ¿Haces ejercicios o participas en actividades deportivas tres veces o más durante la semana que te hacen sudar y respirar fuerte y que duran 20 minutos? ☐ No ☐ Sí

Escuela

13. ¿Tus notas de este año son peores que las del año pasado? ☐ Sí ☐ No ☐ No estoy en la escuela
14. ¿Te han dicho o piensas que tienes problemas para aprender? ☐ Sí ☐ No
15. ¿Te han suspendido de clases en la escuela este año? ☐ Sí ☐ No ☐ No estoy en la escuela

Amistades y Familia

16. ¿Tienes un amigo a quien estimas mucho y con quien puedes hablar de todo? ☐ No ☐ Sí
17. ¿Piensas que tus padres o tus guardianes te escuchan usualmente y te toman tus sentimientos en serio? ☐ No ☐ Sí
18. ¿Alguna vez has pensado seriamente en escaparte de tu casa? ☐ Sí ☐ No ☐ No estoy seguro(a)

Armas/Violencia/Seguridad

19. ¿Alguna de las personas con quien vives tú mismo tiene una pistola, rifle, o alguna otra arma de fuego? ☐ Sí ☐ No ☐ No estoy seguro(a)
20. ¿Has portado una pistola, navaja, garrote o alguna otra arma para protegerte en los últimos 12 meses? ☐ Sí ☐ No
21. ¿Has tenido alguna pelea física en los últimos 3 meses? ☐ Sí ☐ No
22. ¿Has tenido problemas con la ley? ☐ Sí ☐ No
23. ¿Te preocupa la violencia o tu seguridad? ☐ Sí ☐ No ☐ No estoy seguro(a)
24. ¿Usas un casco cuando montas en patines, patineta, bicicleta, motocicleta, miniciclo, trimoto o arenero? ☐ No ☐ Sí
25. ¿Usas el cinturón de seguridad cuando viajas en carro, camión, o camioneta? ☐ No ☐ Sí

Tabaco

26. ¿Fumas cigarrillos/puros, masticas tabaco, o usas "snuff"? ☐ Sí ☐ No
27. ¿Alguno de tus amigos fuma cigarrillos/puros, mastica tabaco, o usa "snuff"? ☐ Sí ☐ No
28. ¿Alguna de las personas con quien vives fuma cigarrillos/puros, mastica tabaco, o usa "snuff"? ☐ Sí ☐ No

Alcohol

29. El mes pasado, ¿tuviste una borrachera con cerveza, vino, o alguna otra bebida alcohólica? ☐ Sí ☐ No
30. El mes pasado, ¿alguno de tus mejores amigos tuvo una borrachera con cerveza, vino, o alguna otra bebida alcohólica? ☐ Sí ☐ No
31. ¿Alguna vez te han criticado o has tenido problemas porque tomas? ☐ Sí ☐ No ☐ No estoy seguro(a)
32. ¿Bebiste alcohol este año pasado, y después manejaste un carro, camión, camioneta o motocicleta? ☐ Sí ☐ No ☐ No aplica
33. ¿Estuviste en un carro o algún otro vehículo este año pasado, en el cual el chofer estaba bebido o había usado drogas? ☐ Sí ☐ No
34. ¿Te preocupas por alguno de tu familia que toma mucho o usa drogas? ☐ Sí ☐ No

Drogas

35. ¿A veces usas marihuana u otras drogas, o inhalas goma o cosas parecidas? ☐ Sí ☐ No ☐ No estoy seguro(a)
36. ¿Alguno de tus mejores amigos usa marihuana u otras drogas, o inhala goma o cosas parecidas? ☐ Sí ☐ No ☐ No estoy seguro(a)
37. ¿Alguna vez has usado medicinas sin receta médica para poder dormir, estar despierto, calmarte, o ponerte en onda? ☐ Sí ☐ No
(Medicinas que se pueden comprar en cualquier farmacia, sin receta médica)
38. ¿Has usado esteroides en pastilla o como inyección sin receta medica? ☐ Sí ☐ No ☐ No estoy seguro(a)

Desarrollo

39. ¿Te preocupa o quieres más información sobre la forma o tamaño de tu cuerpo, o tu apariencia física? ☐ Sí ☐ No ☐ No estoy seguro(a)
40. ¿Crees ser homosexual, lesbiana, o bisexual? ☐ Sí ☐ No ☐ No estoy seguro(a)

41. ¿Has tenido relaciones sexuales? ☐ Sí ☐ No ☐ No estoy seguro(a)
 ¿Cuántos años tenías la primera vez?
42. ¿Estás usando algún método para prevenir el embarazo? ☐ No ☐ Sí ☐ No tengo relaciones
 ¿Cuál?
43. ¿Usas condones cuando siempre tienes relaciones sexuales con tus pareja(s)? ☐ No ☐ Sí ☐ No tengo relaciones
44. ¿Alguno de tus mejores amigos ha tenido relaciones sexuales? ☐ Sí ☐ No ☐ No estoy seguro(a)
45. ¿Te ha dicho alguna vez algún doctor o enfermera que tienes una enfermedad o
 infección que se transmite sexualmente? ☐ Sí ☐ No ☐ No estoy seguro(a)
46. ¿Has estado embarazada alguna vez, o has sido tú el que embarazó a alguna joven? .. ☐ Sí ☐ No ☐ No estoy seguro(a)
47. ¿Quieres información o cosas que te ayuden a evitar embarazos, o infecciones
 transmitidas sexualmente? ☐ Sí ☐ No ☐ No estoy seguro(a)
48. ¿Quieres saber cómo evitar contraer el virus del VIH/SIDA? ☐ Sí ☐ No ☐ No estoy seguro(a)
49. ¿Te has perforado (excluyendo las orejas) o recibiste algún tatuaje en el cuerpo? ☐ Sí ☐ No ☐ Lo estoy pensando

Emociones

50. ¿Te has divertido en las últimas dos semanas? ☐ No ☐ Sí
51. Durante las últimas dos semanas, ¿te has sentido triste con frecuencia,
 o desganado, o como si no tuvieras nada que buscar en la mañana? ☐ Sí ☐ No
52. ¿Alguna vez has seriamente pensado en el suicidio, hecho planes para hacerlo, o
 tratado de matarte? ☐ Sí ☐ No
53. ¿Alguna vez te han abusado físicamente, sexualmente, o emocionalmente? ☐ Sí ☐ No ☐ No estoy seguro(a)
54. ¿Haces cosas violentas cuando te enojas? ☐ Sí ☐ No
55. ¿Deseas tener una consulta profesional sobre algo que te está molestando? ☐ Sí ☐ No ☐ No estoy seguro(a)

Circunstancias Especiales

56. En los últimos 12 meses, ¿estuviste con alguien que tiene tuberculosis? ☐ Sí ☐ No ☐ No estoy seguro(a)
57. ¿Te has quedado alguna noche en un refugio para desamparados, cárcel,
 o prisión juvenil? ☐ Sí ☐ No
58. ¿Has vivido en un hogar adoptivo o una casa para grupos de jóvenes? ☐ Sí ☐ No

Sobre Tu Persona

59. ¿Cuáles son las cuatro palabras que mejor describen cómo eres?
60. Si pudieras cambiar algo en tu vida, o en tu persona, ¿qué cosa cambiarías?
61. ¿De qué cosas quieres hablar hoy?

Strengths and Difficulties Questionnaire (SDQ) information

- The SDQ is a brief, free-of-charge, questionnaire consisting of 25 items assessing positive and negative attributes on five scales (emotional, conduct, hyperactivity, peer problems, and prosocial behavior). It takes 5-15 minutes to administer.
- An Impact Supplement is also available to assess chronicity, distress and social impairment.
- The SDQ can be administered as a self-report for adolescents, age 11-17, and teacher and parent versions are available for children 4-10 and 11-17.
- Follow-up questionnaires are also available. All versions of the SDQ are available in 46 languages.
- The SDQ can be scored easily by hand or with the use of transparent scoring keys. A total score can be obtained by summing four of the five subscales (excluding the prosocial scale). Scoring of the SDQ takes less than 5 minutes.
- The emotional symptoms scale consists of 5 questions that address both depressive and anxiety symptoms and may flag a child that needs further depression assessment.
- Included in this toolkit is the self-report version and transparency scoring sheets with directions.
- For other methods of scoring, parent and teacher versions, other language formats, or more references/information, please go to the website: www.sdqinfo.com.

Selected References:

Glazebrook C, Hollis C, Heussler H, Goodman R, Coates L. Detecting emotional and behavioural problems in paediatric clinics. *Child: Care, Health & Development*. 29(2):141-9, 2003.

Strengths and Difficulties Questionnaire

S¹¹⁻¹⁷

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name

Male/Female

Date of birth

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that you have difficulties in any of the following areas:
emotions, concentration, behavior or being able to get along with other people?

No	Yes - minor difficulties	Yes - definite difficulties	Yes - severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help

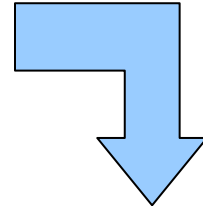
© Robert Goodman, 2000

Scoring the SDQ in 4 Simple Steps

STEP 1

Ask a parent, teacher or adolescent to complete the SDQ

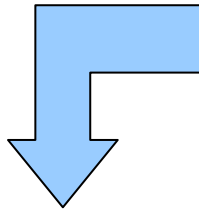
The age range for each version of the SDQ is noted in the upper right hand corner.



STEP 2

Use the 5 transparent overlays (Print pages 43 to 47 on transparencies) to score each subscale of the SDQ (i.e., emotional, conduct, hyperactivity, peer and prosocial). Make sure each overlay is lined up properly!

After you've calculated the score for a subscale write that number down in the appropriate location

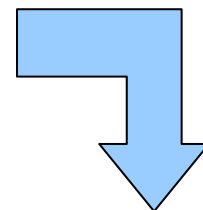


STEP 3

Calculate the TOTAL DIFFICULTIES Score by adding the emotional, conduct, hyperactivity and peer subscale scores.

Calculate the PROSOCIAL SCORE separately.

Calculate the IMPACT SUPPLEMENT Score using the *Scoring the Impact Supplement* handout as a guide.



STEP 4

Review the SDQ Record Sheet to determine if scores fall in the Normal, Borderline or Abnormal range.

Scoring the Impact Supplement (generating and interpreting impact scores):

When using a version of the SDQ that includes an "Impact Supplement", the items on overall distress and social impairment can be summed to generate an impact score that ranges from 0 to 10 for the self-rated and parent-completed version and from 0-6 for the teacher-completed version.

SELF-REPORT IMPACT SUPPLEMENT

	Not at all	A little	A medium amount	A great deal
Difficulties upset or distress me	0	0	1	2
Interfere with HOME LIFE	0	0	1	2
Interfere with FRIENDSHIPS	0	0	1	2
Interfere with CLASSROOM LEARNING	0	0	1	2
Interfere with LEISURE ACTIVITIES	0	0	1	2

Responses to the questions on chronicity and burden to others are not included in the impact score. When respondents have answered "no" to the first question on the impact supplement (i.e. when they do not perceive the child (or themselves if self-rated) as having any emotional or behavioral difficulties), they are not asked to complete the questions on resultant distress or impairment; the impact score is automatically scored zero in these circumstances.

Although the impact scores can be used as continuous variables, it is sometimes convenient to classify them as normal, borderline or abnormal: a total impact score of 2 or more is abnormal; a score of 1 is borderline; and a score of 0 is normal.

SDQ SCORING 1

SCORING EMOTIONAL SYMPTOMS

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING CONDUCT PROBLEMS

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING HYPERACTIVITY

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

SDQ SCORING 4

SCORING PEER PROBLEMS

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDQ SCORING 5

SCORING PROSOCIAL BEHAVIOUR

	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SDQ Record Sheet

Name Age Male/Female Clinic/Study Number

SDQ completed by: PARENT on

TEACHER on

SELF on

Scale		Normal	Borderline	Abnormal
Total difficulties	P	0 1 2 3 4 5 6 7 8 9 10 11 12 13	14 15 16	17 18 19 20 21 22 23 24 25 40
	T	0 1 2 3 4 5 6 7 8 9 10 11	12 13 14 15	16 17 18 19 20 21 22 23 24 40
	S	0 2 4 6 8 10 11 12 13 14 15	16 17 18 19	20 21 22 23 24 25 26 ... 40
Emotional sympt.	P	0 1 2 3	4	5 6 7 8 9 10
	T	0 1 2 3 4	5	6 7 8 9 10
	S	0 1 2 3 4 5	6	7 8 9 10
Conduct problems	P	0 1 2	3	4 5 6 7 8 9 10
	T	0 1 2	3	4 5 6 7 8 9 10
	S	0 1 2 3	4	5 6 7 8 9 10
Hyperactivity	P	0 1 2 3 4 5	6	7 8 9 10
	T	0 1 2 3 4 5	6	7 8 9 10
	S	0 1 2 3 4 5	6	7 8 9 10
Peer problems	P	0 1 2	3	4 5 6 7 8 9 10
	T	0 1 2 3	4	5 6 7 8 9 10
	S	0 1 2 3	4 5	6 7 8 9 10
Prosocial behav.	P	10 9 8 7 6	5	4 3 2 1 0
	T	10 9 8 7 6	5	4 3 2 1 0
	S	10 9 8 7 6	5	4 3 2 1 0

Chapter III.

Screening and Diagnostic Aids

- **Guide to the “Screening and Diagnostic Aids” Section**
- **DSM-IV-TR Symptom Criteria for Major Depressive Episode**
- **Framework for Grading Severity of Depressive Episodes**
- **DSM-IV-TR Symptom Criteria for other Depressive Disorders**
- **Differential Diagnosis of Depressive Symptoms in Adolescents**
- **Developmental Considerations for Identifying and Treating Depressed Youth**
- **Resources to Promote Culturally Competent Diagnosis**
- **Adolescent Reports**
 - **Columbia Depression Scale (Teen Version)**
 - **Kutcher Adolescent Depression Scale - 6-item**
 - **PHQ-9: Modified for Teens**
 - **PHQ-9-Spanish: Modified for Teens**
- **Parent Reports**
 - **Columbia Depression Scale (Parent Version)**
- **Clinician Assessment of Functioning**
 - **Children’s Global Assessment Scale (C-GAS)**

Guide to "Screening & Diagnostic Aids" Section

Diagnosing adolescent depression is an important but challenging process that depends on gathering reliable information. We recommend that you read part one of the GLAD-PC guidelines available at

<http://pediatrics.aappublications.org/cgi/content/abstract/120/5/e1299> to learn more about diagnosing depression. In order to facilitate and systematize this process, several diagnostic aids have been created, many of which can be found here. Ultimately, however, accurate diagnosis is dependent on a culturally-informed, person-to-person interview investigating criteria found in the DSM-IV-TR.

The Diagnostic Aids in this section can also be used for universal screening of adolescents in primary care as recommended by the USPSTF in March 2009: " The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up." For more information see the following website:

<http://www.ahrq.gov/clinic/uspstf/uspshdepr.htm>.

This section contains listings of DSM-IV-TR criteria for depressive-spectrum disorders, as well as methods of assessing depressive episode severity for MDD. As discussed in the guidelines, part I, referenced above, not all depression is Major Depressive Disorder. Other types of depression exist, including but not limited to dysthymia, subthreshold forms, substance-induced depressive disorders, or those that occur as part of bipolar disorder or other mental illness (anxiety, etc.). Although the evidence in the psychopharmacology recommendations in GLAD-PC focus extensively on MDD, the recommendations around identification, assessment, and initial management can be applied to other forms of depression as well. Suggestions for a differential diagnosis are also provided.

This section also discusses developmental considerations and a culturally sensitive diagnostic approaches. References to more comprehensive cultural resources are provided.

The following free, depression-specific diagnostic aids, including adolescent-report, parent-report, and provider-assessment scales, are also both described and

provided in this section:

Adolescent Reports

- Columbia Depression Scale -Teen Version (formerly known as Columbia DISC Depression Scale)
- Kutcher Adolescent Depression Scale - 6-item
- PHQ-9: Modified for Teens
- PHQ-9-Spanish: Modified for Teens

Parent Reports

- Columbia Depression Scale (Parent Version)

Clinician Assessment of Functioning

- Children's Global Assessment Scale (C-GAS)

Some scales, such as the PHQ-9 and the C-GAS, have demonstrated effectiveness not only in diagnosing depression but also tracking response to treatment. (In the "Treatment Info for Providers" section you will find a form that will allow you to record the results of each assessment, along with other clinical data.) Use the included descriptions to guide you and choose whichever measures meet your needs in a manner you find user-friendly.

Other tools in the public domain can be found at gladpc.org under additional materials. There is a more complete list of Diagnostic Aids on the web-version of this toolkit, including instruments that you may prefer but cost money. Some of the more widely used and tested instruments require payment. It is important to realize that these are aids, and are not sufficient to make a diagnosis or treatment recommendation. A direct interview with the adolescent and, whenever possible, collateral information from parents, are necessary to make the most accurate diagnosis as described in Part I of the Guidelines at <http://pediatrics.aappublications.org/cgi/content/abstract/120/5/e1299>.

Major Depressive Episode

DSM-IV-TR Criteria

A) Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations

1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.

2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)

3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

4) insomnia or hypersomnia nearly every day

5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)

6) fatigue or loss of energy nearly every day

7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

B) The symptoms do not meet criteria for a Mixed Episode

C) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D) The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism)

E) The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

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**296.2x Major Depressive Disorder, Single Episode
DSM IV-TR Criteria**

- A) Presence for a single Major Depressive Episode.
- B) The Major Depressive Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
- C) There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode. **Note:** This exclusion does not apply if all the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.

If the full criteria are currently met for a Major Depressive Episode, *specify* its current clinical status and/or features:

Mild, Moderate, Severe Without Psychotic Features/Severe with Psychotic Features
Chronic
With Catatonic Features
With Melancholic Features
With Atypical Features
With Postpartum Onset

If the full criteria are not currently met for a Major Depressive Episode, specify the current clinical status of the Major Depressive Disorder or features of the most recent episode:

In Partial Remission, In Full Remission
Chronic
With Catatonic Features
With Melancholic Features
With Atypical Features
With Postpartum Onset

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Framework for Grading Severity of Depressive Episodes

In both the DSM-IV-TR and the ICD-10, severity of depressive episodes is based on the number, type and severity of symptoms, as well as the degree of functional impairment. The DSM-IV-TR guidelines are summarized in the table below.

<u>DSM-IV Guidelines for Grading Severity Depression</u>			
Category	Mild	Moderate	Severe
Number of symptoms	5-6	*	"most"
Severity of symptoms	Mild	*	Severe
Degree of functional impairment	Mild impairment or normal functioning but with "substantial and unusual" effort	*	"Clear-cut, observable disability"
* According to the DSM-IV-TR, <i>Moderate</i> episodes of depression "have a severity that is intermediate between mild and severe."			

In addition to the above framework, individual rating scales are associated with their own indicators of severity, as indicated elsewhere in this section.

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Adjustment Disorders
DSM IV-TR Criteria

- A) The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- B) These symptoms or behaviors are clinically significant as evidenced by either of the following:
 - 1) marked distress that is in excess of what would be expected from exposure to the stressor
 - 2) significant impairment in social or occupational (academic) functioning
- C) The stress-related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.
- D) The symptoms do not represent Bereavement.
- E) Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.

