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- f. SMFQ (parent-report) SP
Program Objectives

First Approach Skills Training for Adolescent Depression (FAST-D) is a four-session behavioral activation program (or module) for teens presenting with mild to moderate depressive symptoms. It is designed to offer teens and their parents a set of skills for understanding and addressing problems related to depressed mood. It may be offered as stand-alone intervention or incorporated flexibly into a broader course of treatment.

FAST-D was adapted from Behavioral Activation with Adolescents: A Clinician’s Guide, by Elizabeth McCauley, Kelly Schloredt, Gretchen Gudmundsen, Christopher Martell, and Sona Dimidjian. The published manual (http://www.guilford.com/books/Behavioral-Activation-with-Adolescents/McCauley-Schloredt-Gudmundsen-Martell/9781462523986/authors) is an excellent resource for additional information regarding behavioral activation treatment with adolescents.

FAST-D at a Glance

The FAST-D program includes the following skills and strategies:

- Identifying patterns that contribute to poor mood
- Addressing problematic sleep patterns, when relevant
- Supporting participation in activities that can boost mood
- Identifying changes or goals that matter to the teen and helping them take SMART steps (Specific, Measurable, Appealing, Realistic, Time bound)
- Identifying and addressing barriers that interfere with planned behavior changes
- Educating parents about depression and bolstering their support and communication strategies
- Planning ahead to prevent or manage depressive episodes in the future

Another way to use FAST-D materials is to view it as a module or set of depression-relevant, handout-supported treatment activities that may be integrated flexibly into a broader course of treatment.

FAST-D is currently being piloted and evaluated as a stand-alone brief intervention to support primary care providers and school professionals working with teens experiencing depression in Franklin and Benton Counties of Washington State.

Stand Alone Brief Program

Screening Considerations

FAST-D or a subset of the activities in FAST-D may be readily incorporated into a broader course of treatment for teens with multiple areas of concern (e.g., anxiety, posttraumatic impact, behavioral concerns). However, when it is delivered as a stand-alone intervention limited to four or five sessions, certain considerations are important.

First, at this time there has not been rigorous research evaluation to support the relative effectiveness of FAST-D compared to alternative interventions for depression. Second, given the brief and targeted nature of this program, it is not expected to fully address the needs of teens with severe or chronic depression or with comorbidities not directly targeted in the protocol.

In the FAST-D pilot, ongoing in Benton and Franklin Counties of Washington State, the program is designed to be strictly limited in duration and focus. As a result, teens considered at baseline to be likely to need more support than the four to five FAST-D sessions are screened out and referred for other services in the community. Table 1, below, provides sample screening and referral guidelines based on what we have used in the FAST-D pilot program.

Stand-Alone vs. Flexible or Modular Approach

Although FAST-D is laid out below as a stand-alone brief intervention, with handouts and sample scripting for each session, we understand that clinicians may use these materials in a number of ways, depending on their settings, skill levels and preferences, as well as the clinical needs and complexities of the teens and families they serve.

1. For the manual we will use the term “parent” but recognize that many teens are raised by other important caregivers besides (or in addition to) their biological parents. We also describe sessions as including one parent, recognizing that often it is not feasible for multiple caregivers to attend. However, if multiple caregiving adults would like to attend this would be strongly encouraged.
Table 1: Sample Screening and Referral Guidelines for “Stand-Alone” Program

<table>
<thead>
<tr>
<th>Potential Exclusionary Concern</th>
<th>Baseline Screening and Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>When anxiety disorder is primary or likely to interfere with follow through on activation homework, refer to (or provide) exposure-based cognitive-behavioral therapy (CBT) for anxiety. It has good effectiveness and overlaps with behavior activation concepts.</td>
</tr>
<tr>
<td>Depression severity/chronicity</td>
<td>Severe or long-standing depression may benefit from more intensive support than FAST-D.</td>
</tr>
<tr>
<td>Elevated suicide risk</td>
<td>When level of suicidality requires more than a brief weekly check-in, refer to (or provide) alternative services that include a greater sustained focus on safety and resolving suicidality. Factors indicating higher risk include history of attempts, presence of a plan, intensity of ideation or desire to die, impulsivity, alcohol/drug use, or suicidal ideation linked to high conflict in the home requiring clinical attention/support.</td>
</tr>
<tr>
<td>Self-harm</td>
<td>When self-harm is ongoing, refer to (or provide) services focused on resolving self-harm behavior.</td>
</tr>
<tr>
<td>Substance use</td>
<td>If pattern of use seems likely to interfere with the teen's ability to benefit from this brief, structured program, consider referral or alternative approach.</td>
</tr>
<tr>
<td>Maltreatment history, post-traumatic stress</td>
<td>Research has found numerous depression treatments to be less effective for teens with a history of interpersonal trauma/maltreatment. Particularly for teens showing elevated posttraumatic stress symptoms, or whose trauma history seems to be a key driver of current distress, consider referring for (or providing) Trauma-Focused CBT (TF-CBT).</td>
</tr>
<tr>
<td>Complicated or traumatic grief</td>
<td>When depression occurs in the context of loss of a loved one, consider the need for a grief-focused intervention, such as TF-CBT for Childhood Traumatic Grief. Particularly for teens who have unhelpful beliefs or attributions about the death of their loved ones, or a traumatic reaction to the circumstances of the death, TF-CBT may be appropriate.</td>
</tr>
<tr>
<td>Prominent psychotic or manic symptoms</td>
<td>Refer for (or provide) additional evaluation and support.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mid-treatment referrals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New concerns are identified</td>
<td>If it becomes clear that another primary condition warrants attention (e.g., unreported sexual abuse and related distress), refer (or shift focus) as appropriate.</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>If acute safety concerns emerge (e.g., active suicidality, self-harm), shift focus to these concerns and consider referring to (or providing) a higher level of care.</td>
</tr>
<tr>
<td>Interest in medication</td>
<td>For teens/families interested in exploring medication options (e.g., for depression, anxiety, ADHD symptoms), refer for (or provide) a medication evaluation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-Program Referrals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression remains clinically elevated</td>
<td>Refer for (or provide) additional support.</td>
</tr>
<tr>
<td>Additional clinical concerns</td>
<td>Refer for (or provide) treatment appropriate to any concerns that remain clinically elevated (e.g., anxiety, family conflict, posttraumatic stress, etc.)</td>
</tr>
</tbody>
</table>
Standardized Measures

Evaluating at the Initial Assessment
As described in Section IV below, prior to initiating FAST-D it is important for clinicians to conduct an initial clinical interview to understand the behavioral health needs of the teen and family. Standardized measures offer an efficient and research-validated way to supplement a clinical interview. To measure depression symptom severity, we recommend the Patient Health Questionnaire-9 (PHQ-9, Appendix 2-a) for teen self-report and the Short Mood and Feelings Questionnaire (SMFQ, Appendix 2-f) to capture parent perspective.

We include several additional brief measures (Appendix 2) and instructions on their use in our sample intake materials (Section V-a). These measures can help clinicians quickly evaluate for comorbid concerns that may influence the treatment plan.

Teens (and parents) vary in how able or willing they are to accurately report symptoms on baseline measures. For FAST-D to be relevant, we recommend that the combination of teen self-report measure, parent-report measure, and clinical interview regarding depression symptoms indicate (to the clinician’s best understanding) at least mild depression as a key area of concern. Generally this will include a pattern of low, sad or irritable mood, decreased pleasure/interest/engagement with previously enjoyed activities, and some associated difficulties with daily functioning. Some teens with depression will not wish to label their experience “depression”—that is fine; clinicians can use the teens’ own language for what is going on and what they would like to work on.

Tracking Progress at Each Session
Tracking the teen’s self-report of depression symptoms at each session is critical for several reasons.

- Scores provide a window on how symptoms are changing in relation to the teen’s own behavior changes and changing circumstances. Discoveries about what affects the teen’s depression can be used to help the teen take more control over his or her mood.
- Measures such as the PHQ-9 include an item on suicidal ideation that can cue clinicians to the need to dedicate session time to safety-related interventions.
- Changes on a commonly used measure of symptoms can facilitate communication with other professionals (e.g., primary care provider, supervisor) regarding symptoms and progress.
- Symptom changes should be used to inform treatment decisions (e.g., continue care, discontinue care, refer for additional interventions).
- Raising the teen’s awareness about what their depression symptoms are can help them become more quickly aware of relapsing mood and the need to implement skills or seek support in the future.

See Appendix 2 for the PHQ-9, SMFQ, and a printable chart for tracking PHQ-9 scores over time.
Table 2: Standardized Measures
Standardized Measures Recommended in FAST-D

<table>
<thead>
<tr>
<th>Measure</th>
<th>Purpose</th>
<th>When to Administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>Self-report measure of depression</td>
<td>Initial Assessment, Each Session</td>
</tr>
<tr>
<td>GAD-7</td>
<td>Self-report measure of anxiety</td>
<td>Initial Assessment</td>
</tr>
<tr>
<td>CATS</td>
<td>Self-report traumatic event screener and post-traumatic stress symptom measure</td>
<td>Initial Assessment</td>
</tr>
<tr>
<td>CAGE AID</td>
<td>Self-report screener for alcohol/substance use problems</td>
<td>Initial Assessment</td>
</tr>
<tr>
<td>SMFQ</td>
<td>Brief parent-report measure of depression</td>
<td>Initial Assessment, Session 4</td>
</tr>
<tr>
<td>CATS</td>
<td>Parent-report screener for history of potentially traumatic events and post-traumatic stress symptoms</td>
<td>Initial Assessment</td>
</tr>
</tbody>
</table>

For detailed information about scoring and giving feedback for each measure, see Sample Initial Assessment/Introductory Session Outline (Section XI) below. The measures themselves are provided in Appendix 2.
Table 3: FAST-D Session Overview

<table>
<thead>
<tr>
<th>Meeting Content</th>
<th>Initial Assessment</th>
<th>S1: Introducing Behavioral Activation</th>
<th>S2: Identifying SMART goals</th>
<th>S3: Addressing Barriers &amp; Avoidance</th>
<th>S4: Planning for Continued Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen &amp; Parent Consent, confidentiality</td>
<td>Teen &amp; Parent BA model (Handouts 4&amp;5) Goal-directed vs mood-directed behavior (Handout 6)</td>
<td>Teen Only PHQ9 HW review behavior change plan. Informally address barriers/avoidance. Support continuation of the activity as appropriate. Payoff/price, longterm/short-term (Handout 10) SMART Goals (Handouts 11, 12, 14) Barriers (Handout 13) Enlist parent support if needed for goal steps. If time, introduce parent to SMART goals concept</td>
<td>Teen Only PHQ9 HW review SMART Goal, activation Avoidance Handout 15 More SMART Goal support (Handout 14)</td>
<td>Teen Only PHQ9 HW review/support Doing what works Handout 18</td>
<td></td>
</tr>
<tr>
<td>Teen Only Teen goals, std measures, safety assessment, symptom interview, feedback</td>
<td>Teen Only Activity-Mood Chart (Handouts 2-3)</td>
<td>Teen Only Review Activity-Mood Chart (identify examples of negative spirals, mood-directed behavior traps) Activity Scheduling (Handout 7)</td>
<td>Teen Only PHQ9 Review Activity-Mood Chart (Handouts 2-3)</td>
<td>Teen &amp; Parent Referral/Options, as appropriate Orient to treatment structure, roles Give Handout 1</td>
<td></td>
</tr>
<tr>
<td>Teen &amp; Parent Feedback, discuss fit, referral/options, as appropriate</td>
<td>Teen Only Introduce Activity-Mood Chart (Handouts 2-3)</td>
<td>Parent Only Discuss BA &amp; Dep Handout 1; Provide Handouts 8-9 on Supportive Communication</td>
<td>Parent Only Support</td>
<td>Teen &amp; Parent</td>
<td>Teen &amp; Parent</td>
</tr>
</tbody>
</table>

Home Activities

| Teen: Activity-Mood Chart (Handout 3) | Teen: Activity Scheduling | Teen: SMART Goal | Teen: Goals, activation | Teen: Support experiment |
| Parent: Parent Guide (Handout 1) | Parent: Handouts 8-9 on Supportive Communication | Parent: Support experiment | |

OPTIONAL EXTRA SESSION — SLEEP AND EXERCISE FOCUS

Disrupted sleep is often a key driver of depression symptoms. If the teen identifies sleep disturbance as something they would like help with, or if it becomes apparent that sleep disturbance is factor interfering with follow through on planned changes, and/or sleep patterns are contributing to negative mood spirals, add a focus on sleep (and possibly exercise) into the protocol in substitution for the content and homework following any of the moon symbols above. See (Section X for optional session — sleep & exercise). Resume the subsequent content after reviewing sleep change homework in the following meeting.
Considerations

Most behavioral health providers will have some experience and framework for evaluating teen’s mental health needs and goals to inform treatment planning. In addition to identifying teen/parent goals for treatment, building rapport and providing an orientation to how services work, we recommend clinicians gather information about the following symptom domains and areas of functioning to inform the treatment plan (which may or may not include FAST-D).

- Depression symptoms, course of depressive episode(s), contributing events/factors
- Anxiety symptoms
- Trauma history/posttraumatic stress symptoms
- Attention-related concerns (ADHD)
- Alcohol/substance use concerns
- Sleep concerns
- Medical concerns
- Developmental concerns
- Educational functioning
- Social functioning
- Family functioning

(See section I, above, for guidance on how common comorbid concerns may relate to delivery of FAST-D.)

If the clinician determines FAST-D would be a good fit, we recommend including several activities (Section V-a, Handouts 1-3) that take approximately 15-20 min at the end of the interview meeting. Families will appreciate receiving these resources and initiating some helpful steps at their very first contact.

In our Session by Session Guide (below) we offer a sample “Initial Assessment/Introductory Session Outline” that describes one approach to the initial assessment interview. You may have your own initial assessment process, which can be substituted.
FAST-D
Initial Assessment/
Introductory Meeting
FAST-D —
Initial Assessment/Introductory Meeting

Materials:
Handout 1: “A Parent/Caregiver Guide to Depression”
Handout 2: “Activity-Mood Monitoring Example”
Handout 3: “Activity-Mood Monitoring Chart”

Initial Assessment
Insert your initial assessment interview procedure here. For a summary of key domains to assess, see Section IV-a. For a more detailed outline and script for the initial assessment and introductory meeting, see the sample initial assessment outline in Section X.

In your initial meeting, once you have determined FAST-D to be an appropriate next step, follow the outline below.

Provide Parent Handout 1: A Parent Guide to Adolescent Depression
- This is a parent handout I’d like you to read for the next meeting.
- Please share it with [any additional caregivers].
- There will be time in the next meeting to answer questions you might have and make plans for specific ways you can support [teen].

Excuse the parent and go over the teen’s assignment.

TEEN ONLY (~20 minutes)

Teen only: Introduce Activity-Mood Monitoring
- In our meetings you will learn ways to change how you feel by changing what you do.
- But the first step is for us to learn more about your life and what impacts your mood day to day.
- For that we have the Activity-Mood Monitoring Chart.

Introduce Handout 2: Activity-Mood Monitoring Example
- Walk through the example with the adolescent. Now that you have seen the example, let’s see if you can complete this for the hours before your appointment today. We can walk through it together.”
- Try to elicit as much detail as possible about what the teen was doing, and what were the corresponding moods/feelings.
- Questions that help reinforce the teen noticing relations between activity and mood include:
  - “When you were doing X, how did you feel?”
  - “Did you notice a change, even a very small one?”
  - “Did you notice a change, even for just a few minutes?”
  - “What were you doing when you felt that way?”
  - “Where were you at the time that such a feeling occurred?”
  - “If you had been doing Y instead of Z, how would you have felt?”
• Once you have two situations in which the teen reports a significant mood change, you can begin to discuss the patterns and point out the links.

• Point out that there is a connection between what the adolescent does and associated feelings in as many places as you can by observing mood shifts noted in the activity-mood monitoring chart.

• Help the teen identify links between activity and mood (e.g., feeling sad lying in bed after school, feeling energized when riding bike after school).
  
  • Highlight:
    - You can learn what sorts of activities help your mood, that you can do more often.
    - You can learn what sorts of activities are bringing you down, which we can address in our meetings.

**Introduce Handout 3: Activity-Mood Monitoring Chart**

• *Each week we will have some “test it out” activities for you to do between our meetings.*

• *Trying new things between meetings is how we learn what actually helps you.*

• *Your “test it out” work for the week is to monitor your activities and moods using Handout 2.*

• *This chart is just like the sample chart we just completed.*

• *I want you to pick two days to focus on — choose a school day and a weekend day — so we can see if there is any difference.*

Make sure the teen understands what they are meant to do.

Make a clear plan for

- when the teen will fill this out
- how they will remember to do it
- how they will remember to bring it to the next meeting

Tips: Bedtime is a popular time for completing the sheet and taking a picture with a smart phone immediately afterward can help preserve their work in the event that the sheet is forgotten at home.
FAST-D — Introduction to Behavioral Activation
Session 1
(50-60 minutes)

Materials:
- PHQ9
- PHQ9 Progress Monitoring Chart
- Handout 3: “Activity-Mood Monitoring Chart”
- Handout 4: The Negative Mood Spiral (Example)
- Handout 5: Your Negative Mood Spiral
- Handout 6: Negative and Positive Spirals
- Handout 7: Activity Scheduling
- Handout 1: A Parent/Caregiver Guide to Depression
- Handout 8: How to Communicate with Support
- Handout 9: Practicing How to Communicate with Support

ALL TOGETHER (~15 minutes)

Set Agenda

Today’s meeting will be about 50 minutes long. We’ll start by talking about how depression happens, why it’s happening for you, and then making some plans for what each of you can do this week to help.

I’m planning for us to start all together for about 15 minutes, then meet just with [teen] for another 25 minutes, and saving about 10 minutes for [parent] at the end.

Is there anything you’d like to add to our agenda, or make sure we talk about?

(Try to fold other topics into the planned session content wherever possible.)

