This guide is for parents with children or teens who are:

- Diagnosed with depression, (major depression, or dysthymia) or bipolar disorder (manic depression).
- Taking medication, in talk therapy, or both.

This guide is designed for informational purposes only. It is not intended to provide specific medical advice or as a substitute for professional care. If you or your child experience symptoms of an illness, or if you have personal questions or concerns about depression, you should consult with a qualified health care clinician.

Visit our Web site, www.familyaware.org

The Families for Depression Awareness Web site provides more information, ways to reduce the stigma around mood disorders, and a place to share issues. On our Web site, you can:

- Read family profiles (interviews with photographs of real families coping with depression) and send them to those who might benefit from reading them.
- Learn about depression, medical help, support groups, and books.
- Find out how you can help a depressed person seek treatment.
- Recognize your emotions as a caregiver and family member.
- Become a member of Families for Depression Awareness.
June 2007

Dear friend,

I started Families for Depression Awareness after losing my brother, Mark, to suicide 16 years ago. His depression was never diagnosed, but after his death, I was able to help my father get diagnosed and treated for depression. I learned that being educated about depression, getting effective treatment, and monitoring treatment saves lives.

At Families for Depression Awareness, we have long felt that parents of children and teens with mood disorders need to be actively involved in evaluating their children's treatment, including medication and talk therapy. In 2004, the Food and Drug Administration (FDA) put a “black box” warning on antidepressants used to treat children and teens with depression. The FDA advised that parents and clinicians should closely monitor children and teens receiving antidepressant treatment for possible increased suicidal thinking and behavior.

This advisory has left parents in a very difficult situation, since many do not know how to evaluate their children's progress in treatment. We developed this guide because we realized that families had few resources to monitor treatment. It is my hope that the guide will educate you about mood disorders and how to monitor treatment so that your family can avoid the heartbreak that mine endured.

We pilot-tested this guide with families across the country and received extremely positive results. By using this guide, these families realized how they were really feeling, how to get well, and how to work with their clinician and child. We hope that you benefit just as they did, and that you will share your experience with us, so we can help more families.

With warm wishes,

Julie Totten
President and Founder
Families for Depression Awareness
Families for Depression Awareness is a national nonprofit organization that helps families recognize and cope with mood disorders. The organization provides education, outreach and advocacy to support families, especially family caregivers. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression, with little knowledge about how to help. We offer:

- Free brochures, such as *Helping Someone who is Depressed*
- Family and Expert Profiles (see www.familyaware.org)
- Educational conferences and events
- Media campaigns
- Outreach to associations, schools, police stations, health facilities, religious organizations, employers, and nursing homes
- Advocacy to support families with depression

Other Guides

- *Depression and Bipolar Wellness Guide*, for teens with depression or bipolar disorder
- *Depression Wellness Guide*, for adults with depression and their family and friends
What is the Depression and Bipolar Wellness Guide?
Families for Depression Awareness (a national nonprofit organization) has developed the *Depression and Bipolar Wellness Guide* to help children and teens with mood disorders and to help their parents monitor treatment. We originally developed the guide in response to the Food and Drug Administration’s “black box” warning on antidepressants for children, After pilot-testing it with families, we broadened the guide to include the treatment and monitoring of bipolar disorder.

Who is it for?
This guide is for parents with children or teens who are:

• Diagnosed with major depression, dysthymia, or bipolar disorder
• Taking antidepressant medication, in talk therapy, or both

What does the guide cover?
This guide covers mood disorders, treatment, monitoring of treatment, working together as a family, and The 3-step Wellness Approach.

The guide includes:

• Descriptions of worsening signs such as suicidal thoughts, should be red flags for contacting you.
• A monitoring diary that tracks mood, medications, and other items which you should review with your patient.

How do I use the guide with patients and families?
We suggest that you read the guide to become familiar with it. Decide how you want parents and patients to handle worsening signs and what they should track in the monitoring diary. You can then review the diary with parents and patients during appointments or by phone.

Where can I get a copy of the guide?
Contact Families for Depression Awareness:

**web site** www.familyaware.org
**e-mail** info@familyaware.org
**telephone** (781) 890-0220
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About the Guide

This guide is intended to help parents understand mood disorders and how to:

• Monitor treatment
• Work with the clinician to ease their child’s pain
• Track and monitor their child’s symptoms, progress, and treatment goals
• Decrease the risk of suicide and hospitalization by identifying the red flags that require immediate clinician follow-up

To make this guide easier to read, we use the following terms throughout:

• **Parent** means a biological, adoptive, foster, or stepparent, a primary caregiver, a grandparent or relative, or any other person involved in making health care decisions for the child/teen.
• **Child** means either a child or a teen with depression.
• **Children** means children between ages of 5 and 12 who have been diagnosed with depression.
• **Teens** mean adolescents between the ages of 13 and 17 who have been diagnosed with depression.
• **Clinician** means any health professional treating your child, including pediatricians, primary care doctors, nurse practitioners, psychologists, psychiatrists or other health care providers.
• **Mood disorders** means major depression, dysthymia, or bipolar disorder.