Specify if:

Acute: if the disturbance lasts less than 6 months

Chronic: if the disturbance lasts for 6 months or longer

Adjustment Disorders are coded according to the subtype that best characterizes the predominant symptoms:

309.0 With Depressed Mood.

308.24 With Anxiety

309.28 With Mixed Anxiety and Depressed Mood

309.3 With Disturbance of Conduct

309.4 With Mixed Disturbance of Emotions and Conduct

309.9 Unspecified.

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300.4 Dysthymic Disorder DSM IV-TR Criteria

- A) Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years. **Note:** In children and adolescents, mood can be irritable and duration must be at least 1 year.
- B) Presence, while depressed, of two (or more) of the following:
 - 1) Poor appetite or overeating
 - 2) Insomnia or hypersomnia
 - 3) Low energy or fatigue
 - 4) Low self-esteem
 - 5) Poor concentration or difficulty making decisions
 - 6) Feelings of hopelessness
- C) During the 2-year period (1 year for children or adolescents) of the disturbance, the person has never been without the symptoms in Criteria A and B for more than 2 months at a time.
- D) No Major Depressive Episode has been present during the first 2 years of the disturbance (1 year for children and adolescents); i.e., the disturbance is not better accounted for by chronic Major Depressive Disorder, or Major Depressive Disorder, In Partial Remission.

Note: There may have been a previous Major Depressive Episode provided there was a full remission (on significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial 2 years (1 year in children or adolescents) of Dysthymic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when the criteria are met for a Major Depressive Episode.

- E) There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.
- F) The disturbance does not occur exclusively during the course of a chronic Psychotic Disorder, such as Schizophrenia or Delusional Disorder.
- G) The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medication condition (e.g., hypothyroidism).
- H) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Early Onset: if onset is before age 21 years

Late Onset: if onset is age 21 years or older

Specify (for most recent 2 years of Dysthymic Disorder):

With Atypical Features

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311 Depressive Disorder Not Otherwise Specified DSM IV-TR Criteria

The Depressive Disorder Not Otherwise Specified category includes disorders with depressive features that do not meet the criteria for Major Depressive Disorder, Dysthymic Disorder, Adjustment Disorder With Depressed Mood, or Adjustment Disorder With Mixed Anxiety and Depressed Mood. Sometimes depressive symptoms can present as part of an Anxiety Disorder Not Otherwise Specified. Examples of Depressive Disorder Not Otherwise Specified include

- 1) Premenstrual dysphoric disorder: in most menstrual cycles during the past year, symptoms (e.g., marked depressed mood, marked anxiety, marked affective lability, decreased interest in activities) regularly occurred during the last week of luteal phase (and remitted with a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or usual activities can be entirely absent for at least 1 week postmenses.
- 2) Minor depressive disorder: episodes of at least 2 weeks of depressive symptoms but with fewer than the five items requires for Major Depressive Disorder.

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**296.3x Major Depressive Disorder, Recurrent
DSM-IV TR**

- A) Presence for two or more Major Depressive Episodes.
Note: To be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive Episode.
- B) The Major Depressive Episodes are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder not Otherwise Specified.
- C) There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode. **Note:** This exclusion does not apply if all of the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.

If the full criteria are currently met for a Major Depressive Episode, specify its current clinical status and/or features:

Mild, Moderate, Severe Without Psychotic Features/Severe With Psychotic Features
Chronic
With Catatonic Features
With Melancholic Features
With Atypical Features
With Postpartum Onset

If the full criteria are not currently met for a Major Depressive Episode, *specify* the current clinical status of the Major Depressive Disorder or features of the most recent episode:

In Partial Remission, In Full Remission
Chronic
With Catatonic Features
With Melancholic Features
With Atypical Features
With Postpartum Onset

Specify:

Longitudinal Course Specifiers (With and Without Interepisode Recovery)
With Seasonal Pattern

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Hypomanic Episode DSM IV-TR Criteria

- A) A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.
- B) During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - 1) inflated self-esteem or grandiosity
 - 2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
 - 3) more talkative than usual or pressure to keep talking
 - 4) flight of ideas or subjective experience that thoughts are racing
 - 5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
 - 6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - 7) excessive involvement in pleasure activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C) The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.
- D) The disturbance in mood and the change in functioning are observable by others.
- E) The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.
- F) The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g. hyperthyroidism).

Note: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar II Disorder.

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**Criteria for Manic Episode
DSM-IV-TR Criteria**

- A) A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
- B) During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - 1) inflated self-esteem or grandiosity
 - 2) decreased need for sleep (e.g., feel rested after only 3 hours of sleep)
 - 3) more talkative than usual or pressure to keep talking
 - 4) flight of ideas or subjective experience that thoughts are racing
 - 5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
 - 6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - 7) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C) The symptoms do not meet criteria for a Mixed Episode.
- D) The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or unusual social activities or relationship with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
- E) The symptoms are not due to the direct psychological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Note: Manic-like episodes that are clearly caused by somatic antidepressants treatment (e.g., medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar I Disorder.

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Differential Diagnosis of Depressive Symptoms in Adolescents

Below is a comprehensive list of disorders that can either be comorbid or mimic the symptoms of depression.

Some patients may have a medical etiology for their symptoms and ruling out medical causes of depressive symptoms should be done prior to any mental health treatment or referral. However, no lab tests or imaging is routinely required. The medical work-up should be guided by the history and physical.

Along with ruling out normal mood changes of adolescence which is generally not associated with changes in functioning (e.g., drop in grades), clinicians should assess for any symptoms of bipolar disorder. Bipolar disorder is less common in teens than adults. In addition, many teens that may go on to have bipolar disorder will be presenting first with a depressive episode in adolescence and thus diagnosing bipolar disorder at this point will not be possible. However, since teens with bipolar disorder can have significant adverse effects when treated with antidepressants, obtaining any history of past or current bipolar symptoms is critical. The symptoms of bipolar disorder including an extended period (at least a few days) of elevated mood (either happy or irritable or both), decreased need for sleep, high energy, increased speech, increased thoughts, acting silly or inappropriate, poor judgment, and grandiosity. Others around the teen will often comment on this behavior - noting it as unusual. In addition, teens with a first degree relative with bipolar disorder are at increased risk of bipolar disorder (although they are at even a greater increased risk for unipolar depression). If clinicians suspect bipolar disorder, a referral should be made to mental health services before initiating treatment.

Differential Diagnosis

Normal Moodiness of Teens

Major Depressive Disorder

Dysthymic Disorder

Substance induced mood disorder

Adjustment disorder with depressed mood

Adjustment disorder with depressed mood and anxiety

Depressive Disorder NOS

Subthreshold Depression

Anxiety disorders

PTSD

Depressive episode of Bipolar Disorder

Eating Disorders

ADHD

Conduct Disorder

Anemia

Mononucleosis

Thyroid disorders

Other Medical disorders

Medication adverse effects

Developmental Considerations for Identifying and Treating Depressed Youth

Just as depression presents differently in youth as compared to adults, identifying and treating pre-pubertal children can be different from treating late adolescents. For example, as younger children often lack the ability to label and verbalize their emotions, they may present with more somatic symptoms compared to more verbal teens. Differences tend to manifest around the time of puberty, but they also depend upon individual's cognitive function. Below are some developmental considerations for identifying and treating pre-pubertal children and post-pubertal adolescents. While this guideline refers to adolescents, some adolescents may present at a younger developmental level.

	Children / Pre-pubertal Youth	Adolescents / Post-pubertal Youth
Prevalence of depressive disorders	1-2%; girls:boys = 1:1	3-8%; girls:boys = 2:1
Identification techniques	Given limited ability of most children to identify and communicate how they are feeling, obtaining history from contacts such as parents and teachers is crucial to obtaining an accurate history and chronology of symptoms.	Adolescents themselves may be able to provide a reliable and detailed history, but speaking with contacts is still important. Remember to inquire about any recent dangerous behaviors or statements which may imply suicidal ideation.
Commonly occurring symptoms	<ul style="list-style-type: none"> • Somatic complaints • Psychomotor agitation • Mood-congruent hallucinations • School refusal • Phobias / separation anxiety / increase in worrying 	<ul style="list-style-type: none"> • Low self esteem, apathy, boredom • Substance use • Change in weight, sleep or grades • Psychomotor depression / hypersomnia • Aggression / antisocial behavior • Social withdrawal
Treatment	Treatment of depression should be individualized. It also needs to reflect the severity of depression and the available resources. As fewer rigorous studies have been conducted with pre-pubertal youth, more evidence exists for the treatment of post-pubertal depression.	
	CBT	<ul style="list-style-type: none"> • Some evidence of effectiveness in pre-pubertal children with depressive symptoms • Good evidence for effectiveness in post-pubertal adolescents with depressive symptoms or mild depression
	IPT	<ul style="list-style-type: none"> • No evidence in pre-pubertal youth • Good evidence for effectiveness in mild to moderate depression
	SSRIs	<ul style="list-style-type: none"> • Some evidence for fluoxetine, sertraline and citalopram • Good evidence for fluoxetine (TADS); some evidence for sertraline and citalopram
Prognosis	<ul style="list-style-type: none"> • May be at increased risk for bipolar disorder 	<ul style="list-style-type: none"> • Increased risk for depression in adulthood
Suicide	<ul style="list-style-type: none"> • May not understand lethality of means or permanence of death 	<ul style="list-style-type: none"> • Tend to use more lethal methods than pre-pubertal youth.

Sources: Textbook of Behavioral and Developmental Pediatrics, 1999;
Child and Adolescent Psychiatric Clinics of North America, Oct 2006,V 15, N4

Resources to Promote Culturally Competent Diagnosis

Diagnosis of depression is improved by being aware of how depression is experienced and discussed among adolescents and parents of different cultural backgrounds. While a discussion of adolescent depression in various cultural contexts is beyond the scope of this toolkit, listed below are links to several free resources that will allow you to assess and improve your cultural knowledge of patients in your practice.

In order to assess the adequacy of your current approach to culturally competent diagnosis, you may want to complete a "self-test" published in the Journal of the American Association of Family Practice:

www.aafp.org/fpm/FPMprinter/20001000/58cult.html

For a good overview of cultural competence in the mental health, read "Cultural Competency, A Practical Guide for Mental Health Service Providers," published by the Hogg Foundation for Mental Health at the University of Texas:

<http://www.hogg.utexas.edu/PDF/Saldana.pdf>

Also published by the University of Texas, "Cultural Variables in the Assessment, Diagnosis, and Treatment of Mental Disorders in Children and Adolescents," serves as a good resource for youth-specific mental health issues:

<http://texmed05.texmed.org/content/psychiatry%20kashyap.pdf>

Finally, the following website, maintained by the New York City Department of Health and Mental Hygiene, provides links to a number of cultural competency resources grouped by age, race/ethnicity, religion, sexual orientation, and other categories: <http://www.nyc.gov/html/doh/downloads/pdf/qi/qi-ccpriority-resources.pdf>

Adolescent Reports

Columbia Depression Scale - Teen Version (formerly known as the Columbia DISC Depression Scale).

- This Scale has 22 yes/no questions that are the depression stem questions from the Diagnostic Interview Schedule for Children (DISC), which is a structured clinical interview of children that covers all major mental health diagnoses. Question 22 is not scored.
- This scale includes questions about suicidal ideation and attempts.
- Free with permission: please contact FisherP@childpsych.columbia.edu

Selected References:

Lucas, C.P., Gould, M.S., Fisher, P., Shen, S. Laverdiere, MC, Shaffer, D. (in preparation) Screening for adolescent depression: A Comparison of the Columbia Depression Scale and the Beck Depression Inventory.

Shaffer D. Fisher P. Lucas CP. Dulcan MK. Schwab-Stone ME. NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child & Adolescent Psychiatry*. 39(1):28-38, 2000

Kutcher Adolescent Depression Scale - 6-item

- Several versions of the KADS are available and have been tested. The 6-item is recommended for screening. Longer versions are available for other purposes.
- Free with Permission.

Selected References:

LeBlanc JC. Almudevar A. Brooks SJ. Kutcher S. Screening for adolescent depression: comparison of the Kutcher Adolescent Depression Scale with the Beck depression inventory. *Journal of Child & Adolescent Psychopharmacology*. 12(2):113-26, 2002

PHQ-9: Modified for Teens

- The PHQ-9 is a well-validated and respected tool used to assess adult depression in primary care. For a clinical adolescent depression collaborative, the PHQ-9 was modified with permission to better represent DSM-IV adolescent depression and to include questions on suicide attempts and adolescent dysthymia. These modifications have never been validated in a research setting.

Selected References: Kroenke K. Spitzer RL. Williams JB. The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*. 16(9):606-13, 2001 Sep

Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY TEEN

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.

Please answer the following questions as honestly as possible.

In the last four weeks ...	No	Yes
1. Have you often felt sad or depressed?	0	1
2. Have you felt like nothing is fun for you and you just aren't interested in anything?	0	1
3. Have you often felt grouchy or irritable and often in a bad mood, when even little things would make you mad?	0	1
4. Have you lost weight, more than just a few pounds?	0	1
5. Have you lost your appetite or often felt less like eating?	0	1
6. Have you gained a lot of weight, more than just a few pounds?	0	1
7. Have you felt much hungrier than usual or eaten a lot more than usual?	0	1
8. Have you had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Have you slept more during the day than you usually do?	0	1
10. Have you often felt slowed down ... like you walked or talked much slower than you usually do?	0	1
11. Have you often felt restless ... like you just had to keep walking around?	0	1
12. Have you had less energy than you usually do?	0	1
13. Has doing even little things made you feel really tired?	0	1
14. Have you often blamed yourself for bad things that happened?	0	1
15. Have you felt you couldn't do anything well or that you weren't as good looking or as smart as other people?	0	1
16. Has it seemed like you couldn't think as clearly or as fast as usual?	0	1
17. Have you often had trouble keeping your mind on your [schoolwork/work] or other things?	0	1
18. Has it often been hard for you to make up your mind or to make decisions?	0	1
19. Have you often thought about death or about people who had died or about being dead yourself?	0	1
20. Have you thought seriously about killing yourself?	0	1
21. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	0	1
22. Have you tried to kill yourself in the last four weeks?	0	1

Copyright 2004, DISC Development Group of Columbia University. Do not reproduce without permission.

For additional free copies of this instrument, contact: Columbia DISC Development Group, 1051 Riverside Drive, New York, NY, 10032.

Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

YOUTH-COMPLETED FORM

Add up "1"s ("yes") on items 1 to 21.

Score	Chance of Depression	How often is this seen?
0-6	Very Unlikely	in 2/3 of teens
7-11	Moderately Likely	in 1/4 of teens
12-15	Likely	in 1/10 of teens
16 and Above	Highly Likely	in 1/50 of teens

6-item Kutcher Adolescent Depression Scale (KADS)

Over the last week, how have you been "on average" or "usually" regarding the following items:

- 1) low mood, sadness, feeling blah or down, depressed, just can't be bothered.
 - a) hardly ever
 - b) much of the time
 - c) most of the time
 - d) all of the time
- 2) feelings of worthlessness, hopelessness, letting people down, not being a good person.
 - a) hardly ever
 - b) much of the time
 - c) most of the time
 - d) all of the time
- 3) feeling tired, feeling fatigued, low in energy, hard to get motivated, have to push to get things done, want to rest or lie down a lot.
 - a) hardly ever
 - b) much of the time
 - c) most of the time
 - d) all of the time
- 4) feeling that life is not very much fun, not feeling good when usually (before getting sick) would feel good, not getting as much pleasure from fun things as usual (before getting sick).
 - a) hardly ever
 - b) much of the time
 - c) most of the time
 - d) all of the time
- 5) feeling worried, nervous, panicky, tense, keyed up, anxious.
 - a) hardly ever
 - b) much of the time
 - c) most of the time
 - d) all of the time
- 6) Thoughts, plans or actions about suicide or self-harm.
 - a) no thoughts or plans or actions
 - b) occasional thoughts, no plans or actions
 - c) frequent thoughts, no plans or actions
 - d) plans and/or actions that have hurt

Scoring of the 6-item Kutcher Adolescent Depression Scale (KADS):

In every item, score:

- a) = 0
- b) = 1
- c) = 2
- d) = 3

then add all 6 item scores to form a single Total Score.

Interpretation:

Total scores at or above 6 suggest 'possible depression' (and a need for more thorough assessment).

Total scores below 6 indicate 'probably not depressed'.

PHQ-9: Modified for Teens

Name: _____ Clinician: _____ Date: _____

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

	(0) Not At All	(1) Several Days	(2) More Than Half the Days	(3) Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?
☐ Yes ☐ No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you EVER , in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No

***If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

Office use only: Severity score: _____

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

Scoring the PHQ-9 modified for Teens

Scoring the PHQ-9 modified for teens is easy but involves thinking about several different aspects of depression.

To use the PHQ-9 as a diagnostic aid for Major Depressive Disorder:

- Questions 1 and/or 2 need to be endorsed as a "2" or "3"
- Need five or more positive symptoms (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9).
- The functional impairment question (How difficult....) needs to be rated at least as "somewhat difficult."

To use the PHQ-9 to screen for all types of depression or other mental illness:

- All positive answers (positive is defined by a "2" or "3" in questions 1-8 and by a "1", "2", or "3" in question 9) should be followed up by interview.
- A total PHQ-9 score ≥ 10 (see below for instructions on how to obtain a total score) has a good sensitivity and specificity for MDD.

To use the PHQ-9 to aid in the diagnosis of dysthymia:

- The dysthymia question (In the past year...) should be endorsed as "yes."

To use the PHQ-9 to screen for suicide risk:

- All positive answers to question 9 as well as the two additional suicide items **MUST** be followed up by a clinical interview.

To use the PHQ-9 to obtain a total score and assess depressive severity:

- Add up the numbers endorsed for questions 1-9 and obtain a total score.
- See Table below:

Total Score	Depression Severity
0-4	No or Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9:

Modificado

Nombre: _____ Clínico: _____ Fecha: _____

Instrucciones: ¿Qué tan a menudo ha sentido cada uno de los siguientes síntomas durante las **dos últimas semanas**? Por cada síntoma escriba una "X" en el cuadro que mejor describe como se siente.

	(0) Ninguno	(1) Varios Días	(2) Mas de la Mitad de los Días	(3) Casi Todos los Días
1. ¿Se siente deprimido, irritado, o sin esperanza?				
2. ¿Poco interés or placer para hacer cosas?				
3. ¿Tiene dificultad para dormirse, quedarse dormido, o duerme demasiado?				
4. ¿Poco apetito, perdida de peso, o come demasiado?				
5. ¿Se siente cansado o tiene poca energía?				
6. ¿Se siente mal por usted mismo-o siente que es un fracasado, o que le ha fallado a su familia y a usted mismo?				
7. ¿Tiene problema para concentrarse en cosas tales como tareas escolares, leer, o ver televisión?				
8. ¿Se mueve o habla tan lentamente que las otras personas pueden notarlo? ¿O al contrario-esta tan inquieto que se mueve mas de lo usual?				
9. ¿Pensamientos que estaría mejor muerto o de hacerse daño usted mismo de alguna manera ?				
¿En el año pasado se ha sentido deprimido o triste la mayoría de los días, aun cuando se siente bien algunas veces? <input type="checkbox"/> Si <input type="checkbox"/> No				
Si usted esta pasando por cualquiera de los problemas mencionados en este formulario, ¿qué tan difícil estos problemas le causan para hacer su trabajo, hacer las cosas de la casa, o relacionarse con las demás personas? <input type="checkbox"/> No difícil <input type="checkbox"/> Un poco difícil <input type="checkbox"/> Muy difícil <input type="checkbox"/> Sumamente difícil				
¿En el mes pasado hubo algún momento donde usted pensó seriamente en terminar con su vida? <input type="checkbox"/> Si <input type="checkbox"/> No				
¿Alguna vez en su vida, trato de matarse o trato de suicidarse? <input type="checkbox"/> Si <input type="checkbox"/> No				

***Si usted piensa que estaría mejor muerto o piensa hacerse daño de alguna manera, por favor hable sobre esto con el Clínico de Atención de Salud, o vaya a la sala de emergencia de un hospital o llame al 911.*

Para uso de la oficina solamente: Severity score: _____

Translated by the Asian/American Center of Queens College with funds provided by the Queens Borough President Helen Marshall.
 Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

Parent Reports

Columbia Depression Scale - Parent Report (formerly known as the Columbia DISC Depression Scale).