Introduce the Behavior Activation Model (All Together)

To start with, I would like us to talk about Negative Mood Spirals, which are really common, and how they might be happening in your life.

Introduce Handout 4 (Teaching Guide): “The Negative Mood Spiral (Example)”

- Using Handout 4 (Teaching Guide): “The Negative Mood Spiral (Example)”, present a general example of the model to the teen and parent.

The main teaching points are as follows:
- Life events/daily hassles can lead to feeling sad and fatigued, as well as having low energy and a generally negative mood.
- These symptoms are sometimes labeled as “depression.”
- There is a natural response to these feelings — people do things to make these feelings go away and attempt to cope.
- Discuss what the teen in the example has done to feel better (e.g., avoid school, and friends, activities).
Introduce Handout 5 (Worksheet): “Your Negative Mood Spiral”

- After taking the teen and parent through the example in Handout 4, walk them through Handout 5: “Your Negative Mood Spiral”
- Encourage them to draw on the teen’s and family’s current situation and think through how the model fits.
- For the first bubble, include any known life events or circumstances that may have coincided with the onset or worsening of their depressed mood episode. (Teens may not want to share every life event, feeling, coping strategy or consequence — that is OK! You’ll get a chance to add to the sheet when you talk to the teen separately later in this meeting.)
- Get everyone’s input and approval.
- Be alert to parents taking an overly critical tone. Be sure to normalize maladaptive behaviors that may be frustrating to parents as common and understandable, in the context of depression.
- Enlist teen and parent in making corrections, additions, etc.
- Summarize the discussion by highlighting that over time we will modify details and add to the model as you become better acquainted.
- Thank the teen and parent for giving you so much information, highlight how this information will be helpful in terms of thinking about a treatment plan.

Introduce Handout 6 (Worksheet): “Negative and Positive Spirals”

- Highlight that it is only natural to follow your mood into a negative spiral, leading to things getting worse.
- However, if you can follow your goals INSTEAD of your mood (though this isn’t always easy) you can break out of the negative spiral and have a life you like more.
- Point out that the next few meetings will be about figuring out the goals and mood-improving actions that work for them. And also working together to notice and overcome the things that get in the way.
- Highlight that we will be covering some but not all of the strategies that can help with positive spirals. Some teens find that they would like more support than just four meetings in order to make these skills into habits that work.
- Ask the teen if there are some “helpful actions” they already do and reinforce these.
- Because this is such a brief program, we expect some teens will still have depression symptoms and stress left to overcome when we reach the end of our five meetings. As we get to the end of the program, we will plan to provide options for additional support if needed/desired.
- If wait time for alternative services is expected to be >1 week, consider scheduling an intake well before the final meeting of FAST-D.
Session 1

TEEN ONLY (~25 minutes)

Negative Spiral Review
Give the teen an opportunity to add to the negative spiral anything that they may not have wanted to share together with their parents. Sometimes this includes behaviors their parents disapprove of or do not know about, such as self-injury or alcohol/drug use.

PHQ-9/Progress Monitoring
• Complete the PHQ-9.
• If item 9 is endorsed, re-evaluate safety.
• Add the total score to the progress chart.
• Always ask if the score (which may be higher, the same, or lower) fits with what the teen is feeling subjectively.
• For changes (up or down), ask what in the teen’s behavior or circumstances might help explain the difference. Try to highlight any behavior changes that seem linked to mood changes and that might indicate a way to improve his or her mood.

Homework Review: Handout 3 (Test It Out): “Activity-Mood Monitoring Chart”
• Review the chart from the past week (complete it together if not done).
• Ask whether these days were typical or representative.
• Specifically look for examples of downward or upward spirals, behaviors or activities that seemed to improve or worsen mood.
• If appropriate, allude to the concept of short and long term pay-off and price (to be covered in the next meeting):
  – Some activities (e.g., daytime sleeping, drug use) can improve your mood in the short-term but may have a cost in the short or long term.
  – For the time being, we will try to focus on taking actions that have good payoff and minimal potential downsides.

Introduce Handout 7 (Test It Out): “Activity Scheduling”
• Use Handout 7 to schedule some potentially mood-improving activities for the coming week.
• If time is short, you can ask the teen for activities he or she enjoys (or previously enjoyed) that would involve being around other people.
• Spend some time identifying potential obstacles (including just “not feeling like it”) and how these can be overcome.
• It might also be helpful to identify facilitators (people, reminders) that can increase the odds of following through.
• Fill out the GRAY shaded boxes of the table. Ask the teen to fill out the non-shaded portion of the table and bring it back.
PARENT(S) ONLY (-10 minutes)  
Review Handout 1: A Parent Guide to Depression  
Parents were given a copy to review at the last meeting.  
- Elicit their reactions, what information was new and potentially helpful.  
- Answer questions they have.  
- Identify any things parent(s) might like to try in the coming week to support their teen being active.  
- Emphasize the importance of keeping positive (praising, recognizing positive steps, even small ones) rather than using negativity to try to motivate the teen (criticizing, nagging, painting negative pictures of the future if teen does not change his or her ways), as these tend to be counter-productive in the context of depression.  

Provide Supportive Communication Handouts (8 & 9) for Independent Review  
- Supportive communication is a key strategy to help depressed teens.  
- Staying positive and actively listening helps parents remain in the loop, gives parents more opportunities to help teens respond to stressors adaptively, and helps teens stay feeling connected and supported during a hard time.  
- I’d like you to read these two handouts and actually write down what you might say to communicate support for the situations on Handout 9.  
- Then start trying this out and see what you notice.  

Heads Up: Plan for Next Meeting  
- Just a heads up: Next meeting I will spend the entire 50 minutes focused on skill building one-on-one with [teen].  
- We’ll return to talking about parent support ideas in the following meeting.
Session 1
FAST-D Manual
Session 2
FAST-D — Identifying SMART Goals
Session 2
(50-60 minutes)

Materials:
PHQ9
PHQ9 Progress Monitoring Chart
Handout 7: Activity Scheduling
Handout 10: Short- Versus Long-Term Consequences
Handout 11: How SMART Is This Goal?
Handout 12: Identifying a SMART Goal
Handout 13: Barriers: Internal versus External
Handout 14: Goals and Barriers
Handout 6: Negative and Positive Spirals

TEEN ONLY (~50 minutes)

Set Agenda
Share today’s agenda and ask if there is anything additional the teen is hoping to discuss. If so, try to fold it into the session content for today, or reserve 5-10 minutes to discuss.

PHQ-9/Progress Monitoring
• Complete the PHQ-9.
• If item 9 is endorsed, re-evaluate safety.
• Add the total score to the progress chart.
• Always ask if the score (which may be higher, the same, or lower) fits with what the teen is feeling subjectively.
• For changes (up or down), ask what in the teen’s behavior or circumstances might help explain the difference. Try to highlight any behavior changes that seem linked to mood changes and that might indicate a way to improve his or her mood.

Homework Review: Handout 7 (Test It Out): Activity Scheduling
• Review, or if not complete, fill out the form together.
• If the teen followed through, explore whether the activity had positive impacts on mood.
• Ask whether there are lessons here that the teen can use moving forward. If so, briefly plan how to continue with relevant strategies or activities in the coming week.
• If teen did not follow through, communicate that this is an opportunity.
  – Give the positive message that this is the point of the activities: To better understand what gets in the way of activation for them. More informed planning will help.
  – While formal discussion of barriers will happen later in this session, and discussion of avoidance happens in Session 3, you may informally identify what got in the way and, if the teen is interested, troubleshoot the plan to try again in the coming week.
  – Adjustments might include better addressing barriers or obstacles, identifying smaller steps, or identifying alternate activities that are more realistic or appealing.
  – Alternatively, you could identify the challenges from the previous week and simply share that these will be used to inform the Test It Out plan for today (involving SMART Goals).
Introduce the Concepts of Payoff and Price Using Handout 10 (Teaching Guide): Short- Versus Long-Term Consequences

Everything we do has consequences. Usually the things we do have some pay-off, and some things come with a price.

• The payoff:
  - We usually do things because the payoff is good.
  - For instance, we might spend time on the computer in the evening because it is fun and it allows us to get in touch with other people or play a game we like.
  - Can you think of some things that you do because the payoff is good?

• The price:
  - If the price of our action is too high, however, we probably won’t do it again.
  - So, with the computer example, we know that it can turn from feeling like a payoff to feeling like we are paying a price if we stay up too late on the computer, get to bed much later than usual, and we end up feeling really tired and grumpy in the morning.
  - We might think twice before doing that again.
  - Can you think of some things that you do not do because of the price?

Using material the teen has brought up in session, find an example that you can use to discuss the pay-off and price of different behaviors/activities.

Point out that in depression, we often choose things that have an immediate pay-off (feeling better in the moment) but come at a longer-term price (not moving closer to the life we want to have).

In our work, we will focus on where the money is (the upper left quadrant on the handout) and be thoughtful about the two quadrants with a question mark.

When it comes to moving toward the life we want, it often involves putting in some work (short term price) in order to get where we want to be (long term pay off). (This is a nice segue to the next concept.)

Introduce the Concept of SMART Goal Setting

  - One of the first steps in taking action is to take the time to think about what your own goals are — what is it you would like to work on, accomplish, or change in your life.
  - Today we are going to work on setting a goal — a SMART goal — for now just a short-term goal of something you can do over this next week that could contribute to helping you feel better.
Introduce Handout 11 (Worksheet): How SMART Is This Goal?

1. **Specific** – Clear and specifically stated, describing what you will do
2. **Measureable** – Include an easy way to identify whether or not it was accomplished
3. **Appealing** – Desirable, something you value, a healthy choice
4. **Realistic** – Achievable, controllable, within reach but not TOO easy
5. **Time Bound** – Does not go on endlessly, but has a clear start and finish
   - It is also usually important to break SMART goals down into “mini-steps,” smaller, doable steps you can take to get to the goal. If you take on too much at a time it can be hard to make progress.
   - As a first step let’s walk through some examples of goals other teens have identified and you can evaluate whether you think they are SMART and meet the criteria we just talked about — that is if you think the person has a good chance of being successful in reaching this goal.
   - Go through a few of the examples and have teen evaluate the goal and talk about how they might modify it to improve chances of a successful outcome. Focus the teen on the SMART acronym.

Help Teen Identify Some SMART Goals

To help us identify your goals, let’s take a minute to think about what is important to you and what may help you feel better or improve your situation.

- **Introduce Handout 12 (Worksheet): Identifying a SMART Goal**
  - Using Handout 12 (Worksheet): “Identifying a SMART Goal”, ask the teen to consider each area of their life — school, social, family, activities (sports, band, acting, etc) — in order to identify the areas in which change would contribute most to feeling better or improving their situation.
  - Then pick something they can work on this week. (For now, **don’t pick large, long-term goals**. Stick with a goal for the week that can be shaped to meet SMART criteria).

- **Introduce Handout 13 (Worksheet): Barriers: Internal Versus External**
  - Barriers can come from us as individuals or may result from something outside of ourselves, or outside of our control. We can differentiate between ‘internal’ and ‘external’ barriers in order to help figure out the best ways to try to overcome them.
  - Internal barriers are things that are ‘inside of us’ — our thoughts, our feelings, our choices and behaviors — that prevent us from completing our goals. Examples of internal barriers might include things like:
    - Not feeling like it.
    - Getting distracted by something that seemed more fun or interesting at the time.
    - Ruminating or worrying so much about it that we never get around to it.
    - Talking ourselves out of it.
    - Feeling fearful or anxious.
  - External barriers are things that are ‘outside of us’ — situations and events that prevent us from achieving our goals. These might be things like:
    - Not having all the necessary tools — for example planning to attend gym class but noticing a big rip in your gym shorts.
    - Not having necessary support — for example, a friend was supposed to come over and bring a laptop to begin a project but called and cancelled. Another example is planning to go to a movie, but not having enough money.
• Re-introduce Handout 6 (Teaching Guide): Negative and Positive Spirals
  • Highlight that one type of internal barrier has to do with us acting according to a mood, for example, “not feeling like it”.
  • Remember in Session 1, we talked about following our mood (vs our positive goals) and that can be a huge barrier.

• “Test It Out” for the coming week: Introduce Handout 14 (Test It Out): Goals and Barriers
  • Once the teen has identified the area on which to focus, use Handout 14 (Test It Out): “Goals and Barriers” and walk them through setting a goal with attention to developing SMART mini-steps.
  • Break down tasks into their smallest possible steps, keeping in mind the first few steps should be relatively easy to foster success.
  • Ask the teen to schedule a time to complete each mini-step.
  • Identify possible barriers for their mini-steps and ways to overcome them.
  • Remind the teen to keep track of “what happened” for their “Test It Out” activity steps in the coming week.
  • If necessary, invite the parent(s) in at this point if their support is needed for any of the steps planned for this week.
  • If there is time, consider bringing in parent(s) in for them to also learn about SMART goals. This can be very useful, as the teen will likely need additional support framing their goals into SMART action steps after the program ends.
FAST-D — Addressing Barriers and Avoidance
Session 3
(50-60 minutes)

Materials:
PHQ9
PHQ9 Progress Monitoring Chart
Handout 14: Goals and Barriers (2 copies)
Handout 15: What Does Avoidance Look Like
Handout 6: Negative and Positive Spirals
Handout 16: Ways to Support My Teen
Handout 17: Support Experiment

TEEN ONLY (~35 minutes)
Set Agenda
Share today’s agenda and ask if there is anything additional the teen is hoping to discuss. If so, try to fold it into the session content for today, or reserve 5-10 minutes to discuss prior to the joint teen and parent portion of today’s meeting.

PHQ-9/Progress Monitoring
• Complete the PHQ-9.
• If item 9 is endorsed, re-evaluate safety.
• Add the total score to the progress chart.
• Always ask if the score (which may be higher, the same, or lower) fits with what the teen is feeling subjectively.
• For changes (up or down), ask what in the teen’s behavior or circumstances might help explain the difference. Try to highlight any behavior changes that seem linked to mood changes and that might indicate a way to improve his or her mood.

Homework Review: Handout 14 (Test It Out): Goals and Barriers
• Review, or if not complete, fill out the form together.
• If the teen followed through,
  – Explore what went well and what challenges came up.
  – Discuss problems encountered and skills used to overcome them.
  – Problem-solve any challenges not overcome.
  – Explore whether taking these steps had any impact on mood.
  – Support teen with regard to planning next steps.
• If teen did not follow through, communicate that this is an opportunity:
  - Convey the positive message that this was the point of the activity: To better understand what gets in the way of activation for them. Clearly there were things we both did not anticipate, and that better planning can help overcome.
  - If any steps can be completed together quickly, consider doing this now.
  - The topics of barriers and avoidance are covered in detail today, so some things can be deferred to that section.
  - If teen is interested, troubleshoot the plan to try again in the coming week. Adjustments might include identifying smaller or SMARTer mini-steps, better addressing barriers or obstacles, or identifying alternate activities that are more realistic or appealing.

• CHECK IN ABOUT OTHER ACTIVATION/LEARNING
  - Check in to see if teen has been using any other activation strategies (e.g., continuing activities planned in Session 1, avoiding or stopping negative spirals, or employing healthy positive spiral activities.
  - If teen has not tried anything intentional, maybe there are examples of activation or spirals they have encountered accidentally that could offer useful ideas.
  - Reinforce any positive steps, reflection or learning and explore what changes or behaviors the teen might like to continue doing moving forward.
  - If teen identifies some successes, you might consider using a page, or a note in their cell phone, for them to begin recording any great ideas they’ve had, helpful strategies they’ve discovered, or lessons they’ve learned about what works since starting the program.
  - If appropriate, identify specific activation strategies the teen would like to apply this week and make a plan.

Introduce Concept of Avoidance

• Introduce Handout 15 (Teaching Guide) What Does Avoidance Look Like:
  “Avoidance is any behavior that makes an adolescent feel a sense of relief, pleasure, or satisfaction in the short run, or prolongs distress by putting off tasks we do not want to do. Avoidance can take a lot of different forms:
  • Procrastinating is a common and obvious form of avoidance. The interesting thing about procrastination is that it allows us to distract ourselves from the things we need to do, but unlike other forms of avoidance it usually feels bad to procrastinate, even in the short run.
  • Sometimes avoidance takes the form of brooding or thinking on and on about a problem — worrying it to death — without coming to any solution.
  • A different form of avoidance is bursting, or blowing up at people or situations and having a strong emotional reaction. This can get people off your back and get you out of doing an annoying task in the short run. However, it makes problems worse in the long run.
  • A very common form of avoidance is to just “shut down”; we can call that hibernating. Staying in bed all day, not eating, avoiding friends, napping, and neglecting school work can all be forms of hibernating.

Ask the adolescent to provide examples of how this relates to him or her. Do any of these resonate with you?

  The thing about avoidance is that it works — in the short run there can be an immediate payoff, BUT in the long run there is a price!

  You can postpone activities that are a pain simply by avoiding and ignoring them. For example, you can wait until the night before a project is due to start it.

  Similarly, when you are feeling down or sad, it is easy to escape a miserable world through sleep.

  Although this might feel like the right or only thing to do in the moment, there is a long-term price.

  While avoidance works in the short-run, in the long-run it can make problems more stressful and contribute to a downward spiral.
Session 3

- Overcoming avoidance is one of the main goals of BA, and it is one of the most important concepts the teen will learn.
- Help the teen identify an example of avoidance (or mood-directed behavior) from the previous few days.
- If the teen has difficulty thinking of an example, offer the following examples of avoidance:
  - Surfing the web on the computer when you are supposed to be loading the dishwasher and cleaning the kitchen counters.
  - Tuning out, looking away when someone in authority is talking
  - Sleeping because you feel lonely or bored

Write down what avoidance looks like for the adolescent in the space provided.

- Re-introduce Handout 6 (Teaching Guide): Positive and Negative Spirals
  Point out that avoidance is a main pathway into the negative spiral. Highlight that the alternative is to try one of the strategies listed in the positive spiral.