How to use this guide

Parents want to be actively involved in their child’s treatment, but they don’t always know what to do. This guide is designed to help you and your child work with the clinician to manage treatment.

This guide includes:

1) Educational information about the treatment and monitoring of mood disorders
2) The 3-Step Wellness Approach with a monitoring diary

You can read this guide to educate yourself about all aspects of treatment. Have a discussion with your clinician about how the diary will be used, how you will handle worsening signs, and what information should be recorded and reviewed in the diary.

It is very important for you and your child to discuss how the diary will be completed. You may decide to complete the diary together. Or, your child may prefer to complete the diary alone and have you review it from time to time. Work out an agreement that seems comfortable for both of you.
By the middle of his junior year Michael found it nearly impossible to get through a day at school. He felt claustrophobic and out of control. He became physically ill in school and lost any motivation to do homework or see friends. Although theater and being with friends was a passion, he felt increasingly removed from his interests. He had trouble sleeping at night, getting out of bed during the day, eating, concentrating, and making decisions.

Eventually, Michael went to his guidance counselor. “I think something’s wrong,” he told her, “because school shouldn’t be this hard.” Feeling suicidal, he says, was the “sign that something was really wrong.” His counselor thought he might have depression. He helped Michael talk to his parents, Ronnie and Chris, and they consulted his pediatrician, who confirmed the diagnosis.

“This really caught us by surprise,” says Ronnie. “We had no idea it was building up. Looking back we were in denial for a while, almost fighting him on it.” She recalls thinking that Michael was being defiant or “acting out,” when he stopped doing his homework, for example.

Ronnie and Chris got involved. “Much of our energy went into becoming as informed as we could,” Ronnie says. She read about depression and talked to other parents, clinicians and school personnel. She found the Depression and Bipolar Wellness Guide useful too. “We found the guide early, when things were very unstable in our house,” she says, and it helped Chris and her learn how best to talk with Michael. She realized that saying things like, “Just snap out of it” wasn’t helpful to him. The guide also got her thinking about defining success on an hour-by-hour – and eventually, a day-by-day- basis, which she found useful.

To read Michael’s entire story, go to Family Profiles at www.familyaware.org

You are not alone

Whether your child or teen has just been diagnosed with a mood disorder or you have been struggling to get treatment on track for years, you probably feel overwhelmed. Many parents are confused and feel helpless. Others feel angry, hurt or frustrated, and wonder, “Why me?” Parents who also have a mood disorder often feel guilt or shame. They may wonder if they have harmed their child. All of these feelings are perfectly normal. You are not alone.

Set aside time each day to complete the diary with your child or to write down your own observations. Share the diary with your child’s clinician during office visits or on the phone, as needed.

If your child is a teen, he or she can use the Teen Depression and Bipolar Wellness Guide (contact Families for Depression Awareness).

Depression affects 1 in every 33 children and 1 in 8 teens.
How does treatment help?
Getting treatment for a childhood or adolescent mood disorder is as important as getting treatment for any other medical condition, such as juvenile diabetes or asthma. It is important to get treatment because:

- Mood disorders are treatable
- Relationships and school performance improve with treatment
- Overall physical health improves

In addition, the following may be avoided, decreased, or shortened with treatment:

- Long-lasting depression. With treatment, the length of depression may be shorter. When untreated, a single depressive episode can last more than six months or persist for years.
- New episodes of depression. When children and teens are not treated, many will have a second episode of depression within two years.
- Suicidal thoughts and attempts. Mood disorders are the #1 cause of suicide. Suicide is the third leading cause of death among 15- to 24-year-olds.
- Alcohol and drug abuse. Mood disorders often lead to drinking and other drug problems. Children and teens often use alcohol and drugs to try to numb their pain.
- Feelings of hopelessness. Persistent depression often leads to a fear that things will never get better. With proper treatment, children and teens can learn to manage their condition and lead healthy, productive lives.
Why monitor treatment?

Treatment for mood disorders is not an exact science. Each person’s depression responds differently to various forms of treatment. Unfortunately, there are no laboratory tests to determine what treatment is needed. You need to monitor your child’s treatment to make sure it works.

Suicide is a serious risk for teens and some young children suffering from a mood disorder. A mood disorder, whether or not it is treated, can lead to suicide. That is why it is so important to monitor treatment.

In 2004, the Food and Drug Administration (FDA) mandated that all antidepressants for children and teens carry a “black box” warning. The warning is an alert that special care should be taken in monitoring children and teens taking antidepressants for increased suicidal thinking and behavior. See Watching for Medication Effects section.

By actively monitoring the treatment plan, you will help your child:

• Feel better faster
• Decrease the risk of hospitalizations and suicidal behavior
• Know when the depression is getting worse and to ask for help
• Decrease family and friend conflicts
• Do better in school and at home

Monitoring will help you:

• Know when treatment needs to be adjusted
• Report symptoms accurately to the clinician
• Know when you need to contact the clinician
What are Mood Disorders?