- This Parent-report Scale has 22 yes/no questions that are the depression stem questions from the Diagnostic Interview Schedule for Children (DISC)-parent version, which is a structured clinical interview of parents that covers all major mental health diagnoses. Question 22 is not scored.
- This scale includes questions about suicidal ideation and attempts.
- Free with Permission: Contact FisherP@childpsych.columbia.edu

Selected References:

Lucas, C.P., Gould, M.S., Fisher, P., Shen, S. Laverdiere, MC, Shaffer, D. (in preparation) Screening for adolescent depression: A Comparison of the Columbia Depression Scale and the Beck Depression Inventory.

Shaffer D. Fisher P. Lucas CP. Dulcan MK. Schwab-Stone ME. NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child & Adolescent Psychiatry*. 39(1):28-38, 2000

Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT OF FEMALE CHILD

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.

Please answer the following questions about your daughter (female child) as honestly as possible.

In the last four weeks ...	No	Yes
1. Has she often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for her and she just wasn't interested in anything?	0	1
3. Has she often been grouchy or irritable and often in a bad mood, when even little things would make her mad?	0	1
4. Has she lost weight, more than just a few pounds?	0	1
5. Has it seemed like she lost her appetite or ate a lot less than usual?	0	1
6. Has she gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like she felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has she had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has she slept more during the day than she usually does?	0	1
10. Has she seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has she often seemed restless ... like she just had to keep walking around?	0	1
12. Has she seemed to have less energy than she usually does?	0	1
13. Has doing even little things seemed to make her feel really tired?	0	1
14. Has she often blamed herself for bad things that happened?	0	1
15. Has she said she couldn't do anything well or that she wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like she couldn't think as clearly or as fast as usual?	0	1
17. Has she often seemed to have trouble keeping her mind on her [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for her to make up her mind or to make decisions?	0	1
19. Has she said she often thought about death or about people who had died or about being dead herself?	0	1
20. Has she talked seriously about killing herself?	0	1
21. Has she EVER, in her WHOLE LIFE, tried to kill herself or made a suicide attempt?	0	1
22. Has she tried to kill herself in the last four weeks?	0	1

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Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

TO BE COMPLETED BY PARENT OF MALE CHILD

If the answer to the question is "No," circle the 0; if it is "Yes," circle the 1.

Please answer the following questions about your son (male child) as honestly as possible.

In the last four weeks ...	No	Yes
1. Has he often seemed sad or depressed?	0	1
2. Has it seemed like nothing was fun for him and he just wasn't interested in anything?	0	1
3. Has he often been grouchy or irritable and often in a bad mood, when even little things would make him mad?	0	1
4. Has he lost weight, more than just a few pounds?	0	1
5. Has it seemed like he lost his appetite or ate a lot less than usual?	0	1
6. Has he gained a lot of weight, more than just a few pounds?	0	1
7. Has it seemed like he felt much hungrier than usual or ate a lot more than usual?	0	1
8. Has he had trouble sleeping – that is, trouble falling asleep, staying asleep, or waking up too early?	0	1
9. Has he slept more during the day than he usually does?	0	1
10. Has he seemed to do things like walking or talking much more slowly than usual?	0	1
11. Has he often seemed restless ... like he just had to keep walking around?	0	1
12. Has he seemed to have less energy than he usually does?	0	1
13. Has doing even little things seemed to make him feel really tired?	0	1
14. Has he often blamed himself for bad things that happened?	0	1
15. Has he said he couldn't do anything well or that he wasn't as good looking or as smart as other people?	0	1
16. Has it seemed like he couldn't think as clearly or as fast as usual?	0	1
17. Has he often seemed to have trouble keeping his mind on his [schoolwork/work] or other things?	0	1
18. Has it often seemed hard for him to make up his mind or to make decisions?	0	1
19. Has he said he often thought about death or about people who had died or about being dead himself?	0	1
20. Has he talked seriously about killing himself?	0	1
21. Has he EVER, in his WHOLE LIFE, tried to kill himself or made a suicide attempt?	0	1
22. Has he tried to kill himself in the last four weeks?	0	1

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Columbia Depression Scale (Ages 11 and over)

Present State (last 4 weeks)

PARENT-COMPLETED FORM

Add up "1"s ("yes") on items 1 to 21.

Score	Chance of Depression	How often is this seen?
0-4	Very Unlikely	in 2/3 of teens
5-9	Moderately Likely	in 1/4 of teens
10-12	Likely	in 1/10 of teens
13 and Above	Highly Likely	in 1/50 of teens

Clinician Assessment of Functioning

Children's Global Assessment Scale (C-GAS)

- The C-GAS is a global measure of social and psychiatric functioning for children ages 4-16 years. Clinicians who have some knowledge of a child's social and psychiatric functioning can make a C-GAS rating. The measure is a single rating scale with a range of scores from 1 to 100, 1 being the most impaired and 100 being the healthiest. At each 10-point interval there are descriptors of functioning and psychopathology for that interval to help in finding the appropriate rating of severity for a child.
- It takes a clinician approximately 5 minutes to make a C-GAS rating.

Selected Reference:

Shaffer D. Gould MS. Brasic J. Ambrosini P. Fisher P. Bird H. Aluwahlia S. A children's global assessment scale (CGAS). *Archives of General Psychiatry*. 40(11):1228-31, 1983 Nov.

CHILDREN'S GLOBAL ASSESSMENT SCALE

For children 4–16 years of age

David Shaffer, M.D., Madelyn S. Gould, Ph.D.

Hector Bird, M.D., Prudence Fisher, B.A.

Adaptation of the Adult Global Assessment Scale

(Robert L. Spitzer, M.D., Miriam Gibson, M.S.W., Jean Endicott, Ph.D.)

Rate the subject's most impaired level of general functioning for the specified time period by selecting the *lowest* level which describes his/her functioning on a hypothetical continuum of health-illness. Use intermediary levels (e.g., 35, 58, 62).

Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular rating.

Specified time period: 1 month

- | | |
|--|---|
| <p>100–91 Superior functioning in all areas (at home, at school, and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likeable, confident, “everyday” worries never get out of hand. Doing well in school. No symptoms.</p> <p>90–81 Good functioning in all areas. Secure in family, school, and with peers. There may be transient difficulties and “everyday” worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional “blow-ups” with siblings, parents, or peers).</p> <p>80–71 No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sib) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others and are not considered deviant by those who know them.</p> <p>70–61 Some difficulty in a single area, but generally functioning pretty well, (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.</p> <p>60–51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.</p> | <p>50–41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.</p> <p>40–31 Major impairment in functioning in several areas and unable to function in one of these areas, i.e. disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not sufficient criterion for inclusion in this category).</p> <p>30–21 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).</p> <p>20–11 Needs considerable supervision to prevent hurting others or self, e.g. frequently violent, repeated suicide attempts OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.</p> <p>10–1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.</p> |
|--|---|

Chapter IV.

Treatment INFO for Providers

- **Guide to the “Treatment INFO for Providers” Section**
- Active Monitoring
- Treatment Choices
 - Supportive Counseling and Problem-Focused Treatment
 - Evidence-based Psychotherapy
 - Evidence-based Pharmacotherapy
 - Tracking Form: symptoms, medications, treatments, suicidality, adverse events
- Suicidality in Adolescents
 - Suicidality in Adolescents and the Black Box Warning
 - Preventing Suicide in Depressed Adolescents
 - Assessment of Suicide Risk

Guide to the “Treatment INFO for Providers” Section

Adolescent depression can be addressed in many ways, including by using one or more of the following approaches: active monitoring, psychosocial interventions, manualized psychotherapies, and psychopharmacological interventions. Given the varying severity and episodic nature of depression, different treatments may be indicated at different times. Patients and families should always be partners in treatment choices.

The section is divided into three parts:

- **Active Monitoring:** The first part describes active monitoring, which may be appropriate for adolescents with new onset of mild to moderate depressive symptoms. Principles and examples of active monitoring are discussed. In one form or another, active monitoring is something that can be carried out by all clinicians in any practice setting.
- **Treatment Choices:** The second part of this section outlines different types of active treatment- supportive counseling and problem-focused treatment, evidence-based psychotherapies, and evidence-based pharmacotherapies. A tracking form is included in order to help you keep track of the timing of your interventions as well as your patients' responses.
- **Suicidality in Adolescents:** The third part of this section discusses the crucial issue of suicidality in adolescents, describes the “Black Box” warning which the FDA recently applied to all antidepressants prescribed to depressed youth, and provides a list of steps that can be taken to lower the risk of suicide in depressed adolescents. In addition, a risk of suicidal risk factors is enclosed.

Active Monitoring

Given the tumultuous nature of adolescence, the episodic nature of depression, and the mixed data regarding response to even the most evidence-based treatments, immediate treatment of a new-onset mild to moderate depressive episode may not always be indicated. However, rather than **watchfully waiting** to see if depressed adolescents improve, this guideline advocates **active monitoring** instead. This subtle distinction in word choice is meant to discourage a passive approach and emphasize all of the important things a primary care physician can do BEFORE initiating a formal psychotherapeutic or pharmacological treatment. The following list contains only some of the various ways in which primary care physicians and/or care managers can actively engage with depressed youth while monitoring for changes in their clinical exam:

- Schedule frequent visits (frequency recs to be determined)
- Prescribe regular exercise and leisure activities
- Recommend a peer support group
- Review Self-Management goals
- Follow-up with patients via telephone
- Provide patients and families with educational materials

Education of patients and family members (and -- when indicated and informed consent is obtained -- teachers and/or peers) is a crucial part of active monitoring that can broaden an individual's support network and improve the chances that clinical changes are observed. Please see the parent and adolescent educational materials sections as well as our website (www.gladpc.org) for resources that may be copied for distribution to your own patients and families.

It is important to note that while active monitoring does not have to be continued indefinitely, it should be continued even after individuals improve. If, after a pre-determined amount of time, your patient's depression fails to improve or clinically worsens, an evidence-based treatment is indicated.

Treatment Choices: Supportive Counseling & Problem-Focused Therapy

(Adapted from the Macarthur Initiative on Depression & Primary Care)

Primary care clinicians are well suited to provide supportive counseling and to encourage use of effective coping strategies by depressed adolescents. Clinicians can work with youth in brief, but regular, intervals with a focus on finding solutions to youth-identified problems. Effective counseling involves empathizing with adolescent patients while helping them formulate clear, simple and specific behavioral change plans. For a simple, one-page fact sheet on supportive counseling and coping strategies, as well as other adolescent-specific counseling resources, see our website.

Problem Solving Treatments for Primary Care (PST-PC) is a psychological treatment for depression that has been tested in adult populations and may be performed by primary care clinicians or staff who have been formally trained. It is based on the finding that depression is associated with life problems. Patients meet with the clinician for four to six 30-minute sessions over a 6-10 week period. The focus of PST-PC involves the following:

- identifying and clarifying problems,
- setting realistic goals and generating solutions, and
- evaluating progress and renewing problem-solving efforts, when indicated

For more information about PST-PC, including the latest information about applications of PST-PC in adolescent populations, see our website.

Treatment Choices: Evidence-based Psychotherapy

Psychotherapy has been shown to be effective in treating young people with depression. Psychological counseling can be done individually (the youth alone with a mental health specialist), in a group (a mental health specialist, youth, and others with similar problems). More than half of youth with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If the youth's depression is not noticeably improved after six to twelve weeks of counseling, this usually means that medication treatment may need to be added to treat youth depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychotherapy.

Two “brands” of psychotherapy have been shown to be helpful for youth depression (see Table 1): **CBT** (e.g., Brent et al., 1997; Lewinsohn et al., 1990; Wood, Harrington, & Moore, 1996) and **IPT-A** (e.g., Mufson et al., 1999).

CBT (Cognitive Behavioral Therapy) is based on the principle that one's thoughts, feelings, and behaviors affect one another. Certain negative thoughts, such as pessimism and self-denigration, evoke negative feelings that predispose to and/or are exacerbated in depression. The goal of treatment is to modify the negative thoughts and behaviors in the expectation that this will break the depressive cycle.

IPT-A (Interpersonal Therapy for Adolescents) is based on the principle that depression occurs in an interpersonal context (i.e., depression affects one's relationships and one's relationships affect one's mood). The goal of treatment is to address the interpersonal problems that may be contributing to or resulting from the patient's depression.

Although designed to be given by highly trained therapists as a “package,” both of these treatments contain components that can usefully be included by experienced clinicians during the course of their therapeutic work with a depressed child and his/her family.

Borrowed and adapted with permission from the Columbia Treatment Guidelines (2002). Depressive Disorders (Version 2). Columbia University, Department of Child and Adolescent Psychiatry, New York, NY.

Table 1: Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT)

Therapy	Key Components	Manuals/Websites
CBT	<ul style="list-style-type: none"> Thoughts influence behaviors and feelings, and vice versa. Treatment targets patient's thoughts and behaviors to improve his/her mood. Essential elements of CBT include increasing pleasurable activities (behavioral activation), reducing negative thoughts (cognitive restructuring), and improving assertiveness and problem-solving skills to reduce feelings of hopelessness 	<p>TREATING DEPRESSED CHILDREN: THERAPIST MANUAL FOR "TAKING ACTION" <i>Kevin Stark, Ph.D., and Philip C. Kendall, Ph.D., 1996 53pp., \$13.00</i></p> <p>ADOLESCENT COPING WITH DEPRESSION COURSE <i>Gregory Clarke, Ph.D. Peter Lewinsohn, PhD Hyman Hops, Ph.D. ©1990</i> www.Kpchr.org</p>
IPT	<ul style="list-style-type: none"> Interpersonal problems may cause or exacerbate depression and that depression, in turn, may exacerbate interpersonal problems. Treatment targets patient's interpersonal problems to improve both interpersonal functioning and his/her mood. Essential elements of interpersonal therapy include identifying an interpersonal problem area, improving interpersonal problem-solving skills, and modifying communication patterns. 	<p>Interpersonal Psychotherapy for Depressed Adolescents, 2nd ed. <i>Laura Mufson, Kristen Pollack Dorta, Donna Moreau, and Myrna M. Weissman.</i> New York, Guilford Publications, 2004, 315 pp., \$36.00.</p>

CBT=Cognitive Behavioral Therapy

IPT=Interpersonal Therapy

Treatment Choices: Evidence-based Pharmacotherapy

Although CBT or IPT are proven therapy treatments for youth depression, they are often not available, and medication is sometimes indicated and/or preferred. Medication may be needed if the child has severe or persistent depression or has co-morbid anxiety disorders (e.g. panic, separation anxiety, social phobia, GAD or OCD).

Currently, SSRIs are the medication of choice (see Table 2).

Fluoxetine (Prozac) and escitalopram (Lexapro) are the only SSRIs approved for use in adolescents with depression. Fluoxetine also has the indication for children with depression. Positive Randomized Clinical Trials (RCTs) in anxiety disorders of children and adolescents using fluvoxamine (Luvox) and Sertraline (Zoloft) have been published and both are FDA approved for adolescent Obsessive Compulsive Disorder. Recent positive studies of citalopram (Celexa) and sertraline (Zoloft) in adolescent depression have also been published. Other SSRIs are possibly effective. The FDA reviewed drug company treatment trials of SSRIs used with children and adolescents for safety and efficacy because of concerns that in some children these agents may provoke extreme irritability, suicidal thinking and behavior, and/or other unusual symptoms.

Prior to starting a child on medication for depression, a **psychiatric evaluation** should be completed with the child and his/her parent(s). As part of this evaluation, **education** regarding the following issues should be included:

- Diagnosis and etiology, expected course and prognosis of the disorder
- Evidence-based treatments for the disorder
- Medication and medication concerns
- Family Support and Self-Management

Some of the important medication concerns to cover with parents and children are:

- The FDA's review of the SSRI safety data, including suicidality
- Common side effects associated with SSRI's
- The importance of supervision of medication administration and handling of medication by adults only.
- The likely duration of treatment (i.e., 6 months to 1 year after cessation of symptoms)
 - The possibility of withdrawal symptoms if medication is stopped without medical supervision

Selective Serotonin Reuptake Inhibitors (SSRIs) are first-line treatment of depressive disorders in children. Fluoxetine is FDA-approved for depression (and OCD) in children seven years of age and older while escitalopram is approved for depression in adolescents aged 12 years and older.

- Because the picture of depression in children is often mixed, use of SSRI's in children may result in increased agitation, irritability, or decreased sleep. Discontinuing or decreasing the dose of the SSRI may be necessary in this situation.
- Clarification of the diagnosis and treatment plan and/or consultation with a child and adolescent psychiatrist/APRN may be indicated.
- Careful assessment of family relational support is indicated to promote adherence and ongoing self management.

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Choice of an SSRI can be based on:

- FDA approval for adolescents*
- Success of prior medication trials*
- SSRI half-life*
- Interactions with other medications
- Side effect profiles of the different medications
- Family history of successful medication treatment
- Patient's medical issues

*Due to its FDA approval, multiple successful medication trials, and long half-life (which minimizes adverse effects of poor compliance), if there are no contraindications, fluoxetine is recommended as the first-choice SSRI, but other SSRIs may be considered "first-line" as well, especially Escitalopram which now has FDA approval for adolescents as well.

Starting medication

SSRI's are the first-line medication option for depression.

A list of these and guidelines for dosages are presented in Table 2.

Finding the optimal dose

The doctor prescribing the medication should first find the optimal dose of a specific medication for the patient in which the benefits of wanted effects outweigh the cost of unwarranted side effects. Then the doctor should follow-up consistently by assessing the patient's response to the medication weekly or biweekly either in person or by phone.

This can be achieved by targeting:

- Changes in severity of symptoms
- Changes in impairment
- Side effects

How to determine adequate dosage

Dosing is adequate when significant changes occur in target symptoms and scores on baseline assessment instruments and severity scales improve and side effects are absent or tolerable.

The dose prescribed should be increased after sufficient time (4-6 weeks) when there is little or no change seen in target symptoms or baseline assessment scale scores or severity, and if there are no apparent intolerable side effects.

How to assess for side effects at each dose

If side effects are mild, wait 2-5 days to see if side effects are transient. If they persist but are tolerable, continue on that dose. If side effects are moderate, reduce the dose or change the dosing schedule. However, if the side effects are severe, discontinue medication as soon as possible. Be alert to unusual or unexpected side effects. Unless there are severe side effects, medication should be continued for at least 4-6 weeks to determine efficacy.