Next SMART Goal Setting

- Re-introduce Handout 14 (Test It Out): Goals and Barriers
  - Ask teen to reflect on his or her goals (from the initial assessment, from Handout 12, or just based on their current circumstances) and decide what next steps would help them achieve the biggest improvement to their life circumstances or mood.
  - Use a blank version of Handout 14 to frame this into a SMART goal and break it down into mini-steps for this week.
  - Use what was learned about internal/external barriers and avoidance to inform your plan.

ALL TOGETHER (~15 minutes)

Introduce the Concept of Optimizing Support
Parents usually are trying all kinds of things to improve the situation, and not all of them are effective or appreciated by teens. Let’s spend a bit of time today talking about the kind of support that works best for [teen].

- Introduce Handout 16 (Teaching Guide): Support Ideas
  - Discuss various options on the list.
  - Ask the teen what he or she finds helpful.
  - Add options that the teen identifies to the list.

- Introduce Handout 17 (Test It Out): Support Experiment
  - Ask the parent and teen to agree on something the parent can try in the coming week.
  - Ask the parent to track and monitor their support behavior throughout the week.
FAST-D — Planning for Continued Activation
Session 4
(50-60 minutes)

Materials:
PHQ9
PHQ9 Progress Monitoring Chart
SMFQ
Baseline SMFQ score
Additional measures as appropriate to inform next steps/treatment planning
Handout 14: Goals and Barriers (2 copies)
Handout 18: Doing What Works
Handout 17: Support Experiment

WAITING ROOM (5 seconds)

SMFQ/Progress Monitoring
• When you collect teen from the waiting, room, provide parent with a new copy of the SMFQ to complete while you meet with teen.

TEEN ONLY (~30 minutes)
Set Agenda
Share today’s agenda and ask if there is anything additional the teen is hoping to discuss. If so, try to fold it into the session content for today, or reserve 5-10 minutes to discuss prior to the joint teen and parent portion of today’s meeting.

PHQ-9/Progress Monitoring
• Complete the PHQ-9.
• If item 9 is endorsed, re-evaluate safety.
• Add the total score to the progress chart.
• Always ask if the score (which may be higher, the same, or lower) fits with what the teen is feeling subjectively.
• For changes (up or down), ask what in the teen’s behavior or circumstances might help explain the difference.
  Try to highlight any behavior changes that seem linked to mood changes and that might indicate a way to improve his or her mood.

Homework Review: Handout 14 (Test It Out): Goals and Barriers
• Review, or if not complete, fill out the form together.
• If the teen followed through,
  – Explore what went well and what challenges came up.
  – Discuss problems encountered and skills used to overcome them.
  – Problem-solve any challenges not overcome.
  – Explore whether taking these steps had any impact on mood.
  – Support teen with regard to planning next steps.
• If teen did not follow through, communicate that this is an opportunity.
  - Convey the positive message that this was the point of the activity: To better understand what gets in the way of activation for them. Clearly there were things we both did not anticipate, and that could be overcome with better planning.
  - Work to identify what went wrong, mapping this onto the concepts of SMART goals, internal/external barriers, and avoidance. Reference previous handouts as needed.
  - If teen is interested, troubleshoot the plan to try again in the coming week. Adjustments might include identifying smaller or SMARTer mini-steps, better addressing barriers or avoidance, or identifying alternate activities that are more realistic or appealing.

• CHECK IN ABOUT OTHER ACTIVATION/LEARNING
  - Check in to see if teen has been using any other activation strategies (e.g., scheduling healthy/enjoyable/social activities, avoiding or stopping negative spirals, or employing healthy positive spiral strategies.
  - If teen has not tried anything intentional, maybe there are examples of activation or spirals they have encountered accidentally that could offer useful ideas.
  - Reinforce any positive steps, reflection or learning and explore what changes or behaviors the teen might like to continue doing moving forward.
  - If teen identifies some successes, you might consider having them record on a separate sheet or cell phone note any great ideas they’ve had, helpful strategies they’ve discovered, or lessons they’ve learned about what works since starting the program.

Bringing It All Together: Handout 18 (Worksheet): Doing What Works

• Point out the importance of continuing to use what strategies are working, both to keep on a trajectory of improving mood now that the program is ending, and to prevent recurrence of depression (as research indicates it very often does recur) or reduce the negative impact and duration if it does recur.
• Fill out the form together, getting specific as needed to help the teen stay on track.
• Ask if it is okay to share this sheet and their plan with their parent(s) when you meet together.
• Assess the teen’s interest in a referral for additional counseling (particularly if other targets such as trauma-specific impact or significant anxiety were identified) or a medication evaluation (e.g., in the context of ongoing significant depression, attention deficit/hyperactivity concerns, or anxiety).

ALL TOGETHER (-25 minutes)

Set Agenda

Share the agenda for the remainder of the meeting and ask if there is anything additional [parent] would like to add.

SMFQ/Progress Monitoring

• Have parent complete the SMFQ to evaluate progress compared to their baseline report.

Review Support Experiment, using Handout 17 (Test It Out): Support Experiment

• Identify what went well, how support could be further optimized.
Session 4

Skills Review

- If teen is comfortable, review with parent(s) Handout 18 (Worksheet) Doing What Works. If teen is not comfortable sharing what they recorded, use a blank copy of this handout to get parent’s thoughts about triggers, signs, and next steps.
- Refer to previous handouts as needed to share helpful skills with parent(s).
- Revisit Handout 6 (Teaching Guide): Negative and Positive Spirals, eliciting the parent’s and teen’s experience of how these patterns are playing out for the teen. Be sure to elicit and reinforce recent examples of positive spirals.
- Consider sharing the teen’s PHQ-9 progress graph with the parent to inform this discussion.
- Compare today’s SMFQ from parent to the baseline SMFQ score. Discuss parent perspective on symptom change and current functioning.
- Ask teen what forms of support, related to these skills that have helped, they might like from their parent(s) now that the program is ending. A key area might be identifying, planning for, supporting, and troubleshooting challenges that arise with SMART goals.

What Comes Next

- Discuss together what the teen and parent(s) would like to do next. Options include additional counseling, medication evaluation, or continue applying skills independently.
- If collateral targets (trauma-specific impact, significant anxiety, behavioral problems, substance abuse, etc.) warrant attention, help the family to connect with appropriate supports.
FAST-D Manual
Optional Session —
Sleep & Exercise
Note to Clinicians

Why target sleep?

- Sleep disturbance is a common feature of adolescent depression. Research suggests sleep disturbance itself can precipitate a depressive episode. And depressed mood can also lead to the onset of sleep problems.
- Restoring a healthy sleep routine can improve or resolve many depressed mood symptoms. Low energy, low motivation, poor concentration, irritability, and emotion dysregulation are often related to disrupted sleep.
- Sleep problems are self-reinforcing. For example, poor sleep at night often leads to changes in sleep routine the following day, like sleeping in or daytime napping, as well as other compensatory behaviors such as excessive caffeine use. These changes make falling asleep at the desired bedtime the next day more difficult. Poor nighttime sleep again leads to more daytime sleep the next day.

How to intervene?

- One solution is to pick a wake time that works well for the teen, commit to no daytime napping, and then follow a healthy bedtime routine. Once excessive compensatory daytime sleep has been eliminated, the teen should be more tired at bedtime.
- You will need to address potential obstacles (e.g., how to be sure they get up when planned, what to do if they get tired during the day, finding alternative strategies — besides going to sleep — for managing negative mood states or avoiding unpleasant situations).
- Exercise has also been identified as an anti-depressant activity, and one that can contribute to improved sleep quality.

When to include this extra session focused on sleep and exercise?

- When teens present with significant sleep disturbance (trouble falling asleep at bedtime, trouble waking up in the mornings, napping too much during the day, getting less than 8 hours of sleep at night), and they are interested to try some changes to their sleep routine to see if that can help them feel better.
- When the BA Model handouts (Handouts 1 & 2) indicate that sleep is an important part of the teen’s negative spirals, and the teen is interested to try something different.
- When teens are interested in the idea of trying biological treatment approaches (sleep, exercise) first.

How to incorporate this session outline into the FAST-D manual?

- See the FAST-D Session Overview Table (Table 3) for the places (indicated with crescent moon symbol) where the following content can be inserted.
Optional Session

Materials:
Handout 19: Sleep Tips for Teens

Set Agenda:
Share today’s agenda and ask if there is anything additional the teen is hoping to discuss. If so, try to fold it into the session content for today, or reserve some time to discuss at the end.

Set the stage:
- Summarize what you’ve observed regarding the teen’s sleep challenges and ask if teen thinks there could be a link between sleep disturbance and any of teen’s specific depressed mood symptoms.
- Let them know about research showing that sleep disturbance can lead to depressed mood.

Assess and build motivation:
- Let teen know that improving sleep on its own, or in combination with some daily exercise, can be a powerful way to quickly improve mood.
- Ask if teen might be willing to try an experiment this week to see what impact these can have for them.
- Brief motivational interviewing approaches might be helpful here. Such as:
  • SCALING: From 0 to 10, how much do you want to work on improving your sleep/exercising this week? What made you pick that number? Why not a (lower number)? (This gets them talking about why the change is appealing and important to them, which builds motivation.)
  • ELICITING CHANGE TALK: What are some reasons you want to make these changes, even if they are hard? What might be some benefits of making these changes?

Suggest an experiment
- The idea is to try something different for 1 week to see what difference it makes. For many teens, a combination of changing sleep patterns and introducing some kind of daily exercise will have a significant impact on mood.

Sleep tips
- Review the Sleep Tips for Teens document, identify changes the teen would like to make, and make a solid plan, including thinking hard about all the things that could get in the way (such as low mood).
- Consider adding a daily dose of exercise (be REALISTIC and plan well).
- Ask the teen to track their progress.
- Consider enlisting parent support with the plan, if the teen would find that helpful.

At the Next Session
- Review the plan, what was learned, identify whether any strategies or changes may have been helpful or worth continuing.
- Then proceed with the remainder of the BA protocol, resuming where you left off in the previous session.
FAST-D Sample
Initial Assessment/
Introductory Meeting Outline
Sample Initial Assessment/Introductory Meeting Outline (90 minutes)

Note to Clinicians
Below is a sample outline for the initial clinical interview meeting. You may have your own initial assessment process you can substitute, but remember to cover the treatment content relating to handouts 1, 2 and 3.

Our outline assumes this initial meeting was preceded by a brief phone conversation with the parent, and that your setting provides only time-limited services (which may or may not be the case).

Materials:
Your organization’s consent and release forms
Suggested teen measures:
- PHQ-9
- GAD-7
- CATS self-report
- CAGE-AID
Suggested parent measures:
- CATS parent report
- SMFQ parent report

Handout 1: “A Parent/Caregiver Guide to Depression”
Handout 2: “Activity-Mood Monitoring Example”
Handout 3: “Activity- Mood Monitoring Chart”

ALL TOGETHER (~10 minutes)

Introduction
Introduce yourself with a little bit of humanizing. Tell very briefly about yourself and what services your organization can offer.

Set Agenda
Today’s meeting will be about 90 minutes long. My plan will be to learn more about you and see what kind of services would be a good fit for you.

Since I’ve already had the chance to talk with [parent] on the phone, I’ll want to start by checking in with [teen] for about 30-40 minutes to get some information about what’s been going on for you.

Then we’ll come back together to settle on a plan for what can help.

Occasionally my program(s) aren’t a great fit for what families are needing help with — if that’s the case I can help you find a program that is a better fit.

Before [parent] leaves, there is some important information I need to review with both of you.
Consent and Confidentiality
Review informed consent materials for your organization. Be sure to explain exceptions to confidentiality (which generally include information about child abuse, plans to harm self or others).

Obtain any necessary releases.

Discuss what information you plan to share with the teen’s primary care provider (PCP).

Parent Measures
Send parent out with any questionnaires you would like them to complete.

• SMFQ (parent-report, Appendix 2)
• CATS (parent-report, Appendix 2)

TEEN ONLY (~30-40 minutes)

Initial Assessment
Gather key information related to teen goals/concerns and background/context.

(If at any point it is clear this program is not a good fit, you can shift gears to supporting the referral process, including letting the teen know what to expect and promoting the expectation that treatment can help.)

Important topics to cover:

Patient Goals. Find out from the teen what goals they might have for participating in this program. You can compare with what PCP and/or parent may have already shared with you in the referral process. (Keep in mind, however, that the teen may have disclosed information to the PCP that they do not wish to have disclosed with parent(s).)

Sample questions to elicit goals:

What are you hoping this program could help with?
What would you like to be different in your life?
Are there any problems in your life that you’d like help with?

Reflect back what the teen shares to show your understanding and ask questions if needed to clarify the teen’s top goals.

Indicate which goals/concerns might be addressed in this program vs. benefiting from some other forms of support.

To the extent some of the teen’s goals are a poor match for this program, consider referrals to alternative services now or following FAST-D.

Standardized measures. Fill out the questionnaires (together or independently, per teen preference).

I want to learn more about you, but before we go on talking I’d like to have you fill out just a couple of things that can give me important information about how to best help you with your goals.

• PHQ-9 (Appendix 2)
• GAD-7 (Appendix 2)
• CATS self-report (Appendix 2)
• CAGE AID (Appendix 2).

[COMPLETE MEASURES]
Safety concerns that may be managed within time-limited FAST-D:

- Passive suicidal ideation without factors indicating higher risk (e.g., history of attempts, plan, access to lethal means, etc.). Check-ins regarding suicide risk should take place at each visit to evaluate need for higher level of support.

- History of intentional self-injury, but this behavior is not recent or ongoing. Check-ins regarding self-injury at each session may be warranted.

Additional guidance regarding immediate steps to manage suicidal ideation in this meeting when risk is present:

- If suicidal ideation is uncovered in the context of assessment or treatment sessions, address the concerns consistent with your organization’s policies and (if appropriate) with support from your clinical supervisor and other treatment team members (e.g., PCP).

- Several of the following steps may be relevant:
  - Complete a safety plan to identify the context of suicidality and possible strategies to reduce risk. An example of a safety plan form can be found in Appendix 3-a, and tips on how to fill it out are provided in Appendix 3-b.
  - Include parent(s) in discussion of home safety planning, including removal of potentially lethal means (OTC and prescription medications, firearms, items specific to teen’s plan, etc.).
  - A home safety precautions parent handout, for parents of teens with recent suicidal concerns, can be found in Appendix 3-c.
  - Consider referral for more intensive outpatient or inpatient services. Document your rationale for the level of care you select and communicate updates regarding the teen’s care needs to other providers (e.g., PCP) as appropriate.

Before providing detailed feedback on all measures, it may be helpful to first cover the following topics (Safety Assessment, Additional Background Information).

Safety Assessment:
Check the teen’s response to PHQ-9 question 9, which asks about suicidal ideation in the past two weeks.

Ask questions to evaluate safety according to your organization’s protocols. Be sure to include:

- Lifetime history of suicidal thinking and/or behavior
- Any plans, preparation related to suicide
- Access to lethal means
- Risk factors
- History of non-suicidal self-harm behavior
Additional Background Information:

Personal/Social Information. Briefly gather background information regarding the following domains.

- Living Situation: (e.g., who lives in the home, family context. Issues related to custody, loss, family stressors)
- School: (e.g., current grade, school-related stressors, learning challenges, behavioral issues).

- Friendships/Social Connection:
  
  * How satisfied are you feeling with friendships?
  
  * How would you rate it on a scale from 0-10, if 0 is completely dissatisfied, and 10 is completely satisfied?
  
  * What makes you choose that number?
  
  * What would make that number higher?

- Dating/Romantic Relationships:
  
  * Do you have any current romantic relationships?
  
  * Are you attracted to males, females, both or neither?

  If teen identifies with non-dominant sexual orientation:
  
  * What is that like for you in your family? In your school?

  Be prepared to connect them with local support resources, and be prepared to respond in a non-judgmental and non-rejecting way when discussing issues related to gender identity and sexual orientation.

- Identity:
  
  * Are there other important things I should know about you or your family or your background?“

Sleep:

- How is your sleep these days?
- What time do you go to bed/wake up?
- Do you have problems with falling or staying asleep?
- Do you nap during the day?

Recent Significant Medical Problems.

Prior Mental Health Treatment.

- Have you been in counseling before? Did it help?
- Were there things you liked or disliked about it?
- Differentiate current program from prior negative experiences, if necessary.

Current Medications. (Gather current medication names and dosages, if known.)
Provide Feedback to Teen on Measures/Responses
Below are examples of how to talk with the teen (briefly) about each of the recommended measures/topics, after they are complete. Be sure to ask if the results seem to fit with the teen’s view of things.

Table 4: Teen Measures and Feedback

<table>
<thead>
<tr>
<th>Measure</th>
<th>Clinical Cut-Off</th>
<th>Feedback</th>
</tr>
</thead>
</table>
| PHQ-9   | 11+              | **Clinical:** This shows you are experiencing more signs of depression (can give examples from the items endorsed) than most kids your age. There are things we can do to really help with this.  
**Non-Clinical:** Overall, you are not reporting more signs of depression than the normal range of what teens experience. That said, I see you checked ...  
For any depression symptoms the teen did endorse (on this measure or in your interview), this program may still be helpful. |
| GAD-7   | 10+              | **Clinical:** This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Your score suggests you might benefit from learning some skills to help you worry less and feel better.  
This program can help with this, but there are special treatments for anxiety that we might also want to consider for you.  
**Non-Clinical:** This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Everyone has times when they are anxious or worried, the key is when it is too much or too often. Your score means you may not be having so much anxiety right now that would mean treatment for that is necessary. Does that seem to fit for you? (Keep in mind, there may be anxiety symptoms not covered in this brief screener that deserve attention). |
| CATS Events List (p.1) | n/a | We ask about these kinds of stressful events because they are unfortunately very common — most kids will experience some of these — and because they can help us know what sort of counseling approach might help.  
If possible, try to get a general understanding of any endorsed events and rule out or address ongoing abuse/safety issues (e.g., CPS report, safety planning), but do not pressure them to talk about details if they aren’t comfortable at this time.  

