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, 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 educational 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, “Educational Materials for Adolescents” and “Educational Materials for Parents.”
What to Discuss with Adolescents and Parents About Depression
For the Primary Care Clinician

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

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, long ropes, cables, 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, adolescents, and SSRI medication, please see the “Treatment Information 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 engagement in 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 patients’ interpersonal problems to improve both interpersonal functioning and their 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 the doctor immediately.

If your child becomes agitated, silly, speaks too fast, seems over-energetic, and/or sleeps less, stop the medication and call the doctor immediately.

It is important to supervise medication administration; if your child has threatened or attempted suicide, keep medication in a secure location.

The likely duration of medication treatment is 6 months to 1 year after symptoms improve and sometimes longer.

Medication, usually an SSRI, should be initiated concurrently with psychotherapy if the teen has severe symptoms and/or functional impairment, or is at risk for suicide.
Medication should be stopped gradually under doctor’s supervision, due to the possibility of discontinuation symptoms (e.g., recurrence of depression, drowsiness, nausea, lethargy, headache, dizziness).

There is adequate scientific data and extensive clinical data to show that medication treatment for depression in teens is safe and effective.