Some common side effects of SSRI's include the following:

- Dry mouth
- Constipation
- Diarrhea
- Sweating
- Sleep disturbance
- Sexual dysfunction
- Irritability
- "Disinhibition" (risk-taking behaviors, increased impulsivity, or doing things that the youth might not otherwise do)
- Agitation or jitteriness
- Headache
- Appetite changes
- Rashes

Some other, more serious side effects include the following:

- Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc.)
- Akathisia
- Hypomania
- Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)

Borrowed and adapted with permission from the Columbia Treatment Guidelines (2002). Depressive Disorders (Version 2). Columbia University, Department of Child and Adolescent Psychiatry, New York, NY.

Table 2: SSRI dosing and adverse effects

	Medication	Starting Dose*	Increments	Effective Dose	Maximum Dosage	Not to be used with	Common Adverse Effects	RCT Evidence for Efficacy
First Line	Fluoxetine	10 mg /od	10-20 mg	20 mg	60 mg	MAOI's***	Headaches, GI upset, insomnia, agitation, anxiety	Y**
Second Line	Escitalopram (first-line: 12 and older)	5 mg /od	5 mg	10-20 mg	20 mg	MAOI's	Headaches, GI upset, insomnia	Y**
	Citalopram	10 mg /od	10 mg	20 mg	60 mg	MAOI's	Headaches, GI upset, insomnia	Y
	Sertraline	25 mg /od	12.5-25 mg	100 mg	200 mg	MAOI's	Headaches, GI upset, insomnia	Y

*Younger adolescents should be started on lower doses

** FDA approved

*** MAOI, monoamine oxidase inhibitor

†Results from 3 trials considered to be negative by FDA

Changing Medication

When to use a different SSRI: A different SSRI should be used when the maximum dose is reached and maintained for 4-6 weeks without response in target symptoms with a specific SSRI or there are major side effects with a specific SSRI.

When to use a second-line medication: Consider using a second-line medication for depression if a child fails 2 SSRIs and a course of CBT or IPT. A mental health specialist should be consulted regarding second-line medications. A doctor should also re-evaluate a diagnosis and consider a combination of medication if a child fails 3 medication trials.

Table 3 provides information about tapering and switching SSRI medications.

Table 3: SSRI Tapering/Switching Schedule

Medication	Tapering Increments	Time between each taper
Fluoxetine	10 mg	1-2 weeks
Sertraline	25 mg	1-2 weeks
Citalopram	10 mg	1-2 weeks
Escitalopram	5 mg	1-2 weeks
Fluvoxamine	50 mg	1-2 weeks
Paroxetine	5 mg	1-2 weeks

*May start second medication but need to inform patients/families about possible adverse events such as serotonin syndrome

Maintaining Medication

In order to maintain medication the following is recommended:

- Continue on medication for 6-12 months following cessation of symptoms. Some depressed youth may need 2 or more years of maintenance to prevent relapse.
- Once stabilized, follow-up appointments should occur monthly to check efficacy of medication
- Evaluate target symptoms, adverse reactions & medication compliance at each follow-up visit
- Obtain adolescent and parent symptom checklists every 3 months.

Stopping Medication

When discontinuing medication, taper medication slowly.

Depression Monitoring Flowsheet

<u>Patient Name:</u>		<u>Collateral Contacts:</u>				
<u>Date of Initial Assessment</u> (Week 0; depression as working diagnosis)		<u>Initial Target Symptoms</u>	<u>Initial Assessment Tool Used</u>	<u>Baseline score on Assessment Tool</u>	<u>Baseline Suicidality</u> (None, Passive, Active)	<u>Initial Action</u> (i.e., Education, Medication, Consultation)
<u>Week</u>	<u>Date</u> (write n/a if pt not assessed in given week)	<u>Assessing Clinician</u>	<u>Mode(s) of interview</u> (i.e., Face-to-face, telephone)	<u>Assessment Tool / Score</u> (i.e., CGAS, PHQ-9)	<u>Change in Target Symptoms / Side Effects</u> (**Ask re SI**)	<u>Action</u> (i.e., Education, Medication, Consultation)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
Remember to assess response 6-8 weeks after initiating treatment.						

Suicidality in Adolescents and the Black Box Warning

(Adapted from the APA / AACAP's PhysiciansMedGuide)

Suicidality in Adolescents: Suicidal ideation and suicide attempts are common in adolescence and do not have the same prognostic significance for completed suicide as those behaviors in later life. Quoting data from the Youth Risk Behavior Study, the federal Centers for Disease Prevention and Control (CDC), reports that 17% of adolescents think about suicide in a given year¹. Among high school students, 12% of girls and 5% of boys attempt suicide in a given year. Ultimately, 2 per 100,000 girls and 12 per 100,000 boys die as a result of such attempts — a ratio of attempts to completed suicides is 6,000 to 1 among girls and 400 to 1 among boys. In the U.S., this translates into approximately 2000 young people who die each year as a result of suicide. Fortunately, however, the overall rate of suicide in the 10-19 year age range has declined by 25% over the past decade. Since this decade has been associated with a dramatic increase in the prescription rates of the newer SSRI antidepressants, a recent study has demonstrated that a 1% increase in prescription of antidepressant medication was associated with a 0.23 per 100,000 decrease in adolescent suicides.²

The Black Box Warning: In 2004, the FDA reviewed detailed reports of 24 clinical trials involving more than 4,400 children and adolescents who had been prescribed any of nine antidepressants for treatment of major depression, anxiety, or obsessive-compulsive disorder³. **No suicides occurred in any of these trials.** The FDA concluded that more of the children and teens who were receiving an antidepressant medication *spontaneously* reported that they thought about suicide or made a suicide attempt than did those who received a placebo. The FDA's analysis showed that about 2 out of 100 children not taking medication would spontaneously report suicidal thoughts and/or behaviors, compared to 4 out of 100 who were taking medication. These rates need to be understood in the context of findings from community samples cited previously in which as many as half or more of teenagers with major depression are thinking about suicide at the time of diagnosis and some 16% to 35% have made a previous suicide attempt. Although only nine medications were re-examined in the analysis, the FDA applied the labeling changes to all antidepressant medications. This was done on the basis of the advisory committee's concern that applying the warning only to the newer antidepressants reviewed would give doctors and patients the false impression that older antidepressants such as TCAs had a more favorable risk-benefit ratio. Since the FDA warning, the rate of prescription of antidepressants in youth in both the US and Canada has decreased substantially. In parallel, there has been an increase in completed suicides in youth. Although a causal link cannot be established, many experts argue that this is evidence that antidepressants are effective in preventing suicide in youth.

¹ Available at www.cdc.gov/HealthyYouth/YRBS/pdfs/trends-suicide.pdf. Accessed 12/29/2004

² Olsson M, Shaffer D, Marcus SC, Greenberg T. (2003). Relationship between antidepressant medication treatment and suicide in adolescents. *Arch Gen Psychiatry* 60:978-982.

³ T.A. Hammar. Results of the Analysis of Suicidality in Pediatric Trials of Newer Antidepressants. Presentation at the FDA Center for Drug Evaluation and Research (CDER), Bethesda, MD. September 13, 2004. Available at: www.fda.gov/ohrms/dockets/ac/cder04.html#PsychopharmacologicDrugs. Accessed January 5, 2005.

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Some Ways to Help Prevent Suicide in Depressed Adolescents

(Adapted by GLAD-PC with permission from materials prepared by Families for Depression Awareness: <http://www.familyaware.org/parentandteenguide.php>)

- 1. Encourage adolescents and parents to make their homes safe.** In teens ages ten to nineteen, the most common method of suicide is by firearm, followed closely by suffocation (mostly hanging) and poisoning. All guns and other weapons should be removed from the house, or at least locked up. Other potentially harmful items such as ropes, cords, sharp knives, alcohol and other drugs, and poisons should also be removed.
- 2. Ask about suicide.** Providers and parents should ask regularly about thoughts of suicide. Providers should remind parents that making these inquiries will not promote the idea of suicide.
- 3. Watch for suicidal behavior.** Behaviors to watch for in children and teens include:
 - expressing self-destructive thoughts
 - drawing morbid or death-related pictures
 - using death as a theme during play in young children
 - listening to music that centers around death
 - playing video games that have a self-destructive theme
 - reading books or other publications that focus on death
 - watching television programs that center around death
 - visiting internet sites that contain death-related content
 - giving away possessions
- 4. Watch for signs of drinking.** If a child has depression, feels suicidal, and drinks a lot of alcohol, the person is more likely to take his or her life. Parents are usually unaware that their child is drinking. If a child is drinking, the parent will need to discuss this with their child and the clinician.
- 5. Develop a suicide emergency plan.** Work with patients and parents to decide how to proceed if a child feels suicidal. It is important to be specific and provide adolescents with accurate names, phone numbers and addresses.

Assessment of High-Risk Teen Attempters:

"SAD PERSONS" + Family History

- **SEX** -(females attempt more but males* complete)
- **AGE** over 16 *
- **DEPRESSION** (and comorbid conduct disorder/impulsive aggression/anxiety)
- **PREVIOUS ATTEMPTS***
- **ETHANOL ABUSE** (or substance abuse)
- **RATIONAL THINKING LOST** (e.g.psychotic/intoxicated)**
- **SOCIAL SUPPORTS LACKING ***
- **ORGANIZED PLAN ****(Highly lethal or unusual method w/ wish to die/concealment)
- **NO SIGNIFICANT OTHER** (i.e. no trusted friend or confidante)
- **SICKNESS** (stressors)
- **FIRST-DEGREE RELATIVE** (of a completer)*

Adapted by GLAD-PC from Patterson W.M., et al.
Evaluation of Suicidal Patients: The SAD PERSONS scale.
Psychosomatics. 1983. 24 (4). Pages 343-349.

This scale was designed and tested for the evaluation of all ages of attempters who presented to emergency rooms. It is adapted here for use with teens.

** represent critical items.*

Chapter V.

Treatment Referrals And Follow-up

- **Guide to the “Treatment Referrals and Follow-Up” Section**
- *Primary Care Clinician Guide to Mental Health Referrals*
- *Forms to Facilitate the Referral Process*

Guide to the “Treatment Referrals and Follow-up” Section

Referring depressed youth for treatment and making sure they receive proper follow-up care is a crucial but sometimes a complicated endeavor. While many referral arrangements are possible, making sure kids don't fall through the cracks always requires careful planning and clear communication between primary care and mental health providers. This section provides the following tools to facilitate the processes of referring and following-up the care of depressed youth:

- **Primary Care Clinician Guide to Mental Health Referrals:**

The following section outlines the referral process.

- **Forms to Facilitate the Referral Process:**

We provide sample forms to facilitate privacy (Canada) and HIPPA (US)-compliant information sharing between primary care and mental health providers.

Primary Care Clinician Guide to Mental Health Referrals

Sequence in Referral Process

1. Primary Care Provider (PCP) recognizes need for mental health referral.
2. PCP explains reasons for mental health referral and recommends appropriate level of care and type of mental health services (i.e. counselor, psychologist, psychiatrist).
3. Patient and family may not agree to seek help from a mental health specialist. If patient and/or family resists, clinician and/or office staff provides education, support and counseling, and reinforces the need for mental health referral.
4. If patient and family are amenable to the referral, a mental health specialist is selected based upon a variety of factors, such as geographic location, insurance coverage, goals of treatment, and if combined therapy with antidepressants will be used.
5. Once a referral is made, the PCP should complete the REFERRAL form (see **Form I**), which will be given to the parent to give to the mental health provider (MHP). This form is designed to be useful even when the name of the MHP is not yet known. On this form, the PCP should include his/her office contact information to facilitate further communication and follow up. If the patient's parent or guardian parent has not signed the practice's HIPPA-compliant release of information form, he/she should sign one at this time. As the parent is giving the form directly to the MHP him/herself, no specific releases need to be signed. Alternatively, if the name of the MHP is known the form can be sent directly to the MHP, providing that specific consent signatures have been obtained (PCPs should consult their own privacy or HIPPA (U.S. only) advisor).
6. In order to facilitate timely follow up, the PCP may also provide the MHP with a Release of Information and Report form (see **Forms IIa and IIb**). **Form IIb** is designed to enable the MHP to promptly communicate basic impressions and recommendations from the evaluation to the primary care clinician after release signatures are obtained. The MHP may need to use his/her practice's own release forms instead of **Form IIa** which should be vetted by the MHP's practice's privacy/HIPPA representative before official use. The forms may be adapted.
7. The PCP should obtain consent for ongoing communication with the MHP if the MHP is to provide ongoing treatment.
8. Primary care and mental health providers should carefully define and discuss follow-up roles and continue to coordinate patient care until presenting problems are resolved.

FORM I: REFERRAL from Primary Care to Mental Health (to be given to parent)

Referral from PCP to MHP (Information to be provided by Primary Care Provider)

Dear Colleague:

I am happy to be referring: _____ on _____ for _____
(Patient's Name- Please Print) (Date) (Reason/Diagnosis)

Summary:

The patient has the following allergies: _____

Is on these medications: _____

And has these significant health problems: _____

The patient had these recent tests:

Lab tests for the following: _____ **CBC** Date: _____ **Thyroid Studies** Date: _____
Results: _____ Results: _____

_____ **Chem Panel** Date: _____ **EKG** Date: _____
Results: _____ Results: _____

Other: _____

☐ I am ☐ I am NOT willing to help manage mental health medications.

*****I would like to hear back from you at your earliest convenience. I have attached Forms IIa and IIb to facilitate this feedback.**

(Provider Signature) (Printed Name and Title) (Phone) (Fax)

Address: _____

FORM IIa: Release of Protected Health Information to allow REPORT from MHP to PCP

Dear Parent/Guardian,

Communication between Mental Health Providers (MHP) and your Primary Care Physician (PCP) is important to ensure that you receive comprehensive and quality health care. This form will allow your MHP to share protected health information (PHI) with your PCP. This information will not be released without your signed authorization. This PHI may include diagnosis, treatment plan, progress, lab tests, and medication if necessary.

I, _____, authorize _____, to release protected health information related
(Parent/Guardian's name) (Mental Health Provider name and address- Please print)

to my child, _____, _____'s medical and psychiatric history to:
(Patient's name) (Patient's Date of Birth- MM/DD/YY)

(Name and address of PCP)

(PCP's phone number)

(PCP's fax number)

A. I hereby permit the use or disclosure of the above information to the person identified above. I understand that:

1. Only this information may be used and/or disclosed as a result of this authorization.
2. This information is confidential and cannot legally be disclosed without my permission.
3. If this information is disclosed to someone who is not required to comply with federal privacy protection regulations, then it may be redisclosed and would no longer be protected.
4. I have the right to revoke (take back) this authorization at any time. My revocation must be in writing on the form provided to me by (insert name of facility/program):_____.
I am aware that my revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.
5. I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment.
6. I have a right to inspect and copy my own protected health information to be used and/or disclosed (in accordance with the requirements of the federal privacy protection regulations found under 45 CFR §164.524).

B-1. One-Time Use /Disclosure: I hereby permit the one-time use or disclosure of the information described above to the person identified above. My authorization will expire:

- ☐ When acted upon;
- ☐ 90 Days from this Date;
- ☐ Other _____

B-2. Periodic Use/Disclosure: I hereby authorize the periodic use/disclosure of the information described above to the person above as often as necessary to fulfill the purpose identified above. My authorization will expire:

- ☐ When I am no longer receiving services from (insert name of facility/program) _____;
- ☐ One year from this date;
- ☐ Other _____

C. Parent/Guardian Signature: I certify that I authorize the use of my health information as set forth in this document.

Signature of Parent or Guardian: _____ Printed Name: _____
Date: _____

D. Witness Statement / Signature: I have witnessed the execution of this authorization and state that a copy of the signed authorization was provided to the parent/guardian of this patient.

Signature of authorized staff person: _____ Printed Name: _____
Date: _____

Form IIb: Report from MHP to PCP (Information to be provided by Mental Health Provider)

Dear Colleague,

I saw _____ on _____ for _____
(Patient's Name- Please Print) (Date) (Reason/Diagnosis)

Summary: _____

The following medication was or will be started (indicate medication, dosage and other instructions): _____

If no medication is prescribed, check as appropriate:

_____ Medication not indicated _____ Patient preference _____ Psychotherapy suggested before trying medication

_____ Other (Specify): _____

Additionally, I recommend:

Lab Tests for the following: _____ CBC _____ Thyroid Studies _____ Chem Panel _____ EKG

Other treatment recommendations: _____

☐ I would ☐ I would NOT be interested in having you (PCP) help manage mental health medications.

(Provider Signature)

(Provider Printed Name)

(Phone Number)

(Fax Number)

Address: _____

Chapter VI.

Speaking with Adolescents and Parents

- **Guide to the “Speaking with Adolescents and Parents” Section**
- **What to Discuss with Adolescents and Parents About Depression**
- **Frequently Asked Questions (and Answers) About Depression**
- **Checklists of Adolescent and Parent Education Materials**

Guide to the “Speaking with Adolescents and Parents” Section

Given the stigma and conflicting information which continues to surround the diagnosis and treatment of adolescent depression, it is almost impossible to overstate the importance of clear communication with patients and parents.

This section is divided into two parts: a brief overview of some helpful things to discuss when speaking with patients and parents about depression, and a short list questions (and answers to those questions) which are most frequently asked by adolescents and their families about depression.

- **What to Discuss with Patients and Parents About Depression**

The overview contains basic facts about depression that every adolescent patient and parent should know. Ideally this information will do several things, including:

1. ***De-stigmatize*** the experience of being depressed.
2. ***Educate*** the patient and family about the origins, time course, and treatment options for depression.
3. ***Empower*** the patient and family to get the help they need.

- **Frequently Asked Questions (and Answers) About Depression**

The frequently asked question section, which is also available in pamphlet form that can be printed from our website, is provided as an additional source of information to improve communication between primary care providers, patients, and their families.

This section also contains a checklist of education materials for adolescents and parents. This checklist can be copied and placed in a patient's medical chart, along with the dates on which the materials were distributed. The educational materials themselves can be found the following two sections, “Education Materials for Adolescents” and “Education Materials for Parents.”

For the Primary Care Clinician:

What to Discuss with Adolescents and Parents About Depression:

Etiology:

- Depression probably results from an innate predisposition coupled with recent stressors.

Importance of recognizing symptoms:

- Poor concentration, loss of pleasure in activities, and fatigue can affect school attendance and academic functioning.
- Being irritable, short-tempered, and hard to please (all of which may be the result of depression) make peer and family relationships more difficult.
- Feelings of worthlessness can affect self-confidence, which in turn can affect schoolwork, extracurricular activities, and self esteem.
- In the context of other depressive symptoms, aches and pains for which there are no medical causes may be explained.

Expected course of disorder:

- Treated depression will likely result in return to regular functioning in weeks or months. Without treatment, depression may last many months or years and is likely to recur.

Borrowed and adapted with permission from the Columbia Treatment Guidelines (2002). Depressive Disorders (Version 2). Columbia University, Department of Child and Adolescent Psychiatry, New York, NY.

Risk of suicide:

- Depressed patients are at an increased risk for suicide. In order to minimize the risks of a suicide attempt, it is important for parents to remove firearms, razors, drugs, etc. from the house. It is also important to keep in mind that asking about suicidal thoughts is a crucial part of identifying a potentially dangerous plan. Asking about suicide may help prevent -- not promote -- suicide.
- For information about the relationship between suicide, adolescence and SSRI medication, please see the "Treatment Info for Providers" section

Multiple Treatment options:

- Be clear about which specific treatments you can offer and which will require referral elsewhere.