I see you checked yes to [event] -  
What did you mean for that one? ...  
When did that happen?...  
When was the last time? ...  
Do you see that person now?  
Thank you for answering my questions about this. I’m sorry you had to experience that. |
<table>
<thead>
<tr>
<th>Measure</th>
<th>Clinical Cut-Off</th>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATS PTSD Symptom Items (p.2) (administer only if events are endorsed)</td>
<td>21+ probable PTSD</td>
<td>Clinical (15+): First consider whether CATS item endorsements reflect a trauma-specific reaction, vs. generic elevations not specific to a traumatic event. If the symptoms appear linked to a traumatic event (consider timing of onset, teen’s sense the symptoms are linked), consider TF-CBT instead of or in addition to FAST-D. Here is a sample script: <em>These questions are about the common reactions people have to the kinds of events you checked on the first page. It seems, just like for many teens who have been through this sort of thing, what happened is still really bothering you. The good news is we have some effective strategies for helping people with just these sorts of feelings.</em>** Non-clinical: Acknowledge what they have disclosed and their resilience. <em>Looks like while you’ve been through some stressful things, you are not having too much trouble with them now. Is that how you see it? What has helped you get through those experiences?</em></td>
</tr>
<tr>
<td></td>
<td>15-20 moderate trauma related distress</td>
<td>&lt;15 not clinically elevated</td>
</tr>
</tbody>
</table>
|                                              | Score of 1 indicates possible problems. | **Clinical:** Answering yes to one or more of these questions indicates there may be a real concern related to your alcohol or drug use. Your score tells me you are likely having more problems with alcohol or drug use than most others your age.  
- **Evaluate use.** Learn a bit more about frequency and amounts used.  
- **Evaluate interference.** Does use interfere with teen doing what they need to do day to day? Does use impact mood in the short or long term?  
- **Consider referral.** If pattern of use appears to be contributing to difficulties to the extent that teen seems unlikely to benefit from this brief structured program, consider referral or incorporating these concerns.  
**Non-Clinical:** Sounds like you’re not experiencing more problems related to alcohol or drug use than most people your age. That’s great. |
| Nighttime sleep hours                         | <9 hours         | **If below recommended:** Believe it or not, teens are recommended to get over 9 hours of sleep at night. This is REALLY tough, because school starts early, and teen’s bodies naturally want to stay up later. But getting too little sleep at night, having unusual sleep hours, or sleeping too much during the day can be a big contributor to depressed mood and stress.  
Getting more regular sleep can sometimes itself really help depression. *Is this something you’re interested to learn more about? (If so, consider including some or all of the extra sleep and exercise session content at some point in treatment.)* |
Check in About Information Sharing with Parent(s)
Check in with teen about information you would like to share with parent(s). This usually includes:

- General results of measures
- What you think will be the general focus of treatment
- Safety concerns
- Information that contributes to a decision to refer the teen for services other than FAST-D (since parent will likely be curious why the teen is being referred).

Respect the teen’s privacy regarding information they wish to keep private, and which does not require disclosure due to imminent safety risk or mandatory reporting.

ALL TOGETHER (~10-20 minutes)

Feedback to Parent and Teen
Quickly score parent measures and summarize results overall.

Table 5: Parent Measures and Feedback

<table>
<thead>
<tr>
<th>CATS parent-report</th>
<th>Cut-offs are described on the measure</th>
<th>Compare with teen’s report on the self-report CATS. Again, consider whether the teen’s current difficulties and goals might be better addressed with a trauma-focused treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMFQ (parent)</td>
<td>11+ is clinical</td>
<td><strong>Clinical:</strong> [Parent] is noticing more signs of depression (can give examples from the items endorsed) than most parents do. There are things we can do together to really help with this. <strong>Non-Clinical:</strong> Overall, you are not reporting more symptoms than the normal range of what is common among teens. We also had [teen] fill out a measure of depression symptoms... (share and compare if you have permission) Parents don’t always know about everything a teen is feeling inside, so it is more important to rely on what the teen reported (e.g., on the PHQ-9), and your clinical interview, than on the parent perspective for mood issues. For any symptoms the parent did endorse, or symptoms the teen endorsed, this program may still be helpful.</td>
</tr>
</tbody>
</table>
Safety Planning with Parent if Necessary
If necessary, engage teen and parent(s) in safety planning related to safety concerns.

Discuss Program Fit
Communicate whether this program is a good fit. Considerations are summarized in Table 1, above. Options are:

1. **PROCEED.** Continue with this program to see if it can provide enough skills and direction to resolve the teen’s concerns. Referral for additional services is always an option if desired.

2. **PROCEED WITH REFERRAL.** Continue with this program, but also refer for (or provide) alternative services to address collateral difficulties (e.g., posttraumatic stress, anxiety, family conflict).

3. **REFER.** Refer to (or provide) more intensive treatment right away if there is high acuity, safety concerns, or primary clinical targets (e.g., related to trauma specific impact, anxiety, substance abuse, or other mental health concern) which would be better served by a different approach or setting.

Orient to How the Program Will Work:
For teens who will proceed in the program, let them know what to expect regarding roles, meetings, etc.

Roles:
You can use a sports analogy, such as:

*This program works a bit like learning a new sport, where you [teen] are the player, and I’m the coach.*

I help teens learn and practice skills. We practice them first together, and then you take them out onto the field, into what you do in your real life. Your parent is involved as a support person.

This program involves an initial assessment meeting (today) and then just 4 more meetings to cover the core skills.

After that, some teens will choose to seek additional support, and some will decide they and their parents have what they need and stop.

Teen and family expertise:
Encourage honest feedback and participation from everyone.

*I am an expert on helping teens and their families, but you are the experts on you and your family.*

If I’m ever talking and you think, “S/he really doesn’t understand the problem,” I need you to let me know that so I can get back on track and be helpful.

You can’t ever hurt my feelings by telling me you disagree with me, or you don’t understand what I’m saying.

And if I recommend something to you and you think, “That doesn’t really fit for me. I would never actually do/say that.” I need you to tell me!

*My ideas are usually brilliant, but sometimes they aren’t.*

*Sometimes I come up with things that aren’t a good fit, or miss something important that you know about.*

*We can always work together to find a better solution, but only if you tell me.*

*Sound ok? Has anything come up so far that you disagree with or have questions about?*
Sessions:
(This information may be covered during consent discussion, above.)

Today’s meeting is 90 minutes but typical meetings are 50-60 minutes.
Meetings will include portions where it is just me and [teen], me and [parent], and everyone together.
If things come up during individual meetings that [teen] would like to have kept private, [teen] can just let me know. Unless it is an urgent safety concern, I will not share anything you don’t want me to.
So, things like sex, drugs, rock and roll. Unless it falls into a legal definition of abuse, or could result in immediate danger to someone, teens can tell me about these things and get support without worrying their parent will find out.
Most parents understand that privacy helps teens be open about these important things, and they prefer that their teen talk to a responsible adult rather than keep it locked inside.
Do any of you have any questions about the kinds of things I will share and not share?
We will always follow an agenda and start by completing a short questionnaire to track whether what we are trying is helping from week to week.
And we will be planning what we call “Test It Out” activities for each of you (teen AND parents) to try during the week, to practice new skills and turn them into healthy habits.

Schedule Next Meeting:
If the plan is to proceed, identify the next meeting time.

Address Barriers and Motivation:
• Ask about and address possible logistical barriers:
• Can you think of anything that could get in the way of getting to these meetings, or participating in the program?
• Ask about and address attitudinal barriers:
  Any concerns or doubts you are having that we can discuss?
• Build motivation by getting them to describe why this is important to do now:
  Now that we’ve talked a bit about the program, I’m wondering what you think are reasons you should do this now, really give it your full effort now, vs. putting it off?

Provide Parent Handout 1:
A Parent Guide to Teen Depression
• This is a parent handout I’d like you to read for the next meeting.
• Please share it with [any additional caregivers]
• There will be time in the next meeting to answer questions you might have and make plans for specific ways you can support [teen].

Excuse the parent and go over the teen’s assignment.

TEEN ONLY (~20 minutes)

Teen: Introduce Activity-Mood Monitoring
In our meetings you will learn ways to change how you feel by changing what you do.
But the first step is for us to learn more about your life and what impacts your mood day to day.
For that we have the Activity-Mood Monitoring Chart.
Introduce Handout 2 (Worksheet) Activity-Mood Monitoring Example

- Walk through the example with the teen.
  
  *Now that you have seen the example, let’s see if you can complete this for the hours prior to your appointment today. We can walk through it together.*
  
- Try to elicit as much detail as possible about what the teen was doing, and what were the corresponding moods/feelings.

- Questions that help reinforce the teen noticing relations between activity and mood include:
  
  • “When you were doing X, how did you feel?”
  • “Did you notice a change, even a very small one?”
  • “Did you notice a change, even for just a few minutes?”
  • “What were you doing when you felt that way?”
  • “Where were you at the time that such a feeling occurred?”
  • “If you had been doing Y instead of Z, how would you have felt?”

  
- Once you have two situations in which the teen reports a significant mood change, you can begin to discuss the patterns and point out the links.

- Point out that there is a connection between what the teen does and associated feelings in as many places as you can by observing mood shifts noted in the activity-mood monitoring chart.

- Help the teen identify links between activity and mood (e.g., feeling sad lying in bed after school, feeling energized when riding bike after school).

  
  • Highlight:
    
    • You can learn what sorts of activities help your mood, that you can do more often.
    • You can learn what sorts of activities are bringing you down, which we can address in our meetings.

Introduce Handout 3 (Test it Out): Activity-Mood Monitoring Chart

- Your “Test It Out” work for the week is to monitor your activities and moods using Handout 2.

- This chart is just like the sample chart we just completed.

- I want you to pick two days to focus on — choose a school day and a weekend day — so we can see if there is any difference.

Make sure the teen understands what they are meant to do.

Make a clear plan for

- when the teen will fill this out
- how they will remember to do it
- how they will remember to bring it to the next meeting

Tips: Bedtime is a popular time for completing the sheet, and taking a picture with a smart phone immediately afterward can help preserve their work in the event that the sheet is forgotten at home.
FAST-D Manual
Appendix 1: Handouts
Depression is a problem that many adolescents face. For some it comes out of the blue while others have been trying to cope with feeling down and unmotivated for a long time. When depressed, you may notice a number of changes in your adolescent including:

- feeling down or cranky and irritable
- feeling like things are no longer fun
- feeling tired and low energy
- finding it hard to concentrate and complete schoolwork
- feeling less interested in spending time with your family and friends

Sometimes things might feel so bad that your adolescent may have a hard time imagining how things will ever be better.

Depression can be a “vicious cycle.” It is often the case that the more depressed you feel, the less you want to do, and the less you do, the more depressed you feel. Because of this vicious cycle, we find that depression often gets in the way of adolescents participating in activities with friends and family and making progress in school.

Depression is just a signal that something is in the adolescent’s life needs to be changed. Many adolescents can identify “triggers” to their depression — an event or series of events that happened before they started feeling depressed. “Triggers” commonly related to depression include things like having a fight with a friend or parents, a break-up, not making a team or club or losing something important to them, feeling overwhelmed by school; and having a hard time with peer relationships.

After such “triggers” or events “kick-off” feelings of depression, it can be hard to figure out ways to feel better. An adolescent might isolate themselves, not wanting to be around family, hiding out in their room or spending more and more time online, sleeping a lot more or staying up late into the night, or avoiding friends and activities. These behaviors can make depression worse, leading many adolescents and their parents/caregivers to seek help.

Coping with the Problem

There are different treatments for depressed teenagers. Some treatments involve taking medication and some treatments involve “talk therapy.” One type of “talk therapy” is Behavioral Activation Therapy. In Behavioral Activation Therapy, adolescents work with their therapists to stop the “vicious cycle” of depression and figure out ways to re-engage in the activities that are important to them. In order to do this, the adolescent works with the therapist to identify the triggers that are related to their feelings of sadness or loss of motivation and identify problems in their life that they would like to change. The therapist shares some skills or strategies that have been found to help overcome depression and supports the adolescent as they set goals and fine tune strategies to help the adolescent cope with their depression and make their life more fulfilling. The therapist supports the adolescent as they take steps to achieve their goals. Although it can require effort and hard work, the adolescent can break the “vicious cycle” of depression through guided activity.

What will the therapist do?

Sometimes it is hard to “just do it” and change behavior on your own. If changing behavior was really easy, none of us would ever need to ask for help — but most of us benefit from help when we are struggling with something difficult. When adolescents are learning new skills, like algebra, basketball, knitting, or skiing, they often have a coach, a teacher, or a guide. Because Behavioral Activation Therapy involves learning new skills and trying new activities, the therapist serves as a coach or guide. The therapist teaches new skills and coach or guide the adolescent as they try these new strategies out in real life and practice them. We call this “guided activity”. The activities in Behavioral Activation Therapy are not the same for all adolescents. Your adolescent’s therapist will work closely with him/her to figure out what activities are right for them, what activities will help decrease their depression, and what activities will help them feel more in control of life.
Why focus on getting active?

There are many good reasons to become active, particularly for someone who is feeling depressed:

1. Guided activity can help improve mood. Even when depressed, being active can help a person feel in control of their life. Even when engaging in an activity that seems like a real drag, like cleaning or doing homework, being active frequently brings with it a sense of accomplishment.

2. Guided activity can help a person feel less tired. Even though staying in bed or taking naps after school may seem like a good idea to a depressed adolescent, extra sleep is just another way to isolate. Guided activity, even when feeling tired, can lead to feeling more energetic and spunky. For example if your adolescent really liked playing soccer, but began feeling tired or suddenly bored he/she might stop playing. But, if they can figure out a way to play anyway, there is a good chance they will feel a little more energized after playing.

3. Guided activity can help a person feel more motivated, when symptoms of depression get in the way of motivation. If you wait to become motivated before you do something, you may wait a long time and be unsuccessful in the end. Engaging in activity, even when you don’t feel motivated, can actually lead to feeling more motivated. This is called “goal directed behavior.” Engaging in “goal directed behavior” means that you do not wait to feel like doing something before you do it, but that you do it because you want to reach a goal or work on feeling better.

Your adolescent’s therapist knows that it is hard to engage in activity when feeling depressed, and that it may take a lot of effort for your son/daughter to organize their time and engage in activities that may have been fun before but do not now seem interesting to them. Don’t worry; your adolescent’s therapist will work with then to help figure out the things that get in the way of getting active and will work with your adolescent to help them break down those roadblocks.

What will we be expected to do?

There are a couple of things that you and your son/daughter will need to do to make sure treatment is successful.

For your adolescent these include:

• Trying to keep all appointments.
• Making an effort to identify things that “trigger” depression.
• Making an effort to work with his/her therapist to set some goals.
• Making an effort to try some new strategies and activities.
• Being honest with us about what he/she is feeling and what is needed from the therapist.

For parents/caregivers:

• Trying to keep all appointments — this therapy encourages active involvement of parents/caregivers and includes time to collaborate with parents/caregivers to think about new ways to communicate with and support their adolescent.
• Making an effort to recognize and understand your adolescent’s depression — how it may affect his/her behavior at home and school.
• Supporting your adolescent in their efforts to try new strategies and activities.
• Being honest with us about what you are feeling and what is needed from the therapist.

In sum, Behavioral Activation Therapy will work with your adolescent to learn new activities and turn these into new habits that will help improve his/her mood and help them engage in the activities that are important to them and will, in turn, help to build self-confidence and a sense of purpose.
### Activity — Mood Chart — Example

Example & Practice: Fill in your day so far, including what you were doing, what you were feeling and the intensity of the feeling

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Feeling and Intensity</th>
<th>Time</th>
<th>Activity</th>
<th>Feeling and Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 AM</td>
<td>Wake up, hit snooze button, shower</td>
<td>Irritated – 9</td>
<td>6 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 AM</td>
<td>Eat breakfast, walk to bus, sit with Allie</td>
<td>A little happy – 2</td>
<td>7 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 AM</td>
<td>Science class/quiz</td>
<td>Anxious – 4</td>
<td>8 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 AM</td>
<td>Language Arts</td>
<td>Relieved – 2</td>
<td>9 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 AM</td>
<td>History</td>
<td>Bored – 2</td>
<td>10 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 AM</td>
<td>Lunch with Jason</td>
<td>Good – 6</td>
<td>11 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOON</td>
<td>Outside after lunch, with Jason and a bunch of his friends</td>
<td>Part good (6), part nervous &amp; lonely (3)</td>
<td>NOON</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 PM</td>
<td>Math</td>
<td>Bored – 5</td>
<td>1 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 PM</td>
<td>Art</td>
<td>Pretty good – 4</td>
<td>2 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 PM</td>
<td>Bus home, sat alone</td>
<td>Lonely – 3</td>
<td>3 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 PM</td>
<td>Snack, on computer</td>
<td>Ok, a little lonely – 3</td>
<td>4 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 PM</td>
<td>Dad home, nagged</td>
<td>Annoyed – 8</td>
<td>5 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 PM</td>
<td>Dinner, did dishes</td>
<td>Annoyed – 6</td>
<td>6 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 PM</td>
<td>Started homework</td>
<td>Nervous, bored, annoyed – 5</td>
<td>7 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 PM</td>
<td>Homework &amp; on phone a bit</td>
<td>Bored &amp; nervous – 4</td>
<td>8 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 PM</td>
<td>Music, read, played game</td>
<td>Happy – 6</td>
<td>9 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 PM</td>
<td>Parents nagging, got ready for bed</td>
<td>Irritated – 3</td>
<td>10 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 PM</td>
<td>In bed, not falling asleep</td>
<td>Anxious, annoyed – 4</td>
<td>11 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12+</td>
<td>Asleep</td>
<td>?</td>
<td>12+</td>
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</tbody>
</table>

Date/Day: 6/1
Activity — Mood Chart

Here’s what to do:
• Choose 2 days in the week (1 weekday/1 weekend day)
• Keep track of your activities
• Fill in what you were doing and then...
• Rate how you were feeling (what feeling and how strong):

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>“None”</td>
<td>“Medium”</td>
<td>“Extremely”</td>
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Date/Day: ..........................................................  Date/Day: ..........................................................

