

TREATMENT PLAN FOR ADOLESCENT DEPRESSION

The Adolescent Psychotherapy Treatment Planner (2000), Arthur E. Jongsma Jr., et al., Wiley Pub.

DIAGNOSTIC SUGGESTIONS:

Axis I:	309.0	Adjustment Disorder With Depressed Mood
	V62.82	Bereavement
	296.xx	Bipolar I Disorder
	296.89	Bipolar II Disorder
	301.13	Cyclothymic Disorder
	300.4	Dysthymic Disorder
	296.3x	Major Depressive Disorder, Recurrent
	296.2x	Major Depressive Disorder, Single

BEHAVIORAL DEFINITIONS

1. Sad or flat affect.
2. Preoccupation with the subject of death.
3. Suicidal thoughts and/or actions.
4. Moody irritability.
5. Isolation from family and/or peers.
6. Deterioration of academic performance.
7. Lack of interest in previously enjoyed activities.
8. Refusal to communicate openly.
9. Use of street drugs to elevate mood.
10. Low energy.
11. Little or no eye contact and frequent verbalizations of low self-esteem.
12. Reduced appetite.
13. Increased sleep.
14. Poor concentration and indecision.
15. Feelings of hopelessness, worthlessness, or inappropriate guilt.
16. Unresolved grief issues.
17. Mood-related hallucinations or delusions.

LONG TERM GOALS

1. Acknowledge the depression verbally and resolve its causes, leading to normalization of the emotional state.
2. Elevate the mood and show evidence of the usual energy, activities, and socialization level.
3. Reduce irritability and increase normal social interaction with family and friends.
4. Show a renewed typical interest in academic achievement, social involvement, and eating patterns as well as occasional expressions of joy and zest for life.

SHORT TERM OBJECTIVES

1. Complete psychological testing to evaluate the depth of the depression.
2. State the connection between rebellion, self-destruction, or withdrawal and the underlying depression.
3. Verbally acknowledge unhappiness with life.
4. Specify what is missing from life to cause the unhappiness.
5. Specify what in the past or present life contributes to sadness.
6. Assertively state to the therapist what is needed to be truly happy.
7. Express emotional needs to the significant others.
8. Stop the verbalized interest in the subject of death.
9. Terminate suicidal behaviors and/or verbalizations of the desire to die.
10. Initiate and respond actively to social communication with the family and peers.
11. Verbalize a feeling of being loved and accepted by family and friends.
12. Describe an interest and participation in social and recreational activities.

13. Reduce anger and irritability as evidenced by friendly, pleasant interaction with family and friends.
14. Cooperate with an evaluation of the necessity for psychotropic medications.
15. Take prescribed medications as directed by the physician.
16. Improve academic performance evidenced by better grades and positive teacher reports.
17. Eat nutritional meals regularly without strong urging from others.
18. Adjust sleep hours to those typical of the developmental stage.

THERAPEUTIC INTERVENTIONS

1. Support the client's expression of emotional needs to family members and significant others.
2. Confront the client's acting-out behaviors as avoidance of the real conflict with unmet emotional needs.
3. Ask the client to discuss what is missing from his/her life that contributes to the unhappiness.
4. Probe present aspects of the client's life that contribute to the sadness.
5. Explore the emotional pain from the client's past that contributes to the feelings of hopelessness and low self-esteem.
6. Hold a family therapy session to facilitate the expression of conflict with family members.
7. Probe the client's fears regarding the loss of love from others.
8. Urge the client to formulate a plan that leads to taking action to meet his/her needs.
9. Arrange for a play-therapy setting that allows the client to express feelings toward him/herself and others.
10. Interpret the feelings expressed in play therapy as those of the client toward real life.
11. Assess the cognitive messages that the client gives to him/herself that reinforce helplessness and hopelessness.
12. Teach and reinforce positive cognitive messages that facilitate the growth of the client's self-confidence and self-acceptance.
13. Monitor the potential for self-harm and refer the client to a protective setting if necessary.
14. Contract with the client for no self-harm.
15. Monitor and encourage the client's food consumption.
16. Reinforce the client's open expression of underlying feelings of anger, hurt, and disappointment.
17. Interpret the client's acting-out behaviors as a reflection of the depression.
18. Assess the client's level of self-understanding about self-defeating behaviors linked to the depression.
19. Give feedback to the client (and his/her family) regarding psychological testing results.
20. Arrange for the administration of psychological testing to facilitate a more complete assessment of the depth of the client's depression.
21. Arrange for a tutor to increase the client's sense of academic mastery.
22. Challenge and encourage the client's academic effort.
23. Monitor medication effectiveness and side effects.
24. Arrange for a prescription of antidepressant medications for the client.
25. Assess the client's need for psychotropic medications.
26. Encourage the client's participation in social/recreational activities that enrich life.
27. Use one of the therapeutic feelings games (e.g., Talking, Feeling, Doing) to assist the client in being more verbal.
28. Work with the parents to develop their abilities to encourage, support, and tolerate the client's expression of his/her thoughts and feelings.
29. Monitor the client's sleep patterns and the restfulness of sleep.