If CBT is going to be used, discuss the following:

- The principle of CBT (Cognitive Behavioral Therapy) is that thoughts influence behaviors and feelings, and vice versa. Treatment targets patient's thoughts and behaviors to improve his/ her mood.
- Essential elements of CBT include increasing pleasurable activities (behavioral activation), reducing negative thoughts (cognitive restructuring), and improving assertiveness and problem-solving skills to reduce feelings of helplessness.

If IPT-A is going to be used, discuss the following:

- The principle of IPT-A (Interpersonal Therapy for Adolescents) is that interpersonal problems may cause or exacerbate depression and that depression, in turn, may exacerbate interpersonal problems. Treatment will target patient's interpersonal problems to improve both interpersonal functioning and his/her mood.

- Essential elements of IPT-A include identifying an interpersonal problem area, improving interpersonal problem-solving skills, and modifying communication patterns.
- IPT-A is for children 12 and older; there is no evidence of efficacy for children under 12.

If medication is going to be used, discuss the following:

- The medications we recommend (first-line treatments) are safe, and dangerous side effects are rare.
- Common side effects are GI disturbances, changes in appetite, sleep disturbance, and sexual dysfunction.
- If your child develops a rash, contact doctor immediately.
- If your child becomes agitated, silly, speaks too fast, seems over-energetic, does with less sleep, stop the medication and call doctor immediately.
- It is important to supervise medication administration; if your child has threatened or attempted suicide, keep medication in a secure location.
- Likely duration of medication treatment (6 months to 1 year after symptoms improve and sometimes longer).
- Medication, usually an SSRI, should be initiated concurrent with therapy if your child has severe symptoms or functional impairment, or is at risk for suicide.
- Medication should be stopped gradually under doctor's supervision, due to the possibility of withdrawal symptoms (e.g., recurrence of depression, drowsiness, nausea, lethargy, headache, dizziness).
- There are limited scientific data and extensive clinical data to show that medication treatment for depression in children and teens is safe and effective.

Frequently Asked Questions: Depression

The article is one of a series of articles about depression by the American Psychiatric Association (APA). Adapted from (http://www.medem.com/MedLB/article_detailb.cfm?article_ID=ZZZEDCIU2KC&sub_cat=128)

Q: How will I know if my treatment for depression is working?

A: As people recover from depression, the first symptoms that usually improve are problems with sleeping and loss of appetite (or excessive appetite). After that, energy and interest in activities improve, as do the ability to think clearly and to function more productively. The last symptom to improve is the feeling of being depressed and discouraged, which can happen many weeks after treatment has begun. Although this same sequence of improvements may not be what everyone goes through, it is common.

You may be the last to recognize when the treatment is helping. Although others may see you getting better and while you may notice that you are able to function better, you may continue to feel depressed. This lingering feeling of depression may interfere with your ability to believe you are getting better, so it is important to stick with your treatment even when you have doubts about its effectiveness.

Q: Is there a difference in the way medications and psychotherapy work in the treatment of depression?

A: Psychotherapy is a series of private talks with a therapist where you discuss the feelings, thoughts and behavior that cause difficulty. The goal of psychotherapy is to help you understand and master your problems so you can function better. Psychotherapy can help with the symptoms of depression, such as feelings of guilt and worthlessness, sadness, anger, doubt and indecision. Depression often is related to experiences or problems you have in your relationships with important people such as family, lovers and friends. Through psychotherapy, you can examine and improve these relationships, or grieve and move beyond those that have been lost.

Antidepressant medications also help treat the psychological symptoms of depression, such as guilt, hopelessness and anxiety. They are particularly effective in treating the neurovegetative symptoms of depression. *Neurovegetative* is a medical term referring to the physical symptoms commonly seen in depression, such as the loss of appetite (or excessive appetite), difficulty concentrating, feeling very nervous or being unable to sit still.

Q: What do I do if I think the treatment I am receiving is not helping?

A: First, compare your perception of how the treatment is working with others who see you regularly and whom you trust. As mentioned in a previous answer, you may not feel better even though you are getting better. If others agree that progress is not occurring, however, don't keep quiet about it. Talk to your psychiatrist, your primary care physician or your therapist.

Open, direct communication is essential for treatment, and it needs to flow in both directions – from patient to doctor and vice versa. A good doctor will want to hear from you and will value your concerns. Anyone who dismisses what you say may not be worth working with.

Ask your doctor why progress is not occurring. Ask how else you might be helped. For example, are there other treatments that could be considered?

You should also feel free to ask your doctor for a second opinion about your treatment. This means you or your doctor ask another medical professional to review your care and make suggestions to improve it. Getting a second opinion is common in medical practice. It can offer a fresh perspective and the opportunity to change or enhance your treatment. In general, a doctor welcomes a second opinion, and if he or she doesn't, you may not be working with the right doctor.

Last and not least, don't give up. Depression is a very treatable illness. Although some people respond to treatment in a month or two, others take longer. The statistics are encouraging: As many as 85 percent of people respond to appropriate treatment.

Q: Why do I need to keep taking antidepressant medications after I feel better?

A: You've heard medical doctors say you need to continue taking an antibiotic for as many days as prescribed – even if you feel better sooner. The same is true for antidepressants, although you have to take them longer.

Antidepressant medications treat your symptoms, making you feel better, but the illness continues. The medication is needed to control the illness until full recovery is achieved. If this is your first episode of depression, don't be surprised if your doctor says you need to take the medicine for six to nine months after you start feeling better. This is how long it takes the medicine to protect you against the depressive illness, which continues to cause imbalances in your brain chemistry and nerve cells. For someone who has suffered from more than one episode of depression, medication and psychotherapy may be necessary for longer periods of time.

Studies have shown the combination of psychotherapy and medication often is more effective than either treatment alone.

Once you begin feeling better, your doctor will focus treatment on helping you avoid a relapse, which is why he or she asks you to continue taking the medication. However, if you and your doctor decide to stop the medication, studies have shown the importance of stopping gradually. Abrupt discontinuation of antidepressant medications can increase the risk of a relapse.

Education Materials for Adolescents Checklist

Category	Handout	Date Provided
Depression Information	Childhood Depression	
Medication Information	Antidepressant Medication and YOU (12-21)	
	Antidepressant Medication and YOU (10-12)	
Psychological Counseling	Patient Handout on Psychological Counseling	
Self-Management	Self-Care Success	
	Monitoring Sheet for Depression	
	Depression Medication and Side Effects	
	Mental Health and Drugs and Alcohol	
	How Can You Help with Sleep Problems	
	Suicide: What Should I Know?	

Education Materials for Parents Checklist

<u>Handout</u>	<u>Date Provided</u>
NAMI's "A Family Guide"	
Family Support Action Plan	
How Can you Help with Sleep Problems	
Depression and the Family	

Chapter VII.

Education Materials for Adolescents

- **Guide to the “Education Materials” Section**
- Depression Information
 - Childhood Depression
- Medication Information
 - Antidepressant Medication and YOU (12-21)
 - Antidepressant Medication and YOU (Ages 10-12)
- Psychological Counseling
 - Patient Handout on Psychological Counseling for Depression
- Self-Management
 - Self-Care Success
 - Monitoring Sheet for Depression
 - Depression Medication and Side Effects
 - Mental Health and Drugs and Alcohol
 - How Can You Help with Sleep Problems
 - Suicide: What Should I Know?

Guide to the “Educational Materials Adolescents” Section

Included in this section are a number of information sheets as well as self-management tools to give to your patients if they have been identified as having depression. There is no need to overwhelm your patients with paper. Try to choose the materials that are appropriate for them.

- **Depression Information:** Included is a very simply worded information sheet on depression that can help explain the disorder directly to your patients. **FOR OLDER TEENS, USE THE NAMI GUIDE IN THE NEXT SECTION.**
- **Medication Information:** Included are two versions of an information sheet on antidepressants for those patients for whom you are considering medication or think the psychiatrist will consider medication. Choose the one appropriate to the developmental level of your patient.
- **Psychological Counseling Information:** This is a very brief form that explains therapy in general.
- **Self-Management:** These materials help the patient participate in their own treatment by either setting goals or being alert to important signs and symptoms.
 - **Self-Care Success:** It is preferred that you set these goals together with the patient.
 - **Monitoring Sheet for Depression:** Decide how you would like your patient to use this sheet and whether you, your nurse, or a mental health professional will be the point of contact.
 - **Depression Medication and Side Effects:** Decide how you would like your patient to use this sheet and whether you, your nurse, or a mental health professional will be the point of contact and whether this will involve phone or in-person communication.
 - **Mental Health and Drugs and Alcohol:** This information sheet may help your patient stay away from self-medicating themselves with drugs and alcohol.
 - **How Can You Help with Sleep Problems:** This sheet can empower your patients by teaching proper sleep hygiene.
 - **Suicide: What Should I Know:** This sheet teaches teens about suicide warning signs and how to ask for help.

Childhood Depression

Why am I going to the doctor?

You're going to the doctor because you have an illness called depression.

What does depression mean?

Some of the problems a child with depression may have are:



- Feeling sad most of the time
- Feeling mad and grouchy most of the time
- Wanting to be by yourself most of the time
- Not wanting your favorite foods any more OR eating too much just to feel better
- Getting a lot thinner or fatter
- Having a lot of stomachaches and headaches
- Not wanting to play with your favorite toys or friends
- Wanting to die or go away for forever
- Having trouble falling asleep at night or not wanting to get up in the morning
- Worrying a lot or feeling afraid that bad things will happen

Why am I depressed?

- Your brain controls your feelings.
- Sometimes you're happy, sad, angry, excited or worried; that's normal.
- But when you're sad most of the time, your brain isn't working right.
- Depression is not your fault.



What will the doctor do?

- The doctor will ask you and your family special questions about your feelings.
- The doctor will talk to you about how fast you will get better.
- The doctor will want you to come back to talk about your feelings and how your medicine is working.



With help, you can feel better again!

Texas Department of Mental Health and Mental Retardation
Revised 02-27-04
C-DEP

OLDER TEEN

Antidepressant Medication and YOU

How do the medications work?



The brain uses chemical messengers, called neurotransmitters, to send signals to different parts of the brain and the body. In young people with depression certain neurotransmitters may not be working the right way. The antidepressant medications help these neurotransmitters work better. Different antidepressant medications work on different neurotransmitters. That is why sometimes one medication will work better than another, and sometimes more than one medication will need to be tried before finding the one that works best for you. Also new medications and treatments are being developed and tested all the time.

How will medication help me?

Antidepressant medications may help you have:

- Improved mood
- Better concentration
- More normal appetite
- More normal sleeping
- Greater interest in activities
- More energy
- Improved self-esteem



Will taking medication change who I am?



You may be concerned about taking medication. You may think that it will make you different from other young people or that it will change who you are. These things aren't true. Medication will help you get back to the way you were before you became depressed, so you feel like yourself again. Taking medication is really no different than using glasses or wearing braces – it's only a tool to help you.

What are the problems with taking medications?

Like all medical treatments, there can be side effects with these medications. Side effects are usually very mild and tend to disappear as you continue to take the medication or as the dose is changed. Sometimes the side effects may continue, and this usually means that the doctor will change the medication. Some common side effects are:

- | | | |
|---------------------|-----------|---------------|
| difficulty sleeping | headaches | irritability |
| upset stomach | dry mouth | blurry vision |

Specific side effects can be found in the individual medication information sheets. Make sure you tell your doctor if you experience any side effects. Your doctor may change the dose or switch to another medication.

How long will I have to take medication?



If the medication is helpful and you have no problems with it, you will probably continue to take the medication for a number of months, even after you feel better, to make sure the depression is gone. If your doctor decides to stop the medication, it will be slowly decreased over a number of weeks. Antidepressant medication should never be stopped without first talking to your doctor. Sometimes young people who have been depressed will become depressed again, so it is important to notice if your symptoms return. If you do become depressed again, you will probably be restarted on medication.



What is my role in taking medication for depression?

It is your responsibility to take your medication in the right amount at the right time. You should not take any other medication (even over-the-counter) without talking to your doctor first. And you should never use alcohol or drugs while taking medication; it is very dangerous and can be deadly. It is also your responsibility to never share your medication with anyone else. It can be harmful, and it is illegal. Most importantly, you should talk openly with your doctor about any problems and work together as a team in making decisions about medications.

Reviewed 09-30-03

Texas Department of Mental Health and Mental Retardation
A-DEP

YOUNGER TEEN

Antidepressant Medication and YOU

How will the medication help me?

When you take medication for depression, it works in your brain to help you:

Be less sad
Like doing things again
Feel less grouchy
Sleep and eat better



How does the doctor know that the medication is working?

Your doctor will talk with you, your family and your teacher to know if the medication is working right. He may need to change the amount or kind of medication you get to make sure it works the best for you.



Will the medication make me feel bad?

Probably not, but sometimes medications can cause side effects, which can make you feel strange. Some side effects are:



Trouble falling asleep
Stomach ache
Headaches
Blurry vision
Feeling thirsty a lot

If you notice any of these or if you are having any other problems, tell your parents and doctor. Most of the time side effects are not serious and will go away.

What is my role?

- Learn what medication you are taking, how much to take, and what it is for.
- It's very important to take your medication when your mom, dad or teacher tells you.
- You should help remember when to take your medication.
- Even if you feel okay, you need to take your medication every day.
- You should never share your medication with anyone else. It can be dangerous and it's against the law.

Patient Handout

Psychological Counseling for Depression

Quick Facts About Psychological Counseling

In psychological counseling, youth with depression work with a qualified mental health care specialist who listens to them, talks, and helps them correct overly negative thinking and improve their relationships with others.

Treating Depression with Psychological Counseling

Psychological counseling has been shown to be effective in treating many youth with depression. Psychological counseling can be done individually (with only you and a mental health specialist) or in a group (with you, a mental health specialist, and other youth with similar problems). More than half of the people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If your depression is not noticeably improved after six to twelve weeks of counseling, this usually means that you need to try a different treatment for your depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychological counseling.

What Can You Do to Help Your Clinician Most Effectively Treat Your Depression With Psychological Counseling?

- Keep all of your appointments with the mental health specialist.
- Be honest and open, and ask questions.
- Work cooperatively with the mental health specialist (e.g., complete tasks assigned to you as part of the therapy).
- Keep appointments with your primary care clinician and tell him/her how the therapy is working (e.g., whether your depression is getting better or worse).

SELF-CARE SUCCESS!

Things you can do to help yourself.

Name: _____

Date: _____

Instructions: When people are depressed they often forget to take care of themselves. By setting self-care goals you can take an active role in helping yourself feel better more quickly. Choose one or two of the areas below and set a goal. Make sure the goal is clear and reasonable. In the space below the boxes rate how likely you are to follow through on the goal(s) you set. If you are not very sure you can follow through on your goal you may want to find alternatives or make some adjustments.



Stay Physically Active

Each week during the next month I will spend at least ____ days doing the following physical activity for ____ minutes.

(Pick a specific date and time and make it reasonable!)



Schedule Pleasant Activities

Even though I may not feel motivated I will commit to scheduling ____ fun activities each week for the next month. They are _____

(Specify when and with whom.)



Eat Balanced Meals

Even if I don't feel like it, I will eat ____ balanced meals per day to include _____

(Choose healthy foods.)



Spend Time With People Who Can Support You

During the next month I will spend at least ____ days for at least ____ minutes at a time with:

_____ doing: _____

_____ doing: _____

_____ doing: _____

(Who?) (What?)

(e.g. talking, eating, playing)



Spend Time Relaxing

Each week I will spend at least ____ days relaxing for ____ minutes by participating in the following activities: _____

(e.g. reading, writing in a journal, deep breathing, muscle relaxation)



Small Goals & Simple Steps

The problem is: _____

My goal is: _____

Step 1: _____

Step 2: _____

Step 3: _____

How likely are you to follow through with these activities prior to your next visit?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

What might get in the way of your completing these activities prior to your next visit?

Solution(s) to the above barriers

Name: _____

Date: _____

Monitoring Sheet Depression

SYMPTOMS

For each symptom, circle the number describing how much of a problem it was this week.

1=Not a Problem

3=Somewhat a Problem

5=Severe Problem



1 2 3 4 5
Feeling sad all day



1 2 3 4 5
Feeling grouchy
or irritable



1 2 3 4 5
Feeling restless or
slowed down



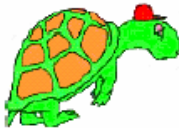
1 2 3 4 5
Hard to think or
concentrate



1 2 3 4 5
Bigger or smaller
appetite



1 2 3 4 5
No interest in
favorite activities



1 2 3 4 5
No energy



1 2 3 4 5
Not sleeping or
sleeping too much



1 2 3 4 5
Feeling guilty
or worthless



1 2 3 4 5
Thinking about
death or suicide

Other: _____

★★ Good Job ★★

Things I (my child/teen) did well this week: _____

DEPRESSION

MEDICATIONS

These are the medications to take:

Name	Take When?			How Much?
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____
_____	Morning	Mid-Day	Evening	_____

SIDE EFFECTS

For each side effect, circle the number that describes how much of a problem it was this week.

1=Not a Problem

3= Somewhat a Problem

5=Severe Problem



1 2 3 4 5
Trouble falling asleep



1 2 3 4 5
Upset stomach



1 2 3 4 5
Headaches



1 2 3 4 5
Trouble with eyes



1 2 3 4 5
Feeling thirsty a lot



1 2 3 4 5
Feeling restless

Other: _____

MENTAL HEALTH AND DRUGS AND ALCOHOL

- ❖ Individuals with a mental health problem are at a much higher risk for problems with alcohol or drugs.
- ❖ Sometimes children or teens will choose to use alcohol or drugs to “escape” from problems, stress, or difficult emotions they may be experiencing. However, alcohol and drugs can imitate the symptoms of mental illness, causing depressed mood, anxiety, irritability or moodiness, loss of appetite, sleeplessness, suspiciousness, and even hallucinations.
- ❖ The use of alcohol or drugs can make it difficult to diagnose a mental health problem or tell if a problem is getting better. It can be difficult to separate what problems are caused by the alcohol or drug use and what is caused by the mental health problem.
- ❖ Medications prescribed by a psychiatrist can be abused, just like illegal drugs, if taken differently than prescribed. Be sure you (or your child/adolescent) are taking the medications as your doctor has recommended. Don't allow anyone else to take the medications. Giving or selling your prescribed medications can be against the law.
- ❖ Most psychiatric medications (as well as other medications) should not be mixed with alcohol or drugs. Taking both can cause the psychiatric medication to be ineffective, new symptoms or side effects to arise, and **even serious physical harm and death**.
- ❖ Some people worry that taking a stimulant for ADHD may make a person more likely to abuse drugs or alcohol. Actually, research suggests that children with ADHD who are treated with medication are **less** likely than those not treated to have substance abuse problems later in life.

For more information or help with alcohol or drug problems:

Alcoholics Anonymous

AA General Service Office
www.alcoholics-anonymous.org
212-870-3400

Alanon/Alateen

Family Group Headquarters, Inc.
www.al-anon.alateen.org
1-888-4AL-ANON

Narcotics Anonymous

World Service Office
www.na.org
818-773-9999

National Clearinghouse for Alcohol and Drug Information

www.health.org
1-800-729-6686

How Can You Help with Sleep Problems

All of us need enough sleep to function well during the day. Having just one night of poor sleep can make it more difficult to pay attention to our school or work, make us sleepy throughout the day, cause us to make poor decisions, and leave us feeling irritable, grouchy, slowed down or restless. When many nights of little sleep add up, getting through the day can become a losing battle!