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<td>11 AM</td>
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<td>11 AM</td>
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<td>NOON</td>
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<td>1 PM</td>
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<td>12+</td>
<td></td>
<td></td>
<td>12+</td>
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</tr>
</tbody>
</table>
The Negative Mood Spiral

Stressful Events, Daily Hassles:
Fight with a friend, failing in school, parents are separating

How do you feel?:
Sad, worthless, overwhelmed and angry

What do you do?:
Avoid friend, skip classes, spend time in my room alone, listen to sad music

Negative Consequences:
My friends stop calling, I get further behind in school, my parents are upset with me and on my case
Your Negative Mood Spirals

Stressful Events, Daily Hassles:

How do you feel?:

What do you do?:

Negative Consequences:
Positive and Negative Mood Spirals

Life Events/Triggers → Negative Feelings/Urges → Things Get Worse

**Following your negative mood**

UNHELPFUL ACTIONS
- Avoiding
- Withdrawing
- Isolating
- Doing nothing
- Unhealthy coping
- Daytime sleeping

**Things Get Better**

**Following your positive goals**

HELPFUL ACTIONS
- Activities that boost your mood
- Taking steps towards your goals
- Improving relationships/connection
- Staying healthy
  (exercise, regular sleep, eat well)
- Healthy coping
- Taking steps to solve problems
Test It Out: Activity Scheduling

Choose a Helpful Activity. Research suggests the following kinds of activities often help with depressed mood, but use what you know about YOU to help you choose.

- Doing something you used to enjoy
- Being around other people
- Doing things you are good at
- Being physically active
- Taking a step toward a goal
- Helping others
- Getting outside
- Connecting with someone you care about
- Doing something in line with your values

Brainstorm a few ideas:

1) .......................................................................................................................................................................................... ...
2) .......................................................................................................................................................................................... ...
3) .......................................................................................................................................................................................... ...

Pick something pretty simple. Aim for something that you have control over and could realistically do a few times this week. Be specific about the What, Who, When and How.

Plan for success. List any obstacles and how you can overcome them. List any reminders or help you might need.

Write in the day/time and what you will do. Then track how you do, and whether your activity impacts your mood.

<table>
<thead>
<tr>
<th>Day/time:</th>
<th>What I will do:</th>
<th>Did I do it?</th>
<th>Did my mood change?</th>
<th>Other comments?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
How to Communicate with Support

Finding ways to stay positive and supportive when teens are depressed is challenging but essential. See below for “active listening” strategies that can help.

The Active Listener...

✔ Gives the speaker the floor.

✔ Looks interested...
  Good eye contact
  Stops to listen
  Indicates understanding... “Uh-huh”

✔ Asks CLARIFYING QUESTIONS...
  “Do you mean...?”
  “Can you tell me about...?”

✔ Reflects FEELINGS...
  “It sounds as though you feel...”
  “Wow! It sounds like that makes you...”
  “It looks to me like you are...?”

✔ Paraphrases...
  “I hear you saying...” “So, in other words...”
  “It seems... is that right?”

The Active Listener does NOT...

Interrupt  Discount what’s being said
Argue      Give unwanted advice
Criticize  Engage in another activity
Make judgements  Space out
Talk about him/herself

Practicing How to Communicate with Support

Remember, a parent or caregiver can show support by:

✔ Giving the speaker the floor?
✔ Showing interest?
✔ Asking clarifying questions?
✔ Reflecting feelings?
✔ Paraphrasing to show that he/she is listening?

Practice: What can you say in the following situations to show support?

Adolescent is looking through a pile of books, looking overwhelmed. Tells parent he has a major assignment due in just a few days.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Parent is busy doing the dishes, adolescent comes in and throws books on table with a loud sigh.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Adolescent declares that she is going to drop math because the “teacher just doesn’t like me so I’ll never pass”.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Adolescent stuck at home after not being invited to a friend’s party.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Adolescent gets stopped by the police for speeding.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Short Versus Long Term Consequences

LONG TERM CONSEQUENCES

<table>
<thead>
<tr>
<th>PAYOFF</th>
<th>PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Payoff + Long Term Payoff = $</td>
<td></td>
</tr>
<tr>
<td>Short Term Payoff + Long Term Price = ? Evaluate</td>
<td></td>
</tr>
<tr>
<td>Short Term Price + Long Term Payoff = ? Evaluate</td>
<td></td>
</tr>
<tr>
<td>Short Term Price + Long Term Price =</td>
<td></td>
</tr>
</tbody>
</table>

Evaluate
How **SMART** is this Goal?

Remember a **SMART** goal is:

- **Specific** — Clear and specifically stated, describing what you will do
- **Measurable** — Include an easy way to identify whether or not it was accomplished
- **Appealing** — Desirable, something you value, a healthy choice
- **Realistic** — Achievable, controllable, within reach but not TOO easy
- **Time Bound** — Do not go on endlessly, but have a clear start and finish

<table>
<thead>
<tr>
<th>How <strong>SMART</strong> is This Goal?</th>
<th>Specific</th>
<th>Measurable</th>
<th>Appealing</th>
<th>Realistic</th>
<th>Time Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>To go to the mall with my sister once this week?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get along with my parents?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To ask my brother to help me practice soccer/baseball before my game on Saturday?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To become a famous movie star/rock star/professional sports player?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To not have to talk with my parents about anything ever again?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get a “B” or above on my math quiz on Friday?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To quit school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Identifying a **SMART** Goal

What could change in each area that would MOST help you feel better or improve your situation?

• In school? ____________________________________________________________

• With friends? __________________________________________________________

• With family? __________________________________________________________

• During activities (sports, music, etc)? ________________________________

• Other? ______________________________________________________________

Pick something you’d like to focus on for this week:
Barriers: Internal versus External

**Internal Barriers:** Things that are “inside of us”, like thoughts and feelings that prevent or stop us from completing our goals.

Examples:

- Just don’t feel like it/unmotivated
- Difficulty communicating and/or getting what I need
- Let myself get distracted — video games, Facebook, watching movies or TV
- Feel overwhelmed or anxious
- __________
- __________

I will get around this by: __________________________________________________________

**External Barriers:** Things that are “outside of us”, that prevent us from achieving our goals: like not having enough time, money, or the necessary tools.

Examples:

- Not having the necessary “tools” e.g. don’t have assignment, can’t get book
- Need help from others to carry out plan e.g. ride from father, quiet time at home, tutor/homework help
- Other people changing plans or not following through
- Need $$
- __________
- __________

I will get around this by: __________________________________________________________
Goals and Barriers

Pick a Goal for This Week:

My Goal is: ____________________________________________

Who can help me? _______________________________________

Break it Down into Mini-Steps that are SMART:

Mini-Step 1:
When will I do this? ______________________________________
Barriers to Overcome? _____________________________________
What happened? __________________________________________

Mini-Step 1:
When will I do this? ______________________________________
Barriers to Overcome? _____________________________________
What happened? __________________________________________

Mini-Step 1:
When will I do this? ______________________________________
Barriers to Overcome? _____________________________________
What happened? __________________________________________

Mini-Step 1:
When will I do this? ______________________________________
Barriers to Overcome? _____________________________________
What happened? __________________________________________

Remember:

✔ Specific — Clear and specifically stated, describing what you will do
✔ Measurable — Include an easy way to identify whether or not it was accomplished
✔ Appealing — Desirable, something you value, a healthy choice
✔ Realistic — Achievable, controllable, within reach but not TOO easy
✔ Time Bound — Do not go on endlessly, but have a clear start and finish
What does AVOIDANCE Look Like?

Avoidance comes in all sizes and shapes...

- **Procrastinating** — Putting off necessary or boring tasks, waiting until the last minute to start your paper.
- **Brooding** — thinking over and over about a problem without coming to any solution
- **Bursting** — blowing up at people or things, trying to get people off your back by yelling or throwing a tantrum
- **Hibernating** — Shutting down from everything, staying in bed all day, withdrawing from friends.

What does Avoidance look like for you?

_______________________________________________________________________

_______________________________________________________________________

Remember:

- Avoidance can have a short PAYOFF, but a long term Price
- Avoidance can be a negative TRAP
Ways to Support My Teen

• Give my teen space when he or she asks for it.
• Listen — Did you use active listening?
• Ask questions to find out more about the situation.
• Show your concern and that you are trying to understand his or her perspective.
• Acknowledge all positive or healthy choices you see.
• Praise steps in the right direction (even little steps).
• Express confidence in your teen.
• Remind the teen of his or her good qualities, strengths and attributes you value.
• Encourage your teen to do her/his best.
• Say please and thank you!
• Model healthy problem solving.
• Take time to compliment your teen. Use specific compliments (e.g. “I especially like that you took some of your lunch break to check in with your Algebra teacher.”).
• Be willing to drive them to activities, friends' houses or other healthy, “mood-boosting” activities.

OTHER IDEAS:
1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________
Support Experiment

I will support my teen by:

_______________________________________________________________________
_______________________________________________________________________

Keep track of how it goes...

<table>
<thead>
<tr>
<th>Tracking Parent/Caregiver Support</th>
<th>Day:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used every opportunity to be supportive</td>
<td></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Took advantage of many opportunities</td>
<td></td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Used about ½ of the support opportunities</td>
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<td>3</td>
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<tr>
<td>Occasionally found opportunities to be supportive</td>
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<tr>
<td>Did not find opportunities to be supportive</td>
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</tbody>
</table>
Doing What Works

**Triggers** (Vulnerable Situations)

- Disappointments
- Big Changes
- Frustrations
- Other

**Signs of Slipping** (How you feel, what you do)

- Feelings
- Body Signs
- Avoidant behaviors
- Risky behaviors
- Other

**What to do if you SLIP:**

- Plan fun activities that boost your mood (especially social, physically active) even if you don’t feel like doing anything.
- Plan mini-steps to reach your SMART GOALS
- Plan for BARRIERS (internal/external)
- Look out for AVOIDANCE (procrastinating, brooding, bursting, hibernating)
- Evaluate the PAYOFF vs. PRICE, short term and long term
- Stay HEALTHY (exercise, regular sleep, good food)
- Ask for SUPPORT—and be specific about the kind of support you want.

Some of my next goals:

_______________________________________________________________________
_______________________________________________________________________

Who will I ask for support and/or help?

_______________________________________________________________________
_______________________________________________________________________
Sleep Tips for Teens

1. **Aim for 9.5 hours.** Yes, really. Research shows that most teens need more than 9 hours per night. If you are falling short, you might notice it affecting your mood (Cranky? Feeling blah?) your thinking (Losing focus? Trouble with schoolwork?) and maybe your driving (tired teens have more car accidents).

2. **Stick to regular sleep and wake times.** Going to bed and waking up at about the same time every day makes your body “prepared” to fall asleep and wake up when you need it to. Yes, this means going to bed and waking up at about the same time on weekends also. If you go to bed late and sleep in hours later on the weekend, your body will NOT be happy with you on Monday morning.

3. **Ditch your devices.** Texting, social media and the internet are the enemy of sleep. Not only do activities like texting, gaming and social media keep you alert, if you do fall asleep, getting texts and updates can wake you back up. Research also shows that the light from screens before bed messes with your brain’s ability to sleep. Try to stop using screens well before bedtime and leave devices outside the bedroom so they can’t distract you. Some devices like ipads and iphones have settings for “night shift” so the screens give off less blue light in the evening hours, which might help.

4. **Create the right conditions.** People sleep better when it is dark, cool, and quiet. If you need them, consider curtains or eye mask to keep it dark, and ear plugs or “white noise” to deal with noises. Get calm by avoiding bright lights or exercise right before bed.

5. **The bedroom is for sleeping.** If you can, avoid doing stressful activities in bed or in your bedroom. This keeps the stress of daily activities out of your sleeping space.

6. **No napping.** Naps (especially longer ones after 3pm) can throw off your ability to fall asleep at bedtime. Many teens also find that they wake up from naps with less energy and motivation for things they need to do, like homework.

7. **Avoid caffeine, smoking, alcohol and drugs (especially late in the day).** Although some people find alcohol makes them drowsy, it actually leads to worse sleep quality and more waking up at night.

8. **Don’t watch the clock.** When you are trying to fall asleep, watching the clock and worrying about being awake only make you more anxious and less sleepy. Instead, keep clocks where you can’t see them and don’t stress about being awake. Tell yourself that getting less sleep one night never hurt anyone, and as long as you don’t sleep in or nap tomorrow, you will be plenty tired and sleep much better the next night!

9. **Don’t TRY to sleep.** The more you try, the harder it is. Instead, do something calming, like focus on slow breathing, do a meditation (like this body scan [http://marc.ucla.edu/mpeg/Body-Scan-for-Sleep.mp3](http://marc.ucla.edu/mpeg/Body-Scan-for-Sleep.mp3)) or imagine all the details of a calming place or memory — the sights, sounds, smells, touch, tastes). If you’ve been lying awake for more than 20 minutes, try getting up and doing something boring in dim light until you feel sleepy, then return to bed and try again.

10. **Don’t worry about stuff.** Easier said than done! But you can keep a pen and paper to write down worries to be addressed in the morning. You can also notice when you are worrying and change your focus to one of the calming and distracting activities above (like a body scan or calming imagery).

11. **Find some rituals.** Find a few calming things you can do every night to remind your body it is time for bed. Like some deep breathing, a few stretches, or a sip a glass of warm milk or decaf tea.

12. **Stick to the plan.** If you do have a crummy night sleep, stick to your normal routine. Sleeping in, skipping activities, napping — these usually make the problem worse.

13. **Eat healthy and exercise.** Eating healthy foods, getting exercise, and getting outdoors during the day can help your body get in a good rhythm. But avoid intense exercise in the late evening, or it could keep you up.

You and your counselor can plan and track sleep changes on the next page.
Sleep Tips for Teens (cont’d)

If you wanted to improve your sleep, what things would you do differently this week?

What could get in the way of making these changes? How could you handle that?

Track Your Results

<table>
<thead>
<tr>
<th>Date</th>
<th>/</th>
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<th>/</th>
<th>/</th>
<th>/</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you do?</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>What did you notice</td>
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</tr>
</tbody>
</table>
FAST-D Manual
Appendix 2: Measures
# Patient Health Questionnaire (PHQ-9)

**NAME............................................................................................................................................... DATE..................................................**

**Over the last 2 weeks, how often have you been bothered by any of the following problems? (use ✔ to indicate your answer).**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**For Office Coding**

0 + + + = **TOTAL Score:**

---

If you checked off any problems, 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?

<table>
<thead>
<tr>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
</table>

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### GAD – 7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use “✔” to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(For office coding: Total Score $T = 0 + 1 + 2$ )

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Name: __________________________________________ Date: _______________

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn’t happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.  □ Yes □ No
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury. □ Yes □ No
3. Threatened, hit or hurt badly within the family. □ Yes □ No
4. Threatened, hit or hurt badly in school or the community. □ Yes □ No
5. Attacked, stabbed, shot at or robbed by threat. □ Yes □ No
6. Seeing someone in the family threatened, hit or hurt badly. □ Yes □ No
7. Seeing someone in school or the community threatened, hit or hurt badly. □ Yes □ No
8. Someone doing sexual things to you or making you do sexual things to them when you couldn’t say no. Or when you were forced or pressured. □ Yes □ No
9. On line or in social media, someone asking or pressuring you to do something sexual. Like take or send pictures. □ Yes □ No
10. Someone bullying you in person. Saying very mean things that scare you. □ Yes □ No
11. Someone bullying you online. Saying very mean things that scare you. □ Yes □ No
12. Someone close to you dying suddenly or violently. □ Yes □ No
13. Stressful or scary medical procedure. □ Yes □ No
14. Being around war. □ Yes □ No
15. Other stressful or scary event? □ Yes □ No

Describe: __________________________________________________________________________

Turn the page and answer the next questions about all the scary or stressful events that happened to you.
Youth Report

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never  1 Once in a while  2 Half the time  3 Almost always

1. Upsetting thoughts or pictures about what happened that pop into your head.  0 1 2 3
2. Bad dreams reminding you of what happened  0 1 2 3
3. Feeling as if what happened is happening all over again.  0 1 2 3
4. Feeling very upset when you are reminded of what happened.  0 1 2 3
5. Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).  0 1 2 3
6. Trying not to think about or talk about what happened. Or to not have feelings about it.  0 1 2 3
7. Staying away from people, places, things, or situations that remind you of what happened.  0 1 2 3
8. Not being able to remember part of what happened.  0 1 2 3
9. Negative thoughts about yourself or others. Thoughts like I won’t have a good life, no one can be trusted, the whole world is unsafe.  0 1 2 3
10. Blaming yourself for what happened, or blaming someone else when it isn’t their fault.  0 1 2 3
11. Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.  0 1 2 3
12. Not wanting to do things you used to do.  0 1 2 3
13. Not feeling close to people.  0 1 2 3
14. Not being able to have good or happy feelings.  0 1 2 3
15. Feeling mad. Having fits of anger and taking it out on others.  0 1 2 3
16. Doing unsafe things.  0 1 2 3
17. Being overly careful or on guard (checking to see who is around you).  0 1 2 3
18. Being jumpy.  0 1 2 3
19. Problems paying attention.  0 1 2 3
20. Trouble falling or staying asleep.  0 1 2 3

<table>
<thead>
<tr>
<th>CATS 7-17 Years Score &lt;15</th>
<th>CATS 7-17 Years Score 15-20</th>
<th>CATS 7-17 Years Score 21+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal. Not clinically elevated.</td>
<td>Moderate trauma-related distress.</td>
<td>Probable PTSD.</td>
</tr>
</tbody>
</table>

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others  □ Yes  □ No
2. Hobbies/Fun  □ Yes  □ No
3. School or work  □ Yes  □ No
4. Family relationships  □ Yes  □ No
5. General happiness  □ Yes  □ No
CAGE-Adapted to Include Drugs (CAGE-AID)

Screening Date: ____________________

1. Have you ever felt you should Cut down on your drinking or drug use?
   Drinking: ☐ YES ☐ NO
   Drug Use: ☐ YES ☐ NO

2. Have people Annoyed you by criticizing your drinking or drug use?
   Drinking: ☐ YES ☐ NO
   Drug Use: ☐ YES ☐ NO

3. Have you ever felt bad or Guilty about your drinking or drug use?
   Drinking: ☐ YES ☐ NO
   Drug Use: ☐ YES ☐ NO

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?
   Drinking: ☐ YES ☐ NO
   Drug Use: ☐ YES ☐ NO

SCORING

SCORE: Number of “Yes” Answers ________

• Screened positive = a score of 1 or greater


Revised 11/04/2008
Child and Adolescent Trauma Screen (CATS)

Child's Name: ___________________________________  Date: ______________________________

Caregiver Name: __________________________________

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn’t happen to the child.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.  □ Yes  □ No
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.  □ Yes  □ No
3. Threatened, hit or hurt badly within the family.  □ Yes  □ No
4. Threatened, hit or hurt badly in school or the community. □ Yes  □ No
5. Attacked, stabbed, shot at or robbed by threat. □ Yes  □ No
6. Seeing someone in the family threatened, hit or hurt badly. □ Yes  □ No
7. Seeing someone in school or the community threatened, hit or hurt badly. □ Yes  □ No
8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn’t say no. Or when the child was forced or pressured. □ Yes  □ No
9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures. □ Yes  □ No
10. Someone bullying the child in person. Saying very mean things that scare him/her. □ Yes  □ No
11. Someone bullying the child online. Saying very mean things that scare him/her. □ Yes  □ No
12. Someone close to the child dying suddenly or violently. □ Yes  □ No
13. Stressful or scary medical procedure. □ Yes  □ No
14. Being around war. □ Yes  □ No
15. Other stressful or scary event? □ Yes  □ No

Describe: __________________________________________________________________________

Turn the page and answer the next questions about all the scary or stressful events that happened to the child.
Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never   1 Once in a while   2 Half the time   3 Almost always

1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play.
   0 1 2 3

2. Bad dreams related to a stressful event.
   0 1 2 3

3. Acting, playing or feeling as if a stressful event is happening right now.
   0 1 2 3

4. Feeling very emotionally upset when reminded of a stressful event
   0 1 2 3

5. Strong physical reactions when reminded of a stressful event
   (sweating, heart beating fast).
   0 1 2 3

6. Trying not to remember, talk about or have feelings about a stressful event.
   0 1 2 3

7. Avoiding activities, people, places or things that are reminders of a stressful event
   0 1 2 3

8. Not being able to remember an important part of a stressful event.
   0 1 2 3

9. Negative changes in how s/he thinks about self, others or the world after a stressful event.
   0 1 2 3

10. Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it.
    0 1 2 3

11. Having very negative emotional states (afraid, angry, guilty, ashamed).
    0 1 2 3

12. Losing interest in activities s/he enjoyed before a stressful event.
    Including not playing as much.
    0 1 2 3

13. Feeling distant or cut off from people around her/him.
    0 1 2 3

14. Not showing or reduced positive feelings (being happy, having loving feelings).
    0 1 2 3

15. Being irritable. Or having angry outbursts without a good reason and taking it out on others.
    0 1 2 3

16. Risky behavior or behavior that could be harmful.
    0 1 2 3

17. Being overly alert or on guard.
    0 1 2 3

18. Being jumpy or easily startled.
    0 1 2 3

19. Problems with concentration.
    0 1 2 3

20. Trouble falling or staying asleep.
    0 1 2 3

### CATS 7-17 Years Score

<table>
<thead>
<tr>
<th>CATS 7-17 Years Score &lt;15</th>
<th>CATS 7-17 Years Score 15-20</th>
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</tr>
</tbody>
</table>

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others  ❑ Yes  ❑ No
2. Hobbies/Fun  ❑ Yes  ❑ No
3. School or work  ❑ Yes  ❑ No
4. Family relationships  ❑ Yes  ❑ No
5. General happiness  ❑ Yes  ❑ No
Short Mood and Feelings Questionnaire

This form is about how your child may have been feeling or acting recently.

For each question, please check how much she or he has felt or acted this way in the past two weeks.

If a sentence was true about your child most of the time, check TRUE.
If it was only sometimes true, check SOMETIMES.
If a sentence was not true about your child, check NOT TRUE.

<table>
<thead>
<tr>
<th></th>
<th>NOT TRUE</th>
<th>SOMETIMES</th>
<th>TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>S/he felt miserable or unhappy</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>2.</td>
<td>S/he didn’t enjoy anything at all</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>3.</td>
<td>S/he felt so tired that s/he just sat around and did nothing</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>4.</td>
<td>S/he was very restless</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>5.</td>
<td>S/he felt s/he was no good any more</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>6.</td>
<td>S/he cried a lot</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>7.</td>
<td>S/he found it hard to think properly or concentrate</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>8.</td>
<td>S/he hated him/herself</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>9.</td>
<td>S/he felt s/he was a bad person</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>10.</td>
<td>S/he felt lonely</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>11.</td>
<td>S/he thought nobody really loved him/her</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>12.</td>
<td>S/he thought s/he could never be as good as other kids</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>13.</td>
<td>S/he felt s/he did everything wrong</td>
<td>❏</td>
<td>❏</td>
</tr>
</tbody>
</table>

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PHQ-9 Progress Monitoring Chart
FAST-D Manual
Appendix 3:
Sample Crisis Management Tools
## Safety Plan Worksheet

**CLIENT NAME:**

**Triggers (specific situations) that could lead to a crisis:**

1.  
2.  
3.  
4.  
5.  

**My early warning signs (that a safety crisis is developing) are:**

1.  
2.  
3.  
4.  
5.  

**When my parents/caregivers notice my early warning signs, they can:**

1.  
2.  
3.  
4.  

**Ways I can cope or distract myself:**

1.  
2.  
3.  
4.  
5.  

**People or social settings to distract me:**

1.  
2.  
3.  
If I am unable to help myself I can call:

1. Name: ___________________________ Phone: ___________________________
2. Name: ___________________________ Phone: ___________________________
3. Mental health provider: ________________ Phone: ___________________________
4. Your County Crisis Line Phone Number: ___________________________
   You can look it up here: https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines
5. Teen Link Hotline: 1-866-833-6546 or http://866teenlink.org
6. The National Suicide Hotline: 1-800-784-2433 or Text HOME to 741741 or visit https://www.crisistextline.org

(If appropriate:) Steps to make the environment safe (removing dangerous items, lethal means, etc.):

1. 
2. 
3. 
4. 

One thing that is most important to me and worth living for:
Safety Plan How-To Guide for Clinicians

**General**

- Safety plans are designed to reduce risk of future suicide attempts
- It can be helpful to have kids and parents work on this activity separately at first, but it is important to get everyone’s input when creating a final version.

**Triggers**

- Focus on triggers that are specific to suicidal crises (do not include triggers for irritation or minor difficulties)
- Clarify triggers, get specific. (“Being told ‘no’” -> “Being told I can’t go out with my friends when there is an important event”; “Homework” -> “A major long-term project is due, I am way behind and at risk of not passing.”)
- When kids/parents are having difficulty identifying triggers/warning signs, you can help them by exploring exactly what led up to the most recent crisis/crises.

**Warning signs**

- Draw as much as possible from past/recent crisis situations.
- Ask: “How will you know when the safety plan should be used?”
- Ask: “What do you experience when you start to think about suicide?”
- List warning signs (thoughts, images, feelings, and behaviors) using the patient’s/family’s own words.

**Parent/caregiver strategies**

- You may need to help negotiate strategies parents can use to non-intrusively keep an eye on the youth (e.g., teen agrees to leave bedroom door open a crack so parents don’t have to disturb him in order to verify safety; teen agrees to respond to texts within a certain time frame indicating he is safe, otherwise the parent will check on them).
- You may explore what forms of support or checking in are best received by the teen (e.g., a supportive text vs. repeated verbal questioning; is offering a hug ok?).

**Youth coping**

- Draw on existing coping strategies/healthy activities, and/or suggest new ones.
- Assess how likely they are to actually use these when needed. Identify potential obstacles, problem-solve.
People or social setting

- Being with others, or in a social setting, can help distract and reduce feelings of isolation without necessarily disclosing suicidal concerns.

Who to call

- Typically helpful to include a crisis support line (teens may feel more comfortable calling a line staffed by teens).
- Include mental health providers if involved and appropriate.
- Include several supportive adults or friends, in case some are not reachable.
- Evaluate the likelihood the youth would actually call these contacts in a time of crisis. Consider role-play/rehearsal to increase chances of follow through.
- Make a plan for these numbers to be available/accessible when needed (e.g., enter in phone; keep Safety Plan/numbers in places they might be needed).

Making the environment safe

- Learn about any suicide plans and remove lethal means.
- Secure/remove dangerous/lethal materials (firearms, knives, sharps, cleaners, OTC and prescription medications, materials that can be used for strangulation) in the home to reduce the likelihood that passing, impulsive thoughts would lead to lethal outcomes.
- Consider providing “General Home Safety Recommendations” handout, available on the CBT+ Notebook.

One thing worth living for

- This can be motivating and protective during a crisis.

How to support a teen who contacts you in crisis

- Ask if they have followed their Safety Plan. Praise for any parts of the plan they have followed. If they have not followed their plan, have them get it out and try the activities listed. Get them started on the phone and check back with them as appropriate.
- Involve family members and escalate support as needed if the plan does not resolve the safety concern.
General Home Safety Recommendations
After a Child Crisis Event

The following safety tips may help to keep things safe right now after an escalated crisis event, and help to reduce further escalations/crises:

1. In the home environment, maintain a “low-key” atmosphere while maintaining regular routines
2. Follow your typical house rules, but pick your battles appropriately, for example:
   • immediately intervene with aggressive or dangerous behaviors
   • if your child is just using oppositional words, it may be wise to ignore those behaviors
3. Provide appropriate supervision until the child’s crisis is resolved
4. Make a crisis prevention plan by identifying likely triggers for a crisis (such as an argument), and plan with your child what the preferred actions would be for the next time the triggers occur (such as calling a friend, engaging in a distracting activity or going to a personal space)
5. Encourage your child to attend school, unless otherwise directed by your provider
6. Make sure that you and your child attend the next scheduled appointment with their provider
7. Administer medications as directed by your child’s medical or psychiatric provider
8. Go into each day/evening with a plan for how time will be spent — this should help prevent boredom and arguments in the moment
9. Secure and lock up all medications and objects your child could use to hurt him/herself and/or use to attempt suicide. When locking up items, ensure your child does not have knowledge of their location, the location of the key, or the combination to any padlock used to secure them. This includes:
   • Sharp objects like knives and razors
   • Materials that can be used for strangulation attempts, such as belts, cords, ropes and sheets
   • Firearms and ammunition (locked and kept in separate/different locations from each other)
   • All medications of all family members, including all over the counter medicines. If your child takes medication of any type, you should administer it for the time being (unless instructed to stop it by your care provider)

In the event of another crisis, please do the following:

• If you believe that you, your child, or another person is no longer safe as a result of your child’s behavior, call 911 to have your child transported to the emergency department closest to your home
• Consider calling your local county crisis hotline, which are listed at: www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines
• Consider calling the national suicide hotline: 1-800-784-2433
FAST-D Manual
Appendix 4:
Handouts in Spanish
La depresión es un problema que enfrentan muchos adolescentes. En algunos se presenta de la nada, mientras que otros han estado intentando afrontar el sentirse tristes y desmotivados por mucho tiempo. Cuando su adolescente esté deprimido, es probable que usted observe varios cambios en él o ella, por ejemplo:

- se siente triste o de mal humor e irritable
- siente como que las cosas ya no son divertidas
- se siente cansado y con baja energía
- se le dificulta concentrarse y terminar la tarea escolar
- está menos interesado en pasar tiempo con su familia y amigos

A veces, podría sentir que las cosas están tan mal, que a su adolescente probablemente se le dificulte imaginar cómo las cosas podrían mejorar alguna vez.

La depresión puede ser un “ciclo vicioso”. A menudo, el caso es que mientras más deprimido se siente, menos cosas quiere hacer, y mientras menos cosas hace, más deprimido se siente. Debido a este ciclo vicioso, determinamos que, a menudo, la depresión es un obstáculo para que los adolescentes participen en actividades con amigos y familiares, y para progresar en la escuela.

La depresión es sólo una señal de que hay algo en la vida del adolescente que necesita cambiar. Muchos adolescentes pueden identificar “factores desencadenantes” para su depresión, p. ej., un suceso o una serie de sucesos que aconteció antes de que se empezaran a sentir deprimidos. Los “factores desencadenantes” que se relacionan frecuentemente con la depresión incluyen cosas como pelearse con un amigo o con los padres; la ruptura de una relación; no poder ser el miembro de un equipo o club, o perder algo de importancia personal; sentirse abrumado por la escuela; y tener dificultades en las relaciones con los compañeros.

Después de que tales “factores desencadenantes” o sucesos “dan inicio” a sentimientos de depresión, puede ser difícil descifrar maneras para sentirse mejor. Un adolescente podría aislarse a sí mismo, no tener deseos de estar alrededor de la familia, esconderse en su habitación o pasar más y más tiempo en línea, dormir mucho más de lo usual o quedarse despierto hasta altas horas de la noche, o evitar amigos y actividades. Estas conductas pueden hacer que la depresión empeore, lo cual es causa de que muchos adolescentes y sus padres o cuidadores busquen ayuda.

Cómo hacer frente al problema

Hay distintos tratamientos para los adolescentes deprimidos. Algunos tratamientos incluyen tomar medicamentos y otros incluyen “terapia de conversación”. Un tipo de “terapia de conversación” es la terapia de activación conductual. En la terapia de activación conductual, los adolescentes trabajan con sus terapeutas para poner un alto al “ciclo vicioso” de la depresión y descifrar maneras para reactivarse en las actividades que son importantes para ellos. A fin de lograr esto, el adolescente trabaja con el terapeuta para identificar los factores desencadenantes que estén relacionados con sus sentimientos de tristeza o pérdida de motivación e identificar problemas en su vida que le gustaría cambiar. El terapeuta comparte algunas de las habilidades o estrategias comprobadas para ayudar a superar la depresión y apoya al adolescente a medida que fija metas y perfecciona estrategias para ayudar al adolescente a hacer frente a la depresión y hacer que su vida sea más satisfactoria. El terapeuta apoya al adolescente a medida que toma pasos para lograr sus objetivos. Aunque se necesita esfuerzo y arduo trabajo, el adolescente puede romper el “ciclo vicioso” de la depresión por medio de actividades guiadas.

¿Qué hará el terapeuta?

A veces es difícil “sólo hacerlo” y cambiar la conducta por cuenta propia. Si cambiar conductas fuera verdaderamente fácil, ninguno de nosotros necesitaría pedir ayuda jamás, pero la mayoría de nosotros nos beneficiamos de obtener ayuda cuando estamos luchando contra algo difícil. Cuando los adolescentes aprenden nuevas habilidades, como álgebra, básquetbol, tejer o esquiar, a menudo cuentan con un entrenador, un maestro o una guía. Debido a que la terapia de activación conductual implica aprender nuevas habilidades e intentar nuevas actividades, el terapeuta funciona como un entrenador o guía. El terapeuta enseña nuevas habilidades y entrena o guía al adoles-
El terapeuta de su adolescente sabe que es difícil participar en actividades al sentirse deprimido, y que puede que le tome un gran esfuerzo a su hijo o hija para organizar su tiempo y participar en actividades que solían ser divertidas antes pero que ahora no le parecen interesantes al adolescente deprimido. No se preocupe; el terapeuta de su adolescente trabajará con él o ella para ayudarlo a descifrar las cosas que obstaculizan que se ponga activo, así como para ayudarlo a derribar esos obstáculos.

¿Qué se esperará que hagamos?

Hay un par de cosas que usted y su hijo o hija necesitarán hacer para asegurarse de que el tratamiento tenga éxito.

En el caso de su adolescente, éstas incluyen:

- Tratar de asistir a todas las citas.
- Hacer un esfuerzo para identificar las cosas que “desencadenan” la depresión.
- Hacer un esfuerzo para trabajar con su terapeuta para fijar algunos objetivos.
- Hacer un esfuerzo para probar algunas estrategias y actividades nuevas.
- Ser honesto con nosotros sobre lo que él o ella está sintiendo y lo que se necesita del terapeuta.

En el caso de los padres o cuidadores:

- Tratar de asistir a todas las citas; en esta terapia se alienta la participación activa de los padres o cuidadores y esto incluye tiempo de colaboración con padres o cuidadores para pensar en nuevas maneras de comunicarse con su adolescente y de apoyarlo.
- Hacer un esfuerzo para reconocer y entender la depresión de su adolescente, cómo puede que afecte su conducta en casa y la escuela.
- Apoyar a su adolescente en sus esfuerzos para probar nuevas estrategias y actividades.
- Ser honesto con nosotros sobre lo que usted está sintiendo y lo que se necesita del terapeuta.

En resumen, la terapia de activación conductual se usará con su adolescente para que aprenda nuevas actividades y las convierta en nuevos hábitos que le ayudarán a mejorar su estado de ánimo y a que participe en las actividades que sean importantes para él o ella y que, a su vez, le ayudarán a crear autoestima y un sentido de propósito.
Actividad — Gráfico del estado de ánimo — Ejemplo

Ejemplo y práctica: llena tu información para el día de hoy hasta este momento, incluso lo que estabas haciendo, lo que estabas sintiendo y la intensidad del sentimiento.