Sleep problems frequently occur as a part of depression. In fact, sleeping problems, either sleeping too much or having difficulty sleeping enough, are one of the symptoms of major depression. Although some sleep problems may require medication to get better, there are things **YOU** can do to help improve your sleep. By improving your sleep hygiene (your sleep habits), you can get rid of any habits that are making it harder for you to get a good night's rest.



1. Keep a regular sleep schedule. Try to go to bed and wake up at the same time every day. It can take your body several days to weeks to adjust to a new sleep schedule, so staying up late on weekends and sleeping in really leaves your body confused.
2. Watch what you eat and drink near bedtime. Food or drinks with caffeine (e.g. sodas, tea, chocolate) can keep you up. Avoid eating big meals or being hungry before bedtime. Some people find milk or milk drinks (e.g. Ovaltine) to be helpful in falling asleep. Milk contains tryptophan, which causes sleepiness.
3. Eliminate bad habits. Drinking alcohol and smoking cigarettes both prevent you from getting a good night's sleep.
4. Make sure your bedroom is set up for sleep. Try to make sure the temperature of the room is comfortable, there are few noises, and the room is dark.
5. Exercise regularly. Getting vigorous exercise during the afternoon (but 4-6 hours before bedtime) has been found to result in better sleep.



6. Get outside and see the sun. Sunlight helps the body control its biological clock. This clock lets us know when to feel sleepy and when to be alert.
7. Use your bed only for rest or sleep. Don't watch TV or do homework in bed.
8. If you don't fall asleep within 10 or 15 minutes, get out of bed. Do a quiet, dull activity until you are feeling sleepy and try again.
9. Find a relaxing activity to do before bed. A warm bath, quiet music, and/or talking with a friend can all help you make the change from daytime to nighttime. Find what works best for you.



Reviewed 09-30-03

Texas Department of Mental Health and Mental Retardation
PAC-DEP

Suicide: What Should I Know?

Why am I having these thoughts?

Many young people with depression think about hurting or killing themselves at some time. In fact, thoughts about death and dying are one of the symptoms of depression. Just like depression is treatable if you recognize it and get help, these feelings and thoughts can be treated and you can feel better. But it is up to you to let people know when you are feeling very depressed or out of control and it is up to you to let people help you through this time.

What are the warning signs?

Learn to recognize your own warning signs. Everybody is different and the things you notice when you begin to feel very depressed may be different from those other people report. But here is a list of some things that may signal a problem:

- ✓ Feeling very hopeless, like nothing will ever get better
- ✓ Not wanting to be around friends or family or take part in fun activities
- ✓ Not caring about anything anymore, like school or how you look
- ✓ Drinking or using drugs
- ✓ Doing risky things, such as driving recklessly or getting into fights
- ✓ Having lots of thoughts or dreams about death and dying
- ✓ Having a lot of stresses or life changes that seem hard to handle
- ✓ Feeling like you have a little more energy than usual

What can I do?

If you feel like things are getting out of control, you need to let someone know. Talk to your parents, your doctor, teacher, counselor, or a good friend! Don't keep these feelings inside. There are things you can do to help yourself get through these tough times. Don't be afraid to ask others to help you do these things as well.

- ✓ Keep your doctor or counselor informed about symptoms. Get symptoms treated early before they become worse.
- ✓ Keep in regular contact with someone on your treatment team. Set up a weekly (or even daily) time to check in with them and let them know how you are doing.
- ✓ Do what you can to reduce stresses. Learn what stressors are likely to really bother you and try to manage those first.
- ✓ Avoid alcohol and drugs. They may make you feel better temporarily but they will eventually make your depression and suicidal feelings worse.
- ✓ Let your parents have responsibility for giving you your medications and keeping all medications in a safe place.
- ✓ Develop a plan with others about what you will do if you feel suicidal. Carry phone numbers of people you can contact and who will stay with you until you are safe.
- ✓ Always try to find something to look forward to.

Suicide is a serious subject. Although it can be difficult, talking about it is an important step to getting better. By letting people know when you are thinking about death or hurting yourself, you can begin to get the help you need.

PEOPLE CAN AND DO GET BETTER!

Chapter VIII.

Education Materials

For Parents

- **Guide to the “Education Materials for Parents” Section**
- **NAMI’s “A Family Guide”**
- **Family Support Action Plan**
- **How Can you Help with Sleep Problems**
- **Depression and the Family**

Guide to “Education Materials for Parents”

This section contains important educational information and tools for parents. As always, it is important not to overwhelm the parents with paper, and you should choose the materials you think are most appropriate.

- **NAMI’s “A Family Guide”:** This brief but informative guide presents a brief overview of adolescent depression, as well as treatment options. It includes a client-focused discussion of the suicidality and the FDA’s black-box warning.
- **Family Support Action Plan:** This tool gives suggestions on how the family can help the adolescent meet self-management goals.
- **How Can you Help with Sleep Problems:** Parents, as well as patients, must be aware of proper sleep hygiene before resorting to sleeping aids.
- **Depression and the Family:** Adolescent depression can have reverberating effects on the rest of the family.

**** Please note that there have been several updates since the NAMI guide was published. First, escitalopram was recently approved by the FDA for use in youth aged 12 and above with depression (page 10 of the Family Guide). Second, the FDA Black-box warning no longer has recommendations regarding the frequency of monitoring when antidepressants are prescribed (page 16 of the Family Guide). Instead, the warning now states that clinicians should observe closely patients who are on antidepressant treatment.**

A FAMILY GUIDE

What Families Should Know about Adolescent Depression and Treatment Options



A FAMILY GUIDE

What Families Should Know about Adolescent Depression and Treatment Options



*Prepared by: Kenneth Duckworth, M.D., NAMI Medical Director
Darcy Gruttadaro, J.D., Director, NAMI Child & Adolescent Action Center*

What is adolescent depression?



Adolescence is a time of many changes and challenges. Developing bodies and social and academic stresses make for a difficult period for many teens. Yet most teens get through these years with only short-term feelings of sadness or irritability. While people sometimes use the word “depressed” to describe how they feel, there is also a psychiatric disorder known as “clinical depression” or “major depression.” Some medical conditions need to be ruled out before a diagnosis of depression is made. Your child should be assessed for alcohol and drug use, which can cloud the picture as well as raise safety concerns. Depression in adolescents is a major public health concern. If you are concerned that your child may have depression, you need to obtain an accurate diagnosis for your child that includes a comprehensive understanding of your child’s needs in multiple settings, including home, school, and in peer relationships. You will also need to make sure that your child is assessed for suicide risk.

Causes of Depression.

No one knows for sure what causes depression. Research suggests that depression is a common condition that can result from stress in individuals who are vulnerable because of their genetic or biological makeup. Some individuals develop depression because of a chemical imbalance in their brain started by stress from loss, humiliation, or failure. A relationship breakup may make one teen unsettled for a few days, but send another teen with biological risk into depression. We simply do not currently know how best to determine an individual’s risk for depression. This is an area that requires further research.

Symptoms of Depression.

Clinical depression involves at least two weeks’ duration (and usually more) of five of the eight symptoms listed below:

- sleep problems (*commonly more sleeping*)
- a loss of interest or pleasure in formerly fun activities (*loss of interest in friends*)
- appetite changes
- energy loss
- sadness or irritability
- concentration problems
- hopeless or guilty thoughts
- body movement changes—feeling edgy or slowed down
- suicidal thoughts or preoccupation with death

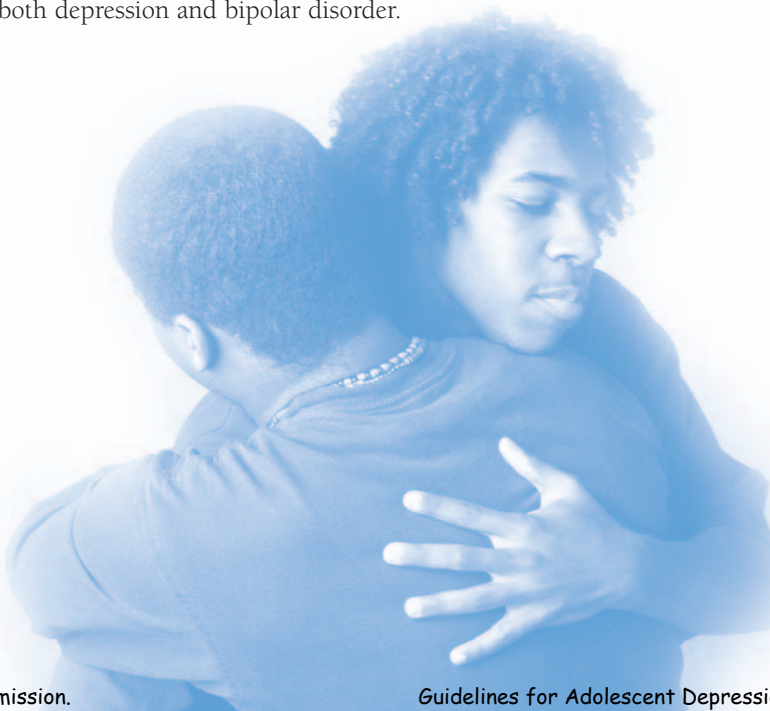
ALL CONCERNS ABOUT SUICIDE REQUIRE IMMEDIATE ATTENTION.

All statements about suicide need to be taken seriously and are a reason to immediately alert a treating provider or seek emergency help.

Suicidal thoughts are, for many teens, part of the disorder and must be assessed. A treatment plan must be developed to ensure “safety first.” Suicide is a permanent “solution” to what may be a temporary problem. Although teenage girls are at greater risk of depression, boys have a higher risk of suicide if they are depressed. But if diagnosed and treated promptly, almost everyone – children, adolescents, and adults – recovers from depression.

Psychiatric disorders like depression often co-occur with other disorders. Anxiety commonly co-occurs with depression. Sometimes, especially for girls, eating disorders such as anorexia nervosa or bulimia co-occur with depression. Learning disabilities and attention-deficit/hyperactivity disorder (ADHD) also raise the risk of depression.

Depression may also be the first sign of what later turns out to be bipolar disorder (manic-depressive illness). Bipolar disorder has important and additional symptoms that often include periods of feeling irritable, high, or powerful; needing little sleep but still feeling full of energy; and grandiosity, euphoria, and hypersexuality. Adolescents with bipolar disorder may also talk loudly and fast. Risk taking can be a symptom of both depression and bipolar disorder.



What are the treatment options for depression?

The most common treatments for depression are talk therapy (or psychotherapy), medication, or the two used in combination. Depression is a serious disorder that, when left untreated, can have devastating and life-threatening consequences. Families must weigh the risks and benefits of all treatment options for their child, including the risk of waiting while their child may be suffering from depression. The reality is that depression often gets better with treatment.

The first step in treatment is to obtain an accurate diagnosis. The second is to develop an effective treatment plan. A treatment plan must address the adolescent's unique and individual needs. Ask your doctor about the latest studies on depression and educate yourself about the latest research findings by using the resources listed at the end of this guide. It is vital that you and your family become educated consumers. When you are seeking a provider, ask about his or her training and experience in treating adolescent depression and the research that supports the recommended form of treatment. Follow your instincts about whether your child would connect with the treating provider, whether it is a therapist or psychiatrist, and then check in with your child about the treatment relationship.

If your child is prescribed medication and is receiving talk therapy or psychotherapy, make sure that there is a plan for the psychiatrist to communicate with the therapist (if the psychiatrist is not also providing the therapy for your child). Clear lines of communication, with you as the parent facilitating that communication, will improve the treatment results. Also, you should talk with the treating provider (therapist and/or psychiatrist) about the need to protect the teen's privacy, whenever possible, with the understanding that thoughts of hurting self or others will be shared with the family.

Having a connection to family members is a protection against depression, and keeping the lines of communication open can help to make treatment decisions more collaborative. A sense of connection at school and with peers is also helpful for adolescents who are at risk of depression.



What is talk therapy?

There is an ancient expression, “pain shared is pain halved.” When an adolescent is depressed, feeling alone and isolated makes it much harder for him or her to cope. There are several types of talk therapy that are designed to reduce or eliminate depressive symptoms.

Cognitive Behavioral Therapy (CBT).

One form of talk therapy shown to be effective for adolescents with depression is Cognitive Behavioral Therapy (CBT). CBT looks at thoughts and the impact that they have on an individual’s feelings. CBT breaks down negative thinking patterns and attempts to change them. For example, if an adolescent did poorly on a test and is thinking “I’m dumb and worthless,” CBT helps her to think about what she could have done differently to do better on the test, rather than focusing on negative thoughts about herself. There is good evidence to show that CBT helps to reduce symptoms of depression in adolescents; however, the best treatment outcomes are found when CBT is combined with antidepressant

Interpersonal Psychotherapy (IPT).

Interpersonal Psychotherapy (IPT) is another form of talk therapy that looks at relationships and how they affect a person’s feelings and thinking. Because relationships are key in adolescence, IPT makes sense as an appropriate treatment intervention for adolescent depression. However, IPT needs further study in adolescents to better understand its full effectiveness in treating depression. It is, however, well established as an effective treatment for adults with depression.

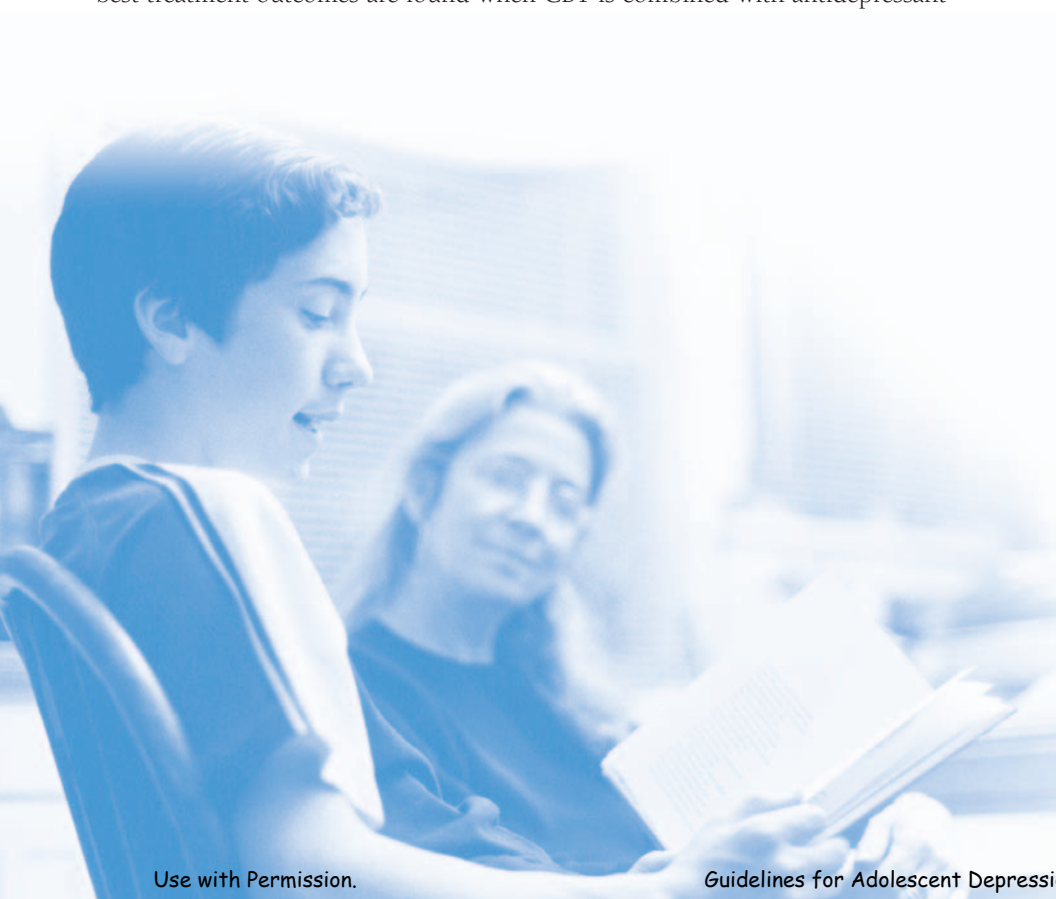
It is not known how well a relationship with one therapist is helpful outside of these techniques—it is hard to study something as unique as a relationship. Some adolescents feel the relationship alone is helpful—the therapist is a safe person outside of their family with whom they can share their thoughts and concerns.

Family therapy has not been well studied for the treatment of depression. However, if there are specific family-related stresses in an adolescent’s life (like divorce, serious illness, or financial strains) or a lack of communication within the family, family therapy may prove beneficial. Also, family therapy can be helpful because it gets the whole family involved in and supportive of treatment. Without that level of family support, adolescents may not comply with their treatment plan.

Addressing substance use is a key part of the treatment plan because it compounds risks associated with depression, especially the risk of suicide. Also, alcohol is a depressant, and substance use impacts the effectiveness of medication. Ask your child’s provider if she or he feels comfortable asking your child about substance use or if the provider can suggest an effective intervention for the substance use. Alcoholics or Narcotics Anonymous (AA or NA) groups that are tailored to young people can be extremely helpful for adolescents with depression and substance-use disorders.

In developing an appropriate treatment plan, it is important to keep the whole picture of your child’s life in mind. Talk therapy can often help in exploring stressful circumstances in your child’s life (such as issues related to sexuality or a poor school match).

Aerobic exercise has positive antidepressant effects in adults with mild to moderate depression and can be a useful part of the treatment plan for an adolescent as well. An individualized treatment plan should be developed to take the whole picture of your child’s life into account.



What about medications?

Many providers prescribe antidepressant medications to treat adolescent depression. You should approach the decision about whether antidepressant medications are appropriate for your child with caution and care. This is true for all decisions related to the use of medications, and antidepressants are no exception.

Here are some recommended questions to ask your child's treating provider:

- What are the potential risks and benefits of the medication and other treatment options?
- What are the anticipated side effects of the medication?
- How are the other elements of the treatment plan (such as psychotherapy or school and family interventions) integrated with the decision about medication?
- What can the provider do to help you get a good sense of what to look for, and who should be called with questions related to the medication or changes in behavior or symptoms?
- How will you, your child, and your doctor monitor progress, behavior changes, symptoms, and safety concerns?
- How can we best ensure that your child is actively involved in the discussion and decision-making related to the use of medications (when-ever possible)?
- Is there a clear communication plan for the family and the treating providers (therapist and psychiatrist) to ensure open lines of communication between all of them?
- How does any family history of mental disorders (especially a history of bipolar disorder) factor into the decision to use medication?
- How might you know when it is appropriate for your child to discontinue medication?

What is a black-box warning?



You may be aware of the recent decision by the Food and Drug Administration (FDA) to attach a cautionary label or “black-box warning” to all antidepressant medications used to treat depression and other disorders in children and adolescents.

A “black box” is a form of alert used by the FDA to warn the public that special care must be taken in certain uses of a medication. The FDA directed the manufacturers of all antidepressant medications to add a “black-box” warning to their products. It is important to understand the potential risks of antidepressant medications in order to make an informed decision about your child's treatment.

What does the warning say?