<table>
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<tr>
<th>Fecha/Día: 6/1</th>
<th>Actividad</th>
<th>Sentimiento e intensidad</th>
<th>Fecha/Día: ........................................</th>
<th>Actividad</th>
<th>Sentimiento e intensidad</th>
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</thead>
<tbody>
<tr>
<td>6 AM</td>
<td>Despertar, reactivar la alarma del despertador, tomar una ducha</td>
<td>Irritado - 9</td>
<td>6 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 AM</td>
<td>Desayunar, caminar a la parada del autobús, sentarse con Ana</td>
<td>Un poco feliz – 2</td>
<td>7 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 AM</td>
<td>Clase/prueba de ciencias</td>
<td>Ansioso - 4</td>
<td>8 AM</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Tranquilizado - 2</td>
<td>9 AM</td>
<td></td>
<td></td>
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<tr>
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<td>Historia</td>
<td>Aburrido - 2</td>
<td>10 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 AM</td>
<td>Almuerzo con Javier</td>
<td>Bien – 6</td>
<td>11 AM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDIDÍA</td>
<td>Afuera después del almuerzo, con Javier y un grupo de sus amigos</td>
<td>En parte bien (6), en parte nervioso y solitario (3)</td>
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<td></td>
<td></td>
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<td>Aburrido - 5</td>
<td>1 PM</td>
<td></td>
<td></td>
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<tr>
<td>2 PM</td>
<td>Arte</td>
<td>Bastante bien – 4</td>
<td>2 PM</td>
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<tr>
<td>3 PM</td>
<td>Tomé el autobús a casa; me senté solo</td>
<td>Solitario – 3</td>
<td>3 PM</td>
<td></td>
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</tr>
<tr>
<td>4 PM</td>
<td>Refrgerio; tiempo con la computadora</td>
<td>Bien; un poco solitario – 3</td>
<td>4 PM</td>
<td></td>
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</tr>
<tr>
<td>5 PM</td>
<td>Papá llegó a casa, estuvo de gruñón</td>
<td>Molesto – 8</td>
<td>5 PM</td>
<td></td>
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<tr>
<td>6 PM</td>
<td>Cena; lavé los platos</td>
<td>Molesto – 6</td>
<td>6 PM</td>
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<tr>
<td>7 PM</td>
<td>Comencé a hacer la tarea</td>
<td>Nervioso, aburrido, molesto - 5</td>
<td>7 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 PM</td>
<td>Tarea y hablé un poco por teléfono</td>
<td>Aburrido y nervioso – 4</td>
<td>8 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 PM</td>
<td>Escuché música, lei, jugué un juego</td>
<td>Feliz - 6</td>
<td>9 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 PM</td>
<td>Mis papás estuvieron de gruñones; me preparé para irme a dormir</td>
<td>Irritado - 3</td>
<td>10 PM</td>
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<tr>
<td>11 PM</td>
<td>Me fui a la cama, no me estaba quedando dormido</td>
<td>Ansioso, molesto - 4</td>
<td>11 PM</td>
<td></td>
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</tr>
<tr>
<td>12+</td>
<td>Dormido</td>
<td>?</td>
<td>12+</td>
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</table>
Actividad — Gráfico del estado de ánimo

**Esto es lo que se debe hacer:**
- Elige dos días de la semana (1 día entre semana/1 día de fin de semana)
- Lleva un registro de tus actividades
- Escribe lo que estabas haciendo y entonces...
- Califica cómo te estabas sintiendo (lo que sentías y con qué intensidad):

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<tr>
<th>0</th>
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<tbody>
<tr>
<td>&quot;Nada&quot;</td>
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<td>&quot;Sumamente&quot;</td>
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<th>Fecha/Día:</th>
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<th>Sentimiento e intensidad</th>
<th>Fecha/Día:</th>
<th>Actividad</th>
<th>Sentimiento e intensidad</th>
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<td>MEDIODÍA</td>
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</table>
La espiral del estado de ánimo negativo

Sucesos estresantes, dificultades cotidianas:
Pelear con un amigo, reprobar en la escuela, tener papás que se están separando

¿Cómo te sientes?:
Triste, inútil, abrumado y enojado

¿Qué haces?:
Evito a mi amigo, faltó a clases, paso tiempo en mi habitación solo, escucho música triste

Consecuencias negativas:
Mis amigos me dejan de llamar, me atraso aún más en la escuela, mis padres están molestos conmigo y andan detrás de mí
Tus espirales del estado de ánimo negativo

Sucesos estresantes, dificultades cotidianas:

¿Cómo te sientes?:

¿Qué haces?:

Consecuencias negativas:
Espirales de estado de ánimo positivo y negativo

**Eventos de vida/Desencadenantes**

**Sentimientos/negativos/impulsos**

**Las cosas mejoran**

**Seguir sus metas positivas**

ACCIONES ÚTILES
- Actividades que elevan su estado de ánimo
- Tomar pasos hacia sus metas
- Mejora de relaciones/conexiones
- Mantenerse saludable (ejercicio, horario regular para dormir, comer bien)
- Afrontamiento saludable
- Tomar pasos para resolver los problemas
- Uso de afrontamiento saludable

**Seguir su estado de ánimo negativo**

ACCIONES NO ÚTILES
- Evitar
- No hacer nada
- Encerrado en sí mismo
- Afrontamiento no saludable
- Aislamiento
- Dormir durante el día

**Las cosas empeoran**
Haga la prueba: Horario de actividad

Selezione una actividad útil. La investigación sugiere que los siguientes tipos de actividades, a menudo, ayudan con el estado de ánimo depresivo, pero use lo que sabe sobre USTED para ayudarle a seleccionar.

- Hacer algo que solía disfrutar
- Estar con otras personas
- Hacer cosas que sabe hacer bien
- Estar activo físicamente
- Tomar un paso hacia una meta
- Conectarse con alguien que es importante para usted
- Hacer algo que esté a la par con sus valores

Piense en varias ideas:

1) .......................................................................................................................... ........................
2) .......................................................................................................................... ........................
3) .......................................................................................................................... ........................

Escoja algo muy simple. Opte por algo sobre lo que tiene control y que podría hacer realística que varias veces esta semana. Sea específico en cuanto al qué, quién, cuándo y cómo.

Planee para el éxito. Indique cualquier obstáculo y cómo puede superarlo. Anote recordatorios o ayuda que podría necesitar.

Escrba el día y hora y qué hará. Luego, haga seguimiento de cómo le va, y de si la actividad impacta su estado de ánimo.

¿Lo hice?
 ¿Cambió mi estado de ánimo?
 ¿Otros comentarios?

<table>
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<tr>
<th>Día/hora:</th>
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</table>
Cómo comunicarse con apoyo

Encontrar maneras para permanecer positivo y dar apoyo cuando los adolescentes están deprimidos es desafiante pero esencial. Lea a continuación para ver estrategias de “escucha activa” que pueden ser de ayuda.

La persona que escucha activamente...

✔ Le da la palabra al orador.

✔ Se ve interesada...
   - Mantiene buen contacto visual
   - Se detiene para escuchar
   - Indica entendimiento...“Ajá”

✔ Hace PREGUNTAS ACLARATORIAS...
   - “¿Con eso quieres decir...?”
   - “¿Me puedes decir sobre...?”

✔ Refleja SENTIMIENTOS...
   - “Parece como si sintieras...”
   - “¡Guau! Parece como si eso te hiciera...”
   - “Me parece como si tú estuvieras.....”

✔ Parafrasea...
   - “Escucho que dices...” “Así que, en otras palabras...”
   - “Parece que... ¿es eso correcto?”

La persona que escucha activamente NO...

Interrumpe Menosprecia lo que se está diciendo
Discute Da consejos que no se le piden
Critica Participa en otra actividad
Juzga Se desconecta
Habla sobre sí mismo

Práctica sobre cómo comunicarse con apoyo

Remember, a parent or caregiver can show support by:

✔ Darle la palabra al orador
✔ Mostrarse interesado
✔ Hacer preguntas aclaratorias
✔ Reflejar sentimientos
✔ Parafrasear para mostrar que está escuchando

Práctica: ¿Qué puede decir en las siguientes situaciones para mostrar apoyo?

Un adolescente está ojeando un montón de libros, y parece estar abrumado. Le dice a su padre/madre que tiene una tarea importante que debe entregar en unos pocos días.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

El padre/la madre está ocupado(a) lavando los platos, el adolescente entra y arroja los libros sobre la mesa con un fuerte suspiro.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

La adolescente dice que se va a salir de clases de matemáticas porque, “al maestro simplemente no le caigo bien y nunca me aprobará”.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

El adolescente se quedó en casa después de que un amigo no lo invitó a su fiesta.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

La policía detiene al adolescente por exceso de velocidad.

_______________________________________________________________________
_______________________________________________________________________
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### Consecuencias a corto frente a largo plazo

<table>
<thead>
<tr>
<th>RECOMPENSA A LARGO PLAZO</th>
<th>PRECIO A LARGO PLAZO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recompensa a corto plazo</strong> + Recompensa a largo plazo = $</td>
<td><strong>Precio a corto plazo</strong> + Precio a largo plazo = ¿? EVALÚA</td>
</tr>
<tr>
<td><strong>Precio a corto plazo</strong> + Recompensa a largo plazo = ¿? EVALÚA</td>
<td><strong>Precio a corto plazo</strong> + Precio a largo plazo =</td>
</tr>
</tbody>
</table>
¿Qué tan inteligente (SMART) es este objetivo?

Recuerde, un objetivo inteligente (SMART) es:

- eSpecífico: se expresa clara y específicamente, y describe lo que harás
- Medible: incluye una manera fácil de identificar si se logró o no
- Atractivo: es algo deseable, que valoras, una elección saludable
- Realista: se puede lograr, es controlable, está al alcance pero no es DEMASIADO fácil
- Tiene un plazo fijo: no es eterno, sino que tiene un principio y fin claros

<table>
<thead>
<tr>
<th>¿Qué tan inteligente (SMART) es este objetivo?</th>
<th>eSpecífico</th>
<th>Medible</th>
<th>Atractivo</th>
<th>Realista</th>
<th>Tiene un plazo fijo</th>
</tr>
</thead>
<tbody>
<tr>
<td>¿Ir al centro comercial con mi hermana una vez esta semana?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>¿Llevarme bien con mis padres?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>¿Pedirle a mi hermano que me ayude a practicar el fútbol/béisbol antes de mi juego el sábado?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>¿Convertirme en una estrella de cine/de rock famosa o jugador de deportes profesional?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>¿No tener que hablar con mis padres sobre algo nunca jamás?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>¿Sacarme una “B” o una calificación más alta en mi prueba de matemáticas el viernes?</td>
<td>✔️</td>
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<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>¿Abandonar la escuela?</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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</tbody>
</table>
Identificación de un objetivo inteligente (SMART)

¿Qué podría cambiar en cada área que fuera LA MAYOR ayuda para sentirte mejor o mejorar tu situación?

- ¿En la escuela? _________________________________________________________________
- ¿Con amigos? _________________________________________________________________
- ¿Con la familia? ______________________________________________________________
- ¿Durante actividades (deportes, música, etc.)? _________________________________
- ¿Otra? ________________________________________________________________

Escoge algo en lo que te gustaría enfocarte para esta semana:
Barreras: Internas frente a externas

_Barreras internas_: cosas que se encuentran en “nuestro interior”, como pensamientos y sentimientos que nos impiden completar nuestros objetivos o que nos detienen.

**Ejemplos:**
- &&& Simplemente no tengo ganas/estoy desmotivado
- &&& Se me dificulta comunicar u obtener lo que necesito
- &&& Me dejo distraer: videojuegos, Facebook, películas o televisión
- &&& Me siento abrumado o ansioso
- &&& Me dejo distraer: videojuegos, Facebook, películas o televisión
- &&& Me siento abrumado o ansioso

Voy a vencer este obstáculo al: ______________________________

__________________________________________________________

_Barreras externas_: cosas que se encuentran “fuera de nosotros” que nos impiden lograr nuestros objetivos: como no tener suficiente tiempo, dinero o las herramientas necesarias.

**Ejemplos:**
- &&& No tener las “herramientas” necesarias, p. ej., no tengo la tarea, no puedo obtener el libro
- &&& Necesitar ayuda de otros para llevar a cabo el plan, p. ej., que me lleve mi papá, tiempo de silencio en casa, tutor/ayuda para la tarea
- &&& Otras personas cambian los planes o no cumplen lo que dicen
- &&& Necesito dinero

Voy a vencer este obstáculo al: ______________________________

__________________________________________________________
Objetivos y barreras

Elige un objetivo para esta semana:

Mi objetivo es: _______________________________________________________

¿Quién me puede ayudar? ___________________________________________

Divídelo en mini pasos que sean inteligentes (SMART):

Minipaso 1:
- ¿Cuándo haré esto? _________________________________________________
- ¿Qué barreras debo superar? _________________________________________
- ¿Qué sucedió? ______________________________________________________

Minipaso 2:
- ¿Cuándo haré esto? _________________________________________________
- ¿Qué barreras debo superar? _________________________________________
- ¿Qué sucedió? ______________________________________________________

Minipaso 3:
- ¿Cuándo haré esto? _________________________________________________
- ¿Qué barreras debo superar? _________________________________________
- ¿Qué sucedió? ______________________________________________________

Minipaso 4:
- ¿Cuándo haré esto? _________________________________________________
- ¿Qué barreras debo superar? _________________________________________
- ¿Qué sucedió? ______________________________________________________

Recuerda:

✔ eSpecífico: se expresa clara y específicamente, y describe lo que hará
✔ Medible: incluye una manera fácil de identificar si se logró o no
✔ Atractivo: es algo deseable, que valoras, una elección saludable
✔ Realista: se puede lograr, es controlable, está al alcance, pero no es DEMASIADO fácil
✔ Tiene un plazo fijo: no es eterno, sino que tiene un principio y fin clarosh
¿Qué apariencia tiene la EVITACIÓN?

La evitación se presenta en todos los tamaños y formas...

- **Procrastinar**: dejar para después tareas necesarias o aburridas; esperar hasta el último momento para comenzar a escribir tu ensayo.
- **Darle de vueltas**: pensar una y otra vez sobre algún problema sin generar ninguna solución.
- **Estallar**: ser explosivo con personas o cosas, tratar de deshacerse de las personas con gritos o berrinches.
- **Hibernar**: encerrarse para alejarse de todo, quedarse en cama todo el día, alejarse de los amigos.

En tu caso, ¿qué apariencia tiene la evitación?

_______________________________________________________________________

_______________________________________________________________________

Recuerda:

- La evitación puede tener una RECOMPENSA breve, pero un PRECIO a largo plazo
- La evitación puede ser una TRAMPA negativa
Maneras para apoyar a mi adolescente

• Darle espacio a mi adolescente cuando lo pide.
• Escuchar; ¿usó la escucha activa?
• Haga preguntas para averiguar más sobre la situación.
• Demuestre su interés y que está tratando de entender su perspectiva.
• Dele reconocimiento por todas las elecciones positivas o saludables que vea.
• Elogie los pasos que tome en la dirección correcta (incluso los pequeños).
• Expreso confianza en su adolescente.
• Recuérdelle al adolescente sus buenas cualidades, puntos fuertes y atributos que valore.
• Aliente a su adolescente a dar su mejor esfuerzo.
• Diga, por favor, y gracias.
• Dé ejemplos de una resolución de problemas saludable.
• Tómese el tiempo para hacerle cumplidos a su hijo. Hágale cumplidos específicos (p. ej., “Me gustó especialmente que tomaras un poco del tiempo de tu almuerzo para hablar con tu maestra de álgebra”).
• Esté dispuesto a conducir para llevarlo a actividades, a las casas de sus amigos o a otras actividades saludables que lo “vigoricen”.

OTRAS IDEAS:

1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________
Experimento de apoyo

Apoyaré a mi adolescente al:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Dar seguimiento al avance...

<table>
<thead>
<tr>
<th>Seguimiento del apoyo del padre o cuidador</th>
<th>Día:</th>
<th>1</th>
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<tbody>
<tr>
<td>Usó cada oportunidad para dar apoyo</td>
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<tr>
<td>Aprovechó muchas oportunidades</td>
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<tr>
<td>Usó aproximadamente la mitad de las oportunidades de apoyo</td>
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<tr>
<td>De vez en cuando encontró oportunidades para dar apoyo</td>
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<tr>
<td>No encontró oportunidades para dar apoyo</td>
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</table>
Hacer lo que funciona

**Factores desencadenantes** (situaciones de vulnerabilidad)

- Desilusiones
- Grandes cambios
- Frustraciones
- Otro

**Señales de un error** (cómo te sientes; lo que haces)

- Sentimientos
- Lenguaje corporal
- Conductas de evitación
- Conductas arriesgada
- Otra

**Qué hacer si comettes un ERROR:**

- Planifica actividades divertidas que eleven tu estado de ánimo (especialmente las actividades sociales y físicas) incluso si no te sientes con ganas de hacer nada.
- Planifica minipasos para lograr tus OBJETIVOS INTELIGENTES (SMART)
- Prepárate contra las BARRERAS (internas/externas)
- Mantente pendiente de la EVITACIÓN (procrastinar, darle de vueltas, estallar, hibernar)
- Evalúa la RECOMPENSA frente al PRECIO, a corto y largo plazo
- Mantente SANO (haz ejercicio, duerme bien, consume buenos alimentos)
- Pide APOYO: y sé específico sobre el tipo de apoyo que deseas

**Éstos son algunos de mis próximos objetivos:**

- 
- 

¿A quién le pediré apoyo o ayuda?