The following text box includes the complete black-box warning that the FDA is requiring that manufacturers include on their antidepressant medication products:

SUICIDALITY IN CHILDREN AND ADOLESCENTS

Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of [Drug Name] or any other antidepressant in a child or adolescent must balance this risk with the clinical need. Patients who are started on therapy should be observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. [Drug Name] is not approved for use in pediatric patients except for patients with [Any approved pediatric claims here]. (See Warnings and Precautions: Pediatric Use)

Pooled analyses of short-term (4 to 16 weeks) placebo-controlled trials of nine antidepressant drugs (SSRIs and others) in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders (a total of 24 trials involving over 4400 patients) have revealed a greater risk of adverse events representing suicidal thinking or behavior (suicidality) during the first few months of treatment in those receiving antidepressants. The average risk of such events on drug was 4%, twice the placebo risk of 2%. No suicides occurred in these trials.

The greatest risks exist in the first few months of treatment. Anyone considering the use of these medications in children or adolescents must balance this risk with the clinical need for the medication. The warning also states that anyone using these medications should be observed closely for a worsening of the symptoms, signs of suicidal thoughts or behavior, or unusual changes in behavior.

The FDA did not prohibit use of the medications for children and adolescents.

Are any antidepressants approved for use in children?

Among the antidepressants, only one – Prozac (fluoxetine) – is approved by the FDA for treating depression in children and adolescents. Prozac and three other medications – Zoloft (sertraline), Ludomil (fluvoxamine), and Anafranil (clomipramine) – are approved by the FDA for treating obsessive-compulsive disorder (OCD) in children and adolescents. However, all physicians have the option of prescribing medications for “off-label” use based on their clinical judgment of an individual’s treatment needs. Off-label use, which consists of using a medication for medical conditions that are not recognized on the FDA-approved labeling for that medication, is a common practice.

Also, the FDA is requiring that Prozac include the black-box warning despite the fact that it is approved by the FDA for treating depression in children and adolescents.

Correction/Update:

Escitalopram was recently approved by the FDA for use in youth aged 12 and above with depression.



What prompted the FDA warning?

During 2004, a FDA advisory committee reviewed data related to the safety and effectiveness of antidepressant medications. As part of this process, the FDA analyzed data from 24 clinical trials involving more than 4,400 children and adolescents who had been prescribed antidepressant medications for the treatment of major depression, anxiety, or obsessive-compulsive disorder. This review showed that a small number of trial participants who were given antidepressant medications experienced a heightened rate of suicidal thinking or behavior. Most often, this occurred soon after an individual started the medication. It is important to note that there were no suicides in any of these clinical trials.

Although no suicides occurred in the trials, 78 (or 1.7 percent) of the 4,400 trial participants receiving antidepressant medications experienced suicidal thoughts or engaged in some form of suicidal behavior. Based on this analysis, about 2 children out of 100 might be expected to experience these symptoms when taking antidepressant medications.

Although only nine medications were re-examined in the FDA analysis, the FDA applied the black-box warning requirement to all antidepressant medications. This was done because the FDA advisory committee was concerned that currently available research data would not allow them to exclude any single antidepressant medication from being potentially associated with an increased risk of suicidality.

Finally, clinicians have long known (even before medications were available) that as people recover from depression, their risk of suicide is increased. This is true because people often have more energy but still have hopeless thoughts during this time.

What evidence exists to show that these medications are effective in treating adolescent depression?

A recent study funded by the U.S. National Institute of Mental Health (NIMH) provides important information about effective treatment for adolescent depression. This study, the “Treatment for Adolescents with Depression Study” (TADS), is looking at treatment outcomes for adolescents receiving treatment in one of three groups described below:

- 1 Group one received medication only (Prozac);
- 2 Group two received medication combined with CBT (Prozac + CBT); and
- 3 Group three received CBT only.

The treatment outcomes for the individuals in the three groups described above are being compared with participants that are receiving placebo treatment (a sugar pill).

The results show that for the initial 12 weeks of the yearlong study, 71 percent of the adolescents receiving medication combined with CBT (group two) improved measurably with the combination treatment. Those adolescents receiving medication only (group one) showed improvement in slightly more than 60 percent of those participating, and adolescents receiving CBT treatment only (group three) had slightly more improvement than those adolescents receiving a placebo or sugar pill.

So what does TADS tell us? The TADS study shows that the combined treatment intervention of psychotherapy and medication offers advantages over either treatment intervention used alone. This finding is consistent with the studies that have been done on adults with depression that show the best treatment outcomes with combined psychotherapy and medication.

What precautions should be taken to minimize any risks associated with antidepressant medications?

Certainly if your child voices new or more frequent thoughts of wanting to die or to hurt himself or herself, or takes steps to do so, you should immediately contact your child's provider. You should also know that when starting a new medication or changing the dosage, your child may show signs of increased anxiety or even panic, agitation, aggressiveness, or impulsivity.

Families should be aware of “akathisia,” a rare side effect that may exist in a small percentage of youth taking medications. Akathisia is an internal sense of restlessness coupled with a strong need to move about for no reason that the youth may be able to identify. To the youth, this may feel like a sense of agitation and nervousness. Families should immediately contact their treating provider or should seek immediate help if they are concerned that their child may be experiencing this rare side effect.

Your child may experience involuntary restlessness, or an extreme degree of unwarranted elation or energy accompanied by fast, driven speech and unrealistic plans or goals. If you see any of these symptoms, consult your doctor. It may be appropriate to adjust your child's medication dosage, change to a different medication, or stop using medication. Research has shown that 30 percent to 40 percent of children and adolescents will not respond to an initial medication, but many of these individuals will respond to an alternate medication.

Does thinking or talking about suicide signal an increased likelihood that an adolescent will hurt himself or herself?

Psychiatrists and other mental health providers have found that when an adolescent talks about suicidal thoughts, it opens the door to communication that increases the likelihood that special safety or protective measures can and will be taken. Therefore, any treatment intervention that increases discussion of hidden suicidal thoughts or impulses is helpful.

Also, research shows that individuals with a prior history of suicide attempts have an increased risk of suicide.

Should my child continue on medication now being prescribed?

If your child is currently taking antidepressant medication and doing well, your child should continue with that treatment. Still, you should talk with your child about the possibility of rare and serious side effects, including suicidal thoughts and behaviors. Also, you, your child, and your child's physician should discuss a safety plan. This plan should indicate whom the child should contact immediately if thoughts of suicide or self-harm occur.

More critically, no individual should abruptly stop taking antidepressants. Parents contemplating changing or terminating their child's antidepressant medication should always consult with their child's treating physician before taking such action.

Does the FDA warning mean that antidepressant medications are not safe and effective for my child?

No. Researchers and clinicians have found that antidepressant medications, often in combination with research-based therapy (like CBT), are safe and effective for most adolescents. However, all treatment decisions must be made on an individual basis and in close consultation with a trained and qualified professional. Also, the FDA warning is an important reminder about the critical need for close monitoring.

Many medications routinely used for children and adolescents, including insulin used to treat children with diabetes and chemotherapy to treat children with cancer, have rare and tragic side effects. However, like antidepressants, these medications also have positive treatment results for many children and adolescents.

What is a good monitoring system?

First, parents and caregivers should make sure that the adolescent understands whom to talk with about concerns related to his or her treatment and understands the potential side effects of medications. They should also make sure that the adolescent understands the impact of not taking medications once they are prescribed.

Families must understand that medication may promote "activation," a phase in which an adolescent may begin to improve from treatment and begin to feel more energy to act on continued negative thoughts, leading to a heightened risk of self-harm. This often exists in the first few weeks of treatment and is the reason that treating providers and families must be particularly vigilant in observing changes in a teen's behavior and symptoms during this time period.



The FDA is recommending the following general guidelines for the close monitoring of children and adolescents being treated with antidepressant medications:

- During the first four weeks of treatment, a child or adolescent should be seen by the provider prescribing the medication at least once a week, with face-to-face contact with the family;
- In weeks five through eight of treatment, a child or adolescent should be seen every other week by the treating provider, with face-to-face contact;
- A child or adolescent should then be seen again by the treating provider at week 12, with face-to-face contact; and
- A child or adolescent should be seen by the treating provider as clinically indicated after 12 weeks of treatment (weeks 13+).

Correction/Update:

The FDA Black-box Warning no longer has recommendations regarding the frequency of monitoring when antidepressants are prescribed. Instead, the warning now states that clinicians should observe closely patients who are on antidepressant treatment.

The close monitoring should involve closely observing the child or adolescent for a worsening of symptoms, suicidality, and unusual changes in behavior, especially during the initial few months of medication treatment. **A prescription for an antidepressant medication without close follow-up is not a good treatment plan.**

Providers prescribing antidepressant medication should give families the contact information necessary to reach the provider 24 hours a day and seven days per week should their child exhibit serious or concerning side effects, like agitation or akathisia. The family should also understand when to take their child to an emergency room for safety-related concerns.

Whenever possible, families should make the home environment open to communicating about depression. Talk about what is working and what is not, make suggestions for additional supports, and take action to minimize risks for self-injurious or harmful behaviors. You need to agree with your child that there can be no secrets when it comes to safety. The key is to keep the conversation going, because isolation is a risk factor for suicide.



What is the risk of no treatment?

Depression is a leading cause of suicide in America today. It is estimated that about 3,000 youth die each year from suicide in our nation. Research shows that 90 percent of those individuals have a diagnosable and treatable mental disorder, often depression. Yet, the vast majority of youth with depression go undiagnosed and untreated. Untreated depression -- not treated depression -- is the single most significant risk factor for suicide.

Depression tends to be an episodic illness, with some youth spontaneously improving. Yet it also tends to be recurrent, with one episode of depression raising the risk for another. Without treatment, the consequences of childhood and adolescent depression are extremely serious (this can also be true for some adolescents even with treatment). Children and adolescents are likely to have ongoing problems in school, at home, and with their friends. Four out of ten will have a second episode of depression within two years. They are also at increased risk for substance abuse, eating disorders, and adolescent pregnancy. Research indicates that over half of depressed youth will eventually attempt suicide, and at least 7 percent will ultimately die as a result. Getting an accurate diagnosis and developing an effective treatment plan for a child who suffers from depression is an essential first step to minimizing the risk of suicide.



Is safety really a concern with adolescent depression?

Yes. Depression causes negative thinking and teens with depression often think about death.

It is critical to develop a safety plan given the risk of suicide in teens with depression. Talk with a qualified and trained mental health or primary care professional about what should be in the safety plan. These plans should be specific and individualized to address the unique needs of your child.

A safety plan must include your removing any objects from the house that might be used to commit suicide. Guns should be removed from the house at least temporarily, or at a minimum, kept under lock and key and not accessible by the youth. If locked guns are kept in the house, all ammunition should be removed. Other items, such as poisons and prescription and over-the-counter medications, should be temporarily removed or made inaccessible to the teen, along with all sharp knives. It is important to note that, like all medications, antidepressant medications can be lethal if ingested in massive quantities or in combination with other medications or substances (such as illegal drugs or alcohol). Therefore, families should treat antidepressant medications as they would any other potentially harmful substance. The family caregiver should be responsible for securing and administering the correct dosages to the individual at the right times. Also, the safety plan should include trying not to leave your child home alone during the first few weeks of treatment with medication.

“Self medication” (using alcohol or street drugs to change how one feels) is a concern, as it increases the risks of suicide and other self-harming behaviors. Alcohol and drug use can be both a cause of, and a consequence of, depression. It is important to talk with adolescents about getting support for sobriety during the depression if substance abuse is suspected.

Families sometimes must make extremely difficult decisions, including – as a last resort -- the decision to hospitalize a child against his or her wishes. Taking this step may be the most painful thing that a parent or caregiver ever does. Be sure to get good input about safety-related concerns from a professional who is trusted and trained to treat adolescents with depression.

How is adolescent depression different from adult depression?

Adolescents are thought to differ from adults with depression because they often experience symptoms of irritability, anger, and self-criticism more commonly than feelings of sadness and a loss of energy. Also, school performance frequently drops off for adolescents struggling with depression -- sometimes dramatically. Adolescents with depression often visit the school nurse more frequently with vague body complaints like headaches and stomachaches. They may also get more involved in physical fights with their peers, take more risks, and even shoplift or engage in sex. Loss of interest in peers is a “red flag” for adolescent depression, as these relationships are key to normal development.

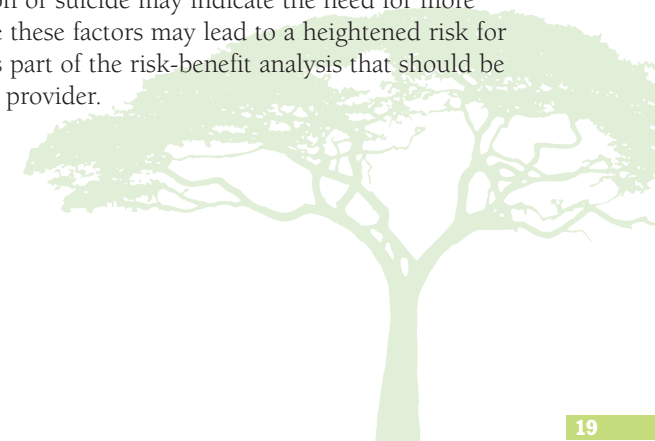
Adolescence is a time when peer relationships are central to the task of becoming an adult. When adolescents are depressed, talk with them about how to use their peers and other important people in their life to support them.

How does my family history play into decisions about treatment?

Family history is a clue to genetic risk for depression, but it is not enough on which to base a diagnosis or treatment plan.

A family with individuals with bipolar disorder should be cautious about using antidepressant medications and may want to talk with their child's provider about the appropriateness of combining antidepressant medication with a mood stabilizer. The chance that an adolescent could have undetected bipolar illness is real, because the first episode of bipolar disorder can be depression.

A family history of depression or suicide may indicate the need for more aggressive treatment because these factors may lead to a heightened risk for suicide in your child. This is part of the risk-benefit analysis that should be discussed with your treating provider.



How can I be an effective advocate for my child?

You are your child's strongest advocate. You have a right to any and all information available about the nature of your child's illness, the treatment options, and the risks and benefits of treatment. You should ensure that your child receives a comprehensive evaluation and an appropriate diagnosis, and you should have no qualms about seeking a second opinion if you have questions or concerns. Ask a lot of questions about any proposed diagnosis or treatment. Help your child learn, in an age-appropriate way, about his or her illness so that he or she can be an active partner in treatment.

Having a child with depression can be a frightening experience for family and loved ones, especially if a child has had a suicide attempt or engaged in self-injurious behaviors. It may be helpful to find a trusted friend, family member, or professional for support and guidance. This will help parents and caregivers to cope with their child's illness and to provide the child with the support and advocacy that he or she may need.

NAMI has developed a Web site for families that will include updated information and resources on the treatment of adolescent depression. Please visit our Web site at www.nami.org/adolescentdepression.

NAMI and other family advocacy organizations stand ready to help families with a loved one living with depression and other mental disorders. Together, we can make a positive difference in the lives of our loved ones and friends.



FAMILY ADVOCACY ORGANIZATIONS

NAMI

www.nami.org

Child and Adolescent Bipolar Foundation

www.bpkids.org

CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder)

www.chadd.org

Depression and Bipolar Support Alliance

www.dbsalliance.org

Depression and Related Affective Disorders Association

www.drada.org

Families for Depression Awareness

www.familyaware.org

Federation of Families for Children's Mental Health

www.ffcmh.org

National Mental Health Association

www.nmha.org

Suicide Prevention Action Networks

www.span.org

PROVIDER ORGANIZATIONS AND CHILDREN'S MENTAL HEALTH CENTERS

American Academy of Child and Adolescent Psychiatry

www.aacap.org

American Academy of Pediatrics

www.aap.org

American Psychiatric Association

www.psych.org

American Psychological Association

www.apa.org

Center for the Advancement of Children's Mental Health

www.kidsmentalhealth.org

FEDERAL AGENCIES

Centers for Disease Control and Prevention

www.cdc.gov

Food and Drug Administration (FDA)

www.fda.gov

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

Center for Mental Health Services (CMHS)

www.mentalhealth.org

OTHER HELPFUL RESOURCES

ParentsMedGuide.org (a Web site developed by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry)

Family Support Action Plan

What a Parent Can Do to Help Their Child/Adolescent

Family Support is a vital component in your child/adolescent's recovery from depression. It makes you a more engaged participant in your child's health care and helps rebuild your child/adolescent's confidence and sense of accomplishment. However, it can also be extremely difficult—after all, when your child/adolescent is depressed, s/he probably doesn't feel like accomplishing anything at all!

To help with Family Support, set goals to help you focus on your child/adolescent's recovery and recognize your child/adolescent's progress. Find things that have helped your child/adolescent in the past—identify goals that are simple and realistic and match your child/adolescent's natural "style" and personality. Work on only one goal at a time.

Adherence to Treatment Plan. Following through on health advice can be difficult when your child/adolescent is down. Your child/adolescent's success will depend on the severity of his/her symptoms, the presence of other health conditions, and your child/adolescent's comfort level in accepting your support. However, your child/adolescent's chances for recovery are excellent if you understand how you and your family naturally prefer to deal with your child/adolescent's health problems. Knowing what barriers are present will help you develop realistic health goals for your child/adolescent. ***Example goals:*** Remember to give your child/adolescent his/her medications. Participate in counseling. Help your child/adolescent keep appointments.

MY GOAL: _____

Relationships. It may be tempting for your child/adolescent to avoid contact with people when s/he is depressed, or to "shut out" concerned family and friends. Yet, fulfilling relationships will be a significant part of your child/adolescent's recovery and long-term mental health. Understanding your child/adolescent's natural relational style for asking for and accepting help should guide the design of your Family Support plan. ***Example goals:*** Encourage your child/adolescent to talk with a friend every day. Attend scheduled social functions. Schedule times to talk and "just be" with your child/adolescent.

MY GOAL: _____

Nutrition and Exercise. Often, people who are depressed don't eat a balanced diet or get enough physical exercise—which can make them feel worse. Help your child/adolescent set goals to ensure good nutrition and regular exercise. ***Example goals:*** Encourage your child/adolescent to drink plenty of water. Eat fruits and vegetables. Avoid alcohol. Take a walk once a day. Go for a bike ride.

MY GOAL: _____

Spirituality and Pleasurable Activities. If spirituality has been an important part of your child/adolescent's life in the past, you should help to include it in your child/adolescent's current routine as well. Also, even though s/he may not feel as motivated, or get the same amount of pleasure as s/he used to, help him/her commit to a fun activity each day. ***Example goals:*** Recall a happy event. Do a hobby. Listen to music. Attend community or cultural events. Meditate. Worship. Do fun family activities. Take your child/adolescent to a fun place s/he wants to go.

MY GOAL: _____

(Adapted by GLAD-PC with permission from Intermountain Healthcare)

How Can You Help with Sleep Problems

All of us need enough sleep to function well during the day. Having just one night of poor sleep can make it more difficult to pay attention to our school or work, make us sleepy throughout the day, cause us to make poor decisions, and leave us feeling irritable, grouchy, slowed down or restless. When many nights of little sleep add up, getting through the day can become a losing battle!



Sleep problems frequently occur as a part of depression. In fact, sleeping problems, either sleeping too much or having difficulty sleeping enough, are one of the symptoms of major depression. Although some sleep problems may require medication to get better, there are things **YOU** can do to help improve your sleep. By improving your sleep hygiene (your sleep habits), you can get rid of any habits that are making it harder for you to get a good night's rest.