- 
- 

108 FIRST APPROACH SKILLS TRAINING — ADOLESCENT DEPRESSION (FAST-D)
Orden en el sueño de los adolescentes

- Haga que los adolescentes se levanten y se acuesten a la misma hora todos los días. Dejar que se acuesten o se levanten tarde los fines de semana puede trastornar el horario del sueño por varios días.
- El dormitorio debe estar fresco, tranquilo y cómodo. Los adolescentes que fijan su atención en el reloj deben darle la vuelta para no ver la hora.
  - Restringe el uso de pantallas en el dormitorio (teléfonos, tabletas, consolas de videojuegos, televisores, computadoras, etc). Todos estos aparatos pueden impedir el sueño.
- A la hora de acostarse debe seguirse el mismo orden predecible de actividades no estresantes, como elegir la ropa para el día siguiente, cepillarse los dientes y leer algo relajante en papel o escuchar música.
- Evite las actividades intensas durante la hora anterior a acostarse, como ver televisión, jugar videojuegos, conversar por texto con los amigos o hacer ejercicio. Si el adolescente se despierta durante la noche, deberán evitarse estas mismas actividades.
- Evite que se vayan a la cama con hambre o tras haber comido demasiado.
- A menudo, hacer ejercicio físico durante el día ayuda a dormir varias horas después. También podría ayudar salir todos los días, en especial por la mañana.
- Las técnicas de relajación, como la respiración lenta y profunda desde el área del estómago, o imaginar cosas positivas como estar en la playa, pueden ayudar a fomentar la relajación.
- Evite la cafeína (sodas, chocolate, té, café, bebidas energéticas) en la tarde y la noche. El alcohol, el tabaco o los somníferos (fármacos o preparaciones herbales para ayudar a dormir) pueden interferir con el ciclo de sueño natural.
- Si el adolescente se despierta en cama dándose vuelta o moviéndose, es mejor que se levante y realice una actividad poco estimulante (es decir, leer en papel) antes de regresar a la cama cuando se sienta cansado. Si a pesar de ello sigue sin poder dormir, el adolescente debe pasar más tiempo relajándose sin estar en cama antes de acostarse de nuevo. Esto evita que relacione la cama con no poder dormir.
- La hora de acostarse no es momento para preocuparse. A los adolescentes que tienen este problema podría servirles programar un “momento para preocuparse” durante el cual pueden escribir en un diario lo que les preocupa o hablar de ello con sus padres u otra persona de apoyo, y dejar el tema de lado.
- Los adolescentes se deben acostar con sueño, pero cuando aún están despiertos. Permitir que se duerman en el sofá u otros lugares distintos de la cama podría crear asociaciones relativas al sueño con esos lugares y crear hábitos difíciles de cambiar.
- Si el adolescente nunca tiene sueño a la hora programada para acostarse, demore la hora de ir a la cama temporalmente 15 a 30 minutos hasta que el adolescente tenga sueño. Así se dormirá más rápido al meterse en la cama. La cantidad de tiempo de la demora debe ser menor cada vez, hasta que se duerma a la hora deseada.
- Lleve un diario del sueño donde anote las siestas, las horas de sueño y las horas y las actividades en que está despierto para ayudar a identificar cosas frecuentes y problemáticas por resolver. Esto puede resultar muy útil al hablar de los problemas del sueño con su equipo de atención médica. También hay apps que pueden ayudar a llevar un registro de los hábitos de sueño.

Dr. Robert Hilt
Referencia principal: A Clinical Guide to Pediatric Sleep (Una guía clínica para el sueño pediátrico) por Jodi Mindell y Judith Owens
FAST-D Manual
Appendix 5: Measures in Spanish
# Cuestionario Sobre La Salud Del Paciente (PHQ-9)

**NOMBRE.................................................................................................................................................. FECHA .............................................**

Durante las últimas 2 semanas, ¿qué tan seguido le han afectado cualquiera de los siguientes problemas? (Marque con una “✔” para indicar su respuesta).

<table>
<thead>
<tr>
<th>1. Poco interés o placer en hacer las cosas</th>
<th>Para nada</th>
<th>Varios días</th>
<th>Más de la mitad de los días</th>
<th>Casi todos los días</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Se ha sentido decaído(a), deprimido(a), o sin esperanzas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Dificultad para dormir o permanecer dormido(a), o ha dormido demasiado</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Se ha sentido cansado(a) o con poca energía</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Con poco apetito o ha comido en exceso</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Se ha sentido mal con usted mismo(a) — o que es un fracaso o que ha quedado mal con usted mismo(a) o con su familia</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Ha tenido dificultad para concentrarse en cosas tales como leer el periódico o ver televisión</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. ¿Se ha estado moviendo o hablando tan lento que otras personas podrían notarlo?, o por el contrario — ha estado tan inquieto(a) o agitado(a), que se ha estado moviendo mucho más de lo normal</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Ha pensado que estaría mejor muerto(a) o se le ha ocurrido lastimarse de alguna manera</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

| For Office Coding | 0 | + | + | + | TOTAL SCORE |

Si usted marcó cualquiera de estos problemas, ¿qué tan difícil fue hacer su trabajo, las tareas del hogar o llevarse bien con otras personas debido a tales problemas?

Para nada difícil | Un poco difícil | Muy difícil | Extremadamente difícil

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GAD – 7

<table>
<thead>
<tr>
<th>Durante las últimas 2 semanas, ¿con qué frecuencia ha sentido molestias por los siguientes problemas?</th>
<th>Nunca</th>
<th>Varios días</th>
<th>Más de la mitad de los días</th>
<th>Casi todos los días</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sentirse nervioso/a, intranquilo/a o con los nervios de punta</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. No poder dejar de preocuparse o no poder controlar la preocupación</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Preocuparse demasiado por diferentes cosas</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Dificultad para relajarse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Estar tan inquieto/a que es difícil permanecer sentado/a tranquilamente</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Molestarse o ponerse irritable fácilmente</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Sentir miedo como si algo terrible pudiera pasar</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(For office coding: Total Score T____ = ____ + ____ + ____ )

Desarrollado por los Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke y colegas, con una beca educacional por parte de Pfizer Inc. No se requiere permiso para reproducir, traducir, mostrar o distribuir.
Análisis de traumatismo en niños y adolescentes (CATS) de 7 a 17 años

| Nombre: ____________________________________________                  | Fecha: ____________________________ |

Muchas personas pasan por eventos estresantes o de miedo. A continuación hay una lista de eventos estresantes o de miedo que a veces suceden. Marca SÍ si se ha sucedido. Marca NO si no te ha sucedido.

1. Desastre natural grave, como una inundación, tornado, huracán, terremoto o incendio. □ Sí □ No
2. Accidente o lesión grave, como un choque de automóvil/bicicleta, mordida de un perro, lesión deportiva. □ Sí □ No
3. Has sido víctima de robo mediante amenazas, fuerza o un □ Sí □ No
4. Has recibido bofetadas, puñetazos o golpes en tu familia. □ Sí □ No
5. Has recibido bofetadas, puñetazos o golpes por alguien ajeno a la familia. □ Sí □ No
6. Has visto a alguien de tu familia recibir bofetadas, puñetazos o golpes. □ Sí □ No
7. Has visto a alguien de la comunidad recibir bofetadas, puñetazos. □ Sí □ No
8. Alguien mayor tocó tus partes privadas cuando no debía hacerlo. □ Sí □ No
9. Alguien te forzó o presionó a tener sexo, o tuvo sexo cuando no podías decir que no. □ Sí □ No
10. Alguien cercana a ti falleció repentinamente o violentamente. □ Sí □ No
11. Has sido objeto de ataques, puñaladas, disparos o lesiones graves. □ Sí □ No
12. Has visto a alguien ser objeto de ataques, puñaladas, disparos, lesiones graves o que la mataran. □ Sí □ No
13. Procedimiento médico que te produjo estrés o miedo. □ Sí □ No
14. Has estado en un lugar en guerra. □ Sí □ No
15. ¿Has sufrido otro evento estresante o de miedo? □ Sí □ No

Describela: ____________________________________________________________

¿Cuál de estos eventos es el que más te molesta? ____________________________

Si has marcado algún evento estresante o de miedo, pasa de página y responde las preguntas siguientes.
Marca 0, 1, 2 o 3 indicando con qué frecuencia las situaciones siguientes te han molestado en las últimas dos semanas:

0 Nunca  1 De vez en cuando  2 La mitad del tiempo  3 Casi siempre

1. Pensamientos o imágenes perturbadores acerca de lo que sucedió que surgen en tu mente.  
   0 1 2 3
2. Pesadillas que te recuerdan lo sucedido.  
   0 1 2 3
3. Sensación de que se repite nuevamente lo sucedido.  
   0 1 2 3
4. Te sientes muy molesto cuando te recuerdan lo sucedido.  
   0 1 2 3
5. Sentimientos fuertes en tu cuerpo cuando te recuerdan lo sucedido (sudoración, palpitaciones, malestar estomacal).  
   0 1 2 3
6. Intentas no pensar en lo sucedido. O no tienes ningún sentimiento respecto a lo sucedido.  
   0 1 2 3
7. Permaneces alejado de las personas, lugares, cosas o situaciones que te recuerdan lo sucedido.  
   0 1 2 3
8. No puedes recordar parte de lo sucedido.  
   0 1 2 3
9. Pensamientos negativos sobre ti mismo u otras personas. Tienes pensamientos como “No tendré una buena vida”, “No se puede confiar en nadie”, “Todo el mundo es inseguro”.  
   0 1 2 3
10. Te culpas por lo sucedido. O culpas a otra persona que no tiene la culpa.  
    0 1 2 3
11. Tienes sentimientos negativos (miedo, enojo, culpa, vergüenza) con mucha frecuencia.  
    0 1 2 3
12. No deseas hacer cosas que solías hacer.  
    0 1 2 3
13. No te sientes cercano a las personas.  
    0 1 2 3
14. No puedes tener sentimientos buenos o felices.  
    0 1 2 3
15. Te sientes furioso. Tienes arranques de furia y te desquitas con otras personas.  
    0 1 2 3
16. Haces cosas que no son seguras.  
    0 1 2 3
17. Estás excesivamente cuidadoso (controlas quiénes están cerca).  
    0 1 2 3
18. tás nervioso.  
    0 1 2 3
19. Tienes problemas para prestar atención.  
    0 1 2 3
20. Tienes problemas para dormirte o mantenerte dormido.  
    0 1 2 3

Marca SÍ o NO si los problemas que has marcado interfirieron con las situaciones siguientes:

1. Llevarse bien con otras personas  ❑ Sí  ❑ No
2. Pasatiempos/diversión  ❑ Sí  ❑ No
3. Escuela o trabajo  ❑ Sí  ❑ No
4. Relaciones familiares  ❑ Sí  ❑ No
5. Felicidad general  ❑ Sí  ❑ No

Total _____ Clinical = 15+
Cuestionario CAGE-AID adaptado para incluir drogas

Fecha: ____________________________

1. ¿Alguna vez ha sentido que debería disminuir o reducir su uso de alcohol y/o drogas?
   Alcohol:  ❑ SÍ  ❑ NO
   Uso de Drogas:  ❑ SÍ  ❑ NO

2. ¿Se ha sentido alguna vez molesto por las críticas de la gente acerca de su uso de alcohol y/o drogas?
   Alcohol:  ❑ SÍ  ❑ NO
   Uso de Drogas:  ❑ SÍ  ❑ NO

3. ¿Alguna vez se ha sentido culpable debido al uso de alcohol y/o drogas?
   Alcohol:  ❑ SÍ  ❑ NO
   Uso de Drogas:  ❑ SÍ  ❑ NO

4. ¿Alguna vez ha necesitado alcohol y/o drogas temprano en la mañana para estabilizar sus nervios o ayudarlo con la resaca)?
   Alcohol:  ❑ SÍ  ❑ NO
   Uso de Drogas:  ❑ SÍ  ❑ NO

**TABULACION**

**PUNTUACIÓN:** Total de respuestas “SÍ”: ________
• Determinación positiva = Puntuación de 1 o más.


Rev 08/19/2008
Análisis de traumatismo en niños y adolescentes para cuidadores (CATS-C) de niños de 7 a 17 años

Nombre: ___________________________________________ Fecha: ___________________________________________

A muchos niños les suceden eventos que los estresa o asusta. Presentamos a continuación una lista de los eventos que suceden a veces y que los estresa o asusta. A su leal entender, marque SÍ si el evento le sucedió al niño. Marque No si no le sucedió al niño.

1. Desastres naturales serios, como inundaciones, huracanes, terremotos o incendios.
   ● Sí  ● No

2. Accidente o lesión graves, como un choque de automóvil/bicicleta, mordida de un perro, lesión deportiva.
   ● Sí  ● No

3. Fue objeto de robo mediante amenazas, fuerza o un arma.
   ● Sí  ● No

4. Recibió bofetadas, puñetazos o golpes en la familia.
   ● Sí  ● No

5. Recibió bofetadas, puñetazos o golpes por alguien ajeno a la familia.
   ● Sí  ● No

6. Vio que alguien en la familia recibió bofetadas, puñetazos o golpes.
   ● Sí  ● No

7. Vio que alguien de la comunidad recibió bofetadas, puñetazos.
   ● Sí  ● No

8. Una persona de mayor edad tocó sus partes privadas cuando no debía hacerlo.
   ● Sí  ● No

9. Una persona le forzó o presionó a tener relaciones cuando el niño/niña no pudo decir que no.
   ● Sí  ● No

10. Una persona cercana al niño falleció repentinamente o violentamente.
    ● Sí  ● No

11. Fue objeto de ataques, puñaladas, disparos o lesiones graves.
    ● Sí  ● No

12. Vio que una persona fue objeto de ataques, puñaladas, disparos, lesiones graves o que mataron a una persona.
    ● Sí  ● No

13. Procedimiento médico que le produjo estrés o miedo.
    ● Sí  ● No

14. Estuvo en un lugar que estaba en guerra.
    ● Sí  ● No

15. ¿Sufrió otros eventos que lo estresaron o asustaron?
    ● Sí  ● No

Descríbalos: ________________________________________________________________________________________

¿Cuál de estos eventos es el que más perturba al niño? ____________________________________________________

Si marcó eventos que estresaron o asustaron al niño, pase de página y responda las preguntas siguientes.
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1. Tiene pensamientos o imágenes molestos sobre un evento estresante. O vuelve a representar un evento estresante durante el juego. | 0 | 1 | 2 | 3 |
| 2. Tiene pesadillas sobre un evento estresante. | 0 | 1 | 2 | 3 |
| 3. Actúa, juega o siente como si un evento estresante estuviera sucediendo ahora. | 0 | 1 | 2 | 3 |
| 4. Se siente muy molesto desde el punto de vista emocional cuando se le recuerda sobre un evento estresante. | 0 | 1 | 2 | 3 |
| 5. Tiene reacciones físicas fuertes cuando se le recuerda sobre un evento estresante (sudoración, palpitaciones). | 0 | 1 | 2 | 3 |
| 6. Intenta no recordar, hablar ni tener sentimientos acerca un evento estresante. | 0 | 1 | 2 | 3 |
| 7. Evita las actividades, personas, lugares o cosas que recuerden evento estresante. | 0 | 1 | 2 | 3 |
| 8. No puede recordar una parte importante de un evento estresante. | 0 | 1 | 2 | 3 |
| 9. Tiene cambios negativos en la manera en que piensa sobre sí mismo, otras personas o el mundo tras el evento estresante. | 0 | 1 | 2 | 3 |
| 10. Piensa que el evento estresante sucedió porque él/ella u otra persona hicieron algo que no correspondía o no hicieron lo suficiente para detenerlo. | 0 | 1 | 2 | 3 |
| 11. Tiene estados emocionales muy negativos (miedo, enojo, culpa, vergüenza). | 0 | 1 | 2 | 3 |
| 12. Pierde el interés en las actividades que disfrutaba antes del evento estresante. | 0 | 1 | 2 | 3 |
| 13. Se siente distante o apartado de las personas de su entorno. | 0 | 1 | 2 | 3 |
| 14. No demuestra sentimientos positivos (estar feliz, tener sentimientos afectuosos). | 0 | 1 | 2 | 3 |
| 15. Está irritable. O tiene arrebatos de enojo sin un buen motivo y se desquita con otras personas o cosas. | 0 | 1 | 2 | 3 |
| 16. Tiene comportamiento arriesgado o que podría causar daños. | 0 | 1 | 2 | 3 |
| 17. Está demasiado alerta o en guardia. | 0 | 1 | 2 | 3 |
| 18. Está nervioso o se asusta con facilidad. | 0 | 1 | 2 | 3 |
| 19. Tiene problemas de concentración. | 0 | 1 | 2 | 3 |
| 20. Tiene problemas para dormirse o mantenerse dormido. | 0 | 1 | 2 | 3 |

**Total _____ Clinical = 15+**

Marque SÍ o NO si los problemas que marcó interfirieron con las situaciones siguientes:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Llevarse bien con otras personas</td>
<td>❑ Sí</td>
<td>❑ No</td>
</tr>
<tr>
<td>2. Pasatiempos/diversión</td>
<td>❑ Sí</td>
<td>❑ No</td>
</tr>
<tr>
<td>3. Escuela</td>
<td>❑ Sí</td>
<td>❑ No</td>
</tr>
<tr>
<td>4. Relaciones familiares</td>
<td>❑ Sí</td>
<td>❑ No</td>
</tr>
<tr>
<td>5. Felicidad general</td>
<td>❑ Sí</td>
<td>❑ No</td>
</tr>
</tbody>
</table>
Partnership Access Line:  
Child Psychiatric Consultation Program for Primary Care Providers

The Partnership Access Line (PAL) supports primary care providers (doctors, nurse practitioners and physician assistants) with questions about mental health care such as diagnostic clarification, medication adjustment or treatment planning. The PAL team is staffed with child and adolescent psychiatrists affiliated with the University of Washington School of Medicine and Seattle Children’s Hospital.

- At the time of the call our program coordinator will ask for basic patient information
- HIPAA, section 45 CFR 164.506; no additional release of patient information is required to consult by phone.

PAL is funded by the Washington State Legislature and by Washington’s Health Care Authority.

866-599-PALS (7257)  
Monday – Friday 8 a.m. – 5 p.m.  
www.seattlechildrens.org/PAL