1. Keep a regular sleep schedule. Try to go to bed and wake up at the same time every day. It can take your body several days to weeks to adjust to a new sleep schedule, so staying up late on weekends and sleeping in really leaves your body confused.
2. Watch what you eat and drink near bedtime. Food or drinks with caffeine (e.g. sodas, tea, chocolate) can keep you up. Avoid eating big meals or being hungry before bedtime. Some people find milk or milk drinks (e.g. Ovaltine) to be helpful in falling asleep. Milk contains tryptophan, which causes sleepiness.
3. Eliminate bad habits. Drinking alcohol and smoking cigarettes both prevent you from getting a good night's sleep.
4. Make sure your bedroom is set up for sleep. Try to make sure the temperature of the room is comfortable, there are few noises, and the room is dark.
5. Exercise regularly. Getting vigorous exercise during the afternoon (but 4-6 hours before bedtime) has been found to result in better sleep.



6. Get outside and see the sun. Sunlight helps the body control its biological clock. This clock lets us know when to feel sleepy and when to be alert.
7. Use your bed only for rest or sleep. Don't watch TV or do homework in bed.
8. If you don't fall asleep within 10 or 15 minutes, get out of bed. Do a quiet, dull activity until you are feeling sleepy and try again.
9. Find a relaxing activity to do before bed. A warm bath, quiet music, and/or talking with a friend can all help you make the change from daytime to nighttime. Find what works best for you.



Reviewed 09-30-03

Texas Department of Mental Health and Mental Retardation
PAC-DEP

Depression and the Family

Having a family member with depression affects the whole family. Each family member is likely to react in his or her own way, and the response may, in turn, affect other family members. It is important to recognize the ways in which the illness affects your family and to take steps to reduce any negative impact. The depressed child or adolescent will find an easier path to recovery from the illness if the family can continue to be a strong, well-functioning unit.

Possible Ways the Family May React

- The family may begin to change family routines or rules. Family members may choose not to participate in activities that take them away from the home or stop trying to do things that may cause disruption or stress (such as requiring chores).
- Families may begin to avoid contacts with friends or social gatherings. Additionally, friends may begin to avoid members of the family. This can result in the family becoming isolated from others, with little to no support in a time when they need it most.
- Everyone may be walking on eggshells to avoid upsetting the depressed person.
- Family members may be irritable or angry, resulting in more family disagreements or stress.
- Family members may act out to get attention they feel they are not receiving.
- Parents may be stricter or more harsh with non-depressed children.
- There may be more arguments or disagreements between family members, especially around how to handle the depressed person. Having a depressed child can put enormous stress on relationships.
- Family members may blame themselves for the difficulties the depressed child is having. This self-blame can be intensified by messages from others that their parenting skills may be the cause of the child's problems.
- Individuals may feel frustrated and helpless and unable to change things for the depressed individual.
- Family members may feel resentful of the depressed person for the disruption that their illness has caused. Resentment may lead to even more problems in dealing with the depressed individual.
- Individuals may feel ashamed of the child's depression. Brothers or sisters may not want to have friends over or worry that others will find out. Parents may worry that outsiders will judge them.
- Other family members may begin to show signs of stress, even depression.

Most families will have one or even most of these experiences. But changing your family's life to center around your child's depression is not helpful for the family. The following are some suggestions to help lessen the impact that depression has on your family.

Dealing with Depression in the Family

- Take care of yourself and encourage other family members to do so also. You will be better able to help your child if you are healthy and well rested. Recognize when you need a break and arrange to take one, or better yet arrange some time off before you need it.
- Take time to go places and enjoy yourselves as a family, even if the depressed person does not participate.
- Encourage all family members to continue with regular activities. Try to take time to spend with each family member, not allowing the depressed child to monopolize all of the family's attention.
- Give yourself and your family permission to enjoy an activity, even if the depressed person does not.
- No one is able to remain patient and cheerful all the time. If you have a bad day, go easy on yourself.
- Remind yourself and your family that depression is a medical illness. No one in your family, including the depressed child, is to blame.
- Because depression affects the whole family, the family can benefit from treatment. Include family members in the treatment that your child is receiving. Family therapy may be helpful, and families can also benefit from education about the illness and its treatment and working with the child's counselor or psychiatrist to address specific problems in the family.
- Family members need to recognize depression in themselves and get help! Depression tends to run in families. Be a good role model and seek help for any mental health problems that you or other family members might experience.
- Consider joining a support group. Family members can find relief and good ideas by talking with others who have had similar experiences. Even brothers and sisters of the depressed person can benefit from a group with whom to share their feelings.

Chapter IX.

Billing

- **Guide to the “Billing” Section**
 - BRIGHT FUTURES Codes for billing
 - American Academy of Pediatrics Codes for Billing
 - Letter to insurers to receive reimbursement

Guide to the “Billing” Section

In this section, you will find both the American Academy of Pediatrics and the BRIGHT FUTURES billing codes. You may use either of these forms.

One of the primary complaints among pediatricians is that they spend more time with patients with emotional issues, and cannot get reimbursed.

- **BRIGHT FUTURES Codes for Billing**
- **American Academy of Pediatrics–Adapted Codes for Behavioral Health Billing**

We have included both CPT codes suggested by Bright Futures and the AAP. However, some insurers may still give you problems for mental health reimbursement if a behavioral carve-out is involved.

- **Letter to insurers to receive reimbursement:**

We include a sample letter to help request reimbursement.

Selected General Medicine and Behavioral Current Procedural Terminology (CPT) Codes

PSYCHIATRIC THERAPEUTIC PROCEDURES (FACE TO FACE)

(Individual psychotherapy, insight oriented, behavior modifying, and/or supportive, in an office or out-patient facility.)

<u>Code</u>	<u>Description</u>
90804	20–30 minutes face to face with the patient
90805	with medical evaluation and management services
90806	45–50 minutes face to face with patient
90807	with medical evaluation and management services
90808	75–80 minutes face to face with patient
90809	with medical evaluation and management services

REVIEW TESTING: PSYCHOLOGICAL OR SCHOOL

<u>Code</u>	<u>Description</u>
90887	Not time related

PROLONGED PHYSICIAN SERVICES (WITHOUT FACE TO FACE)

<u>Code</u>	<u>Description</u>
99358	First 60 minutes
99359	Each additional 30 minutes

PROLONGED PHYSICIAN SERVICES (FACE TO FACE)

<u>Code</u>	<u>Description</u>
99354	First 60 minutes
99355	Each additional 30 minutes

PHYSICIAN SUPERVISION

(Work provided in a 30-day period to supervise multidisciplinary care modalities of patients to include development and/or review of care plan, review reports, communications, etc.)

<u>Code</u>	<u>Description</u>
99374	15–29 minutes
99375	30+ minutes

TEAM CONFERENCE (WITH OR WITHOUT PATIENT PRESENT)

<u>Code</u>	<u>Description</u>
99361	30 minutes
99362	60 minutes

CASE MANAGEMENT PHONE

<u>Code</u>	<u>Description</u>
99371	Brief call
99372	Intermediate call
99373	Complex call

PREVENTIVE COUNSELING

<u>Code</u>	<u>Description</u>
99401	15 minutes
99402	30 minutes
99403	45 minutes
99404	60 minutes

DIAGNOSTIC INTERVIEW

<u>Code</u>	<u>Description</u>
90801	Psychiatric diagnostic interview
99802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication

EVALUATION AND MANAGEMENT (E & M) CODES (EXISTING PATIENT CODES)

<u>Code</u>	<u>Description</u>
99211	Office visit (OV) minimal
99212	OV problem focused
99213	OV expanded focus
99214	OV detailed
99215	OV highly complex

See also

Tool for Health Professionals: Documentation for Reimbursement, p. 8.

Source: Adapted from Kirschner CG. 2000. *Current Procedural Terminology: CPT 2001* (standard ed., 4th rev. ed.). Chicago, IL: American Medical Association.

Depression Coding Fact Sheet for Primary Care Pediatricians

CPT (Procedure) Codes

Initial assessment usually involves a lot of time determining the differential diagnosis, a diagnostic plan, and potential treatment options. Therefore, most pediatricians will report either an office/outpatient evaluation and management (E/M) code using time as the key factor* or a consultation code for the initial assessment:

Office or Other Outpatient E/M Codes

99201/99202/99203/99204/99205: Use for new** patients only; require 3 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care.

99212/99213/99214/99215: Use for established patients; require 2 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care.

Office or Other Outpatient Consultation Codes

99241/99242/99243/99244/99245 Use for new or established patients; appropriate to report if another physician or other appropriate source (ie, school nurse, psychologist) requests an opinion. Require 3 of 3 key components or greater than 50 percent of the visit spent in counseling or coordinating care.

NOTE: Use of these codes *requires* the following:

- Written or verbal request for consultation is documented in the patient chart;
- Consultant's opinion as well as any services ordered or performed are documented in the patient chart; and
- Consultant's opinion and any services that are performed are prepared in a *written* report, which is sent to the requesting physician or other appropriate source.

Prolonged Physician Services Codes

99354/99355 Use for *outpatient face-to-face* prolonged services.

99358/99359 Use for *non-face-to-face* prolonged services in *any setting*.

- Used when a physician provides prolonged services beyond the usual service (ie, beyond the typical time).
- An *alternate* to using time as the key factor with the office/outpatient E/M codes (99201-99215).
- Time spent does not have to be continuous.
- Codes are "add-on" codes, meaning they are reported separately in addition to the appropriate code for the service provided (eg, office or other outpatient E/M codes, 99201-99215).
- If the physician spends at least 30 and no more than 74 minutes over the typical time associated with the reported E/M code, he/she can report 99354 (for face-to-face contact) or 99358 (for non-face-to-face contact). Codes 99355 (each additional 30 minutes of face-to-face prolonged service) and 99359 (each additional 30 minutes of non-face-to-face prolonged service) are used to report each additional 30 minutes of service beyond the first 74 minutes.
- Prolonged service of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes is *not reported separately*.

Case Management Services Codes

99361/99362 Use to report a medical conference among the physician and an interdisciplinary team of health professionals to coordinate activities of patient care (patient not present).

99371/99372/99373 Use to report telephone calls made by the physician to patient/parent or for consultation or medical management or for coordinating medical management with other health care professionals.

Central Nervous System Assessments/Tests Codes

96100 Use to report psychological testing, with interpretation and report, per hour (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI).

96117 Use to report neuropsychological testing battery, with interpretation and report, per hour (eg, Halstead-Reitan, Luria, WAIS-R)

*Time can be used as the key factor in determining a level of service when counseling and/or coordinating care constitute more than 50% of the encounter.

**A new patient is defined as one who has not received any professional services from a physician, or another physician of the same specialty who belongs to the same group practice, within the past 3 years (*Principles of CPT Coding* {third edition}, American Medical Association, 2003).

Other Psychiatric Services or Procedures Codes

- 90802 Use to report interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.
- 90862 Use to report pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.
- 90887 Use to report interpretation or explanation of results of psychiatric, other medical examinations or procedures, or other accumulated data to patient's family/guardian(s), or advising them how to assist patient.

ICD-9-CM/DSM-PC (Diagnosis) Codes

- Use as many diagnosis codes that apply to document the patient's complexity and report the patient's symptoms and/or adverse environmental circumstances.
- *Once a definitive diagnosis is established*, report the appropriate definitive diagnosis code(s) as the primary code, plus any other symptoms that the patient is exhibiting as secondary diagnoses.
- Counseling diagnosis codes can be used when patient is present or when counseling the parent/guardian(s) when the patient is not physically present.

- 296.20 Major depressive disorder, single episode; unspecified
- 296.21 Major depressive disorder, single episode; mild
- 296.22 Major depressive disorder, single episode; moderate
- 296.23 Major depressive disorder, single episode; severe, without mention of psychotic behavior
- 296.24 Major depressive disorder, single episode; severe, specified as with psychotic behavior
- 296.25 Major depressive disorder, single episode; in partial or unspecified remission
- 296.26 Major depressive disorder, single episode; in full remission
- 296.30 Major depressive disorder, recurrent episode; unspecified
- 296.31 Major depressive disorder, recurrent episode; mild
- 296.32 Major depressive disorder, recurrent episode; moderate
- 296.33 Major depressive disorder, recurrent episode; severe, without mention of psychotic behavior
- 296.34 Major depressive disorder, recurrent episode; severe, specified as with psychotic behavior
- 296.35 Major depressive disorder, recurrent episode; in partial or unspecified remission
- 296.36 Major depressive disorder, recurrent episode; in full remission
- 296.80 Manic-depressive psychosis, unspecified
- 298.0 Depressive type psychosis
- 300.11 Conversion disorder
- 300.4 Neurotic depression; anxiety depression, dysthymic disorder
- 300.5 Neurasthenia
- 301.12 Chronic depressive personality disorder
- 307.59 Other and unspecified disorders of eating; loss of appetite of nonorganic origin
- 307.6 Enuresis, nonorganic
- 307.7 Encopresis, nonorganic
- 307.80 Psychogenic pain, site unspecified
- 307.81 Tension headache
- 307.89 Other psychalgia
- 307.9 Other and unspecified special symptoms or syndromes, NEC; behavior activities
- 308.0 Acute reaction to stress; predominant disturbance of emotions
- 308.1 Acute reaction to stress; predominant disturbance of consciousness
- 308.2 Acute reaction to stress; predominant psychomotor disturbance
- 308.3 Other acute reactions to stress
- 308.4 Mixed disorders as a reaction to stress
- 308.9 Unspecified acute reaction to stress
- 309.0 Brief depressive reaction; adjustment disorder with depressed mood
- 309.1 Prolonged depressive reaction
- 309.21 Separation anxiety disorder; anaclitic depression
- 309.28 Adjustment reaction with mixed emotional features; anxiety and depression
- 311 Depressive disorder, not elsewhere classified
- 313.1 Misery and unhappiness disorder
- 780.50 Sleep disturbance, unspecified
- 780.79 Other malaise and fatigue
- 780.99 Other general symptoms

787.99 Other symptoms involving digestive system

789.00 Abdominal pain; unspecified site

~~~~~  
NOTE: The diagnosis codes below are used to deal with occasions when circumstances other than a disease or injury are recorded as "diagnoses" or "problems." Some carriers may request supporting documentation for the reporting of V codes.

V15.49 Other personal history presenting hazards to health; psychological trauma

V40.2 Mental and behavioral problems; depression

V62.89 Other psychological or physical stress, not elsewhere classified

V65.49 Other specified counseling; depression variation

V79.0 Special screening for depression

## Documentation for Reimbursement

Date \_\_\_\_\_

Attn: Case Manager

Ins. Company \_\_\_\_\_

Re: [Name of child or adolescent; dob]

To whom it may concern,

I saw [name of child or adolescent] on [visit date] for [diagnosis].

This letter documents the components of the services provided and billed with the diagnosis code of \_\_\_\_\_.

The following services were provided:

- \_\_\_\_\_ Parent conference regarding the diagnosis, etiology, management, and medical treatments of [diagnosis name]. This conference lasted approximately \_\_\_\_\_ minutes.
- \_\_\_\_\_ Face-to-face visit with child or adolescent for additional discussion and initiation of therapy. This visit lasted approximately \_\_\_\_\_ minutes.
- \_\_\_\_\_ Correspondence to the school [name of child or adolescent] attends.
- \_\_\_\_\_ Review of school records.
- \_\_\_\_\_ Phone consultation(s). These consultations lasted a total of approximately \_\_\_\_\_ minutes.
- \_\_\_\_\_ Other: \_\_\_\_\_

Should you have any additional questions or wish these services to be coded in a different way, please contact \_\_\_\_\_ in my office.

Thank you for your consideration.

Sincerely,

[Name of health professional]

*Cite as:* Hagan JF, Jr. 2002. Documentation for reimbursement. In Jellinek M, Patel BP, Froehle MC, eds., *Bright Futures in Practice: Mental Health—Volume II. Tool Kit*. Arlington, VA: National Center for Education in Maternal and Child Health.

# Chapter X.

## Organizational Change

### UNDER CONSTRUCTION

- **Guide to the “Organizational Change” Section**
- Adolescent Depression Change Concepts
- Adolescent Depression Change Concepts Grid
- Key Measures for Improvement of Adolescent Depression Care

# Guide to the “Organizational Change” Section

Embarking on quality improvement program to improve your treatment of adolescent depression will likely require organizational change in your practice setting. This section is still under construction. Please see the Macarthur Initiative on depression and primary care for further information at [http://www.depression-primarycare.org/clinicians/re\\_engineering/](http://www.depression-primarycare.org/clinicians/re_engineering/).

- **Adolescent Depression Change Concepts:**
- **Adolescent Depression Change Concepts Grid:**  
We have included a list of 6 Adolescent Depression Change concepts and a blank grid for you to fill out the organizational change goals you plan to fulfill.
- **Key Measures for Improvement of Adolescent Depression Care:**  
Any quality improvement involves measuring change, and we have also included a blank form for you to put in your goals and how you plan to measure the attainment of these goals.



## **Depression Change Concepts**

### **Organization of Healthcare**

1. Make sure senior leaders and staff visibly support and promote the effort to improve chronic care
2. Make improving chronic care a part of the organization's vision, mission, goals, performance improvement, and business plans
3. Make sure senior leaders actively support the improvement effort by removing barriers and providing necessary resources
4. Assign day-to-day leadership for continued clinical improvement
5. Integrate collaborative models into the quality improvement program

### **Clinical Information Systems**

1. Establish a registry
2. Develop processes for use of the registry, including designating personnel to enter data, assure data integrity, and maintain the registry
3. Use the registry to generate reminders and care planning tools for individual patients
4. Use the registry to provide feedback to care team and leaders
5. Access to pertinent information needed at the time of the patient visit

### **Delivery System Design**

1. Identify depressed patients during visits for other purposes
2. Use the registry to proactively review care and plan visits
3. Assign roles, duties, and tasks for planned visits to a multidisciplinary care team. Use cross training to expand staff capability
4. Use planned visits in individual and group settings
5. Make designated staff responsible for follow-up by various methods, including parent advocates/outreach workers, telephone calls and home visits
6. Use parent advocates and community health programs for outreach

### **Decision Support**

1. Develop tool/protocol to evaluate presence of clinically significant depression in youth and relevant co-morbidities
2. Know about and be capable in using and recommending evidence-based psychotherapies and medications
3. Know how to determine whether a patient has responded to treatment
4. Know when and to whom to refer for additional MH specialty consultation
5. Know how to engage patients and involve them in self-management and their role in treatment

### **Self Management Support**

1. Know about evidence-based psychosocial and medication treatments
2. Participate actively in treatment plan development and implementation
3. Set and document self management goals collaboratively with patients and treatment staff

### **Community**

1. Provide materials to teachers, encourage participation in other activities
2. Establish links to community resources for defrayed medication costs, educational accommodations, etc.
3. Encourage participation in community education classes, support groups, and other activities
4. Encourage linking to advocacy groups

Courtesy of Institute for Healthcare Improvement/Bureau of Primary Health Care Health Disparities Collaborative on Adolescent Depression

# Depression Change Concepts

| Organization of Health Care | Clinical Information System | Delivery System Design | Decision Support | Self-Management Support | Community |
|-----------------------------|-----------------------------|------------------------|------------------|-------------------------|-----------|
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## Key Measures for Improvement of Adolescent Depression Care Grid

| <b>Measure</b>              | <b>Population Statistic</b> | <b>Typical Levels</b> | <b>Appropriate Goal</b> |
|-----------------------------|-----------------------------|-----------------------|-------------------------|
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| <i>Data Gathering Plan:</i> |                             |                       |                         |
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| <i>Data Gathering Plan:</i> |                             |                       |                         |
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| <i>Data Gathering Plan:</i> |                             |                       |                         |
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