Depression and bipolar disorder are called mood disorders. Until the 1980s, depression in children and teens was not generally accepted as a medical condition. It wasn't until the late 1990s that bipolar disorder was recognized in children and teens. We now know that about 3 percent of children and at least 12 percent of teens suffer from depression. It is not generally known how many children and teens have bipolar disorder, a current estimate is 1 percent (1 million).*

Mood disorders are serious medical conditions that create intense feelings of pain and suffering, and often suicidal thoughts and behaviors. Treatment is essential to relieve pain and help prevent drug/alcohol abuse and suicidal actions.

Everyone gets sad from time to time. But depression is different from sadness. When a child is sad most of the time for at least two weeks, it may be a sign of a mood disorder. Some children and teens don’t get sad at all when they are depressed. Instead, they feel angry, irritable, aggressive, and/or hostile.

Mood disorders affect thoughts, feelings, behavior, and overall physical health. The good news is that most mood disorders can be successfully treated. The bad news is that most children and teens do not get the help they need. When left untreated, mood disorders can worsen and make life difficult for the child and everyone else in the family.

Many factors can cause depression and bipolar disorder: a chemical imbalance of mood regulation in the brain, genetics (it is often an inherited condition), substance abuse, illness, or life events (e.g., trauma). Regardless of the cause, a child should be treated for depression.

The more you know about mood disorders and their treatments, the better you’ll be able to help. Some people respond to the first treatment given and with time are able to recover.

Mood disorders run in families

It is essential that you know who else in your family has a mood disorder or alcoholism and share this information with a clinician, so the clinician can make the right diagnosis. To help you uncover your family history, use the Mental Health Family Tree at www.familyaware.org

* Source: Juvenile Bipolar Research Foundation

Brain activity of a brain without depression versus a brain with depression

PET scan shows the intensity of brain activity, which is low in the brain with depression (right image). PET scans are not used to diagnose or monitor depression, they are used only for research.
Signs of depression

Some children and teens say they feel sad and “blue.” Others act out, and are irritable or aggressive toward others. Some begin to withdraw and become less social. Still others become anxious and fearful.

Elementary-age children often describe their depression as feeling empty. They may think that no one likes them and believe that they don’t have any friends. Sometimes young children won’t play or do things that they once thought were fun. Physical symptoms such as stomachaches, headaches, or other aches and pains may also be a sign of depression.

Teenagers in general are often described as moody, so it can be hard to recognize the difference between “just being a teen” and depression. Teens with depression are often irritable, may not be depressed all the time, and often still see their friends. Although, stressful events like a boyfriend breakup can trigger depression. Below are signs of depression and examples for parents to look for.

Having one or more of these symptoms does not necessarily mean your child has depression. A child who is feeling sad after failing a test or losing a beloved pet is having a normal reaction to disappointment or upset. When the symptoms last longer than two weeks and are severe, depression is a possibility. Only a trained clinician can make a diagnosis of depression.

Some youth who are depressed begin to self-medicate with drugs or alcohol. If you notice any signs of drugs or alcohol use, this is a reason to get an evaluation for depression.

To be diagnosed with depression, your child’s symptoms must lead to significant difficulties in one or more of the following areas of your child’s life:

- Social activities
- School grades
- Family relationships
- Normal social and emotional development

Depression can be hard to diagnose because every child behaves differently and may not appear sad. Children often have different symptoms than adults.
<table>
<thead>
<tr>
<th>Signs of Depression</th>
<th>What Parents May Notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed, irritable, empty or sad mood</td>
<td>Cranky mood, crying, preoccupation with song lyrics that suggest life is meaningless. Angry, defiant, or argumentative attitude.</td>
</tr>
<tr>
<td>Decreased interest in or enjoyment of once-favorite activities and people</td>
<td>Loss of interest in sports or other activities, withdrawal from friends and family, relationship problems, boredom.</td>
</tr>
<tr>
<td>Changes in appetite, eating too much or too little, significant weight loss or gain</td>
<td>Failure to gain weight as normally expected, eating to soothe oneself.</td>
</tr>
<tr>
<td>Sleeping too much or too little</td>
<td>Excessive late-night TV, having difficulty falling asleep or staying asleep, having trouble getting up in the morning, long daytime naps.</td>
</tr>
<tr>
<td>Physical agitation or slowness</td>
<td>Inability to sit still, taking a long time to complete normal tasks, pacing back and forth, “nervous” habits such as picking at shoes or clothing.</td>
</tr>
<tr>
<td>Fatigue or loss of energy</td>
<td>Feeling tired even after getting enough sleep, not having enough energy to engage in usual activities.</td>
</tr>
<tr>
<td>Low self-esteem, feeling guilty</td>
<td>Making critical comments about themselves, having behavior problems at home or school, being overly sensitive to criticism or rejection.</td>
</tr>
<tr>
<td>Decreased ability to concentrate, indecisive</td>
<td>Poor performance at school, drop in grades, frequent school absences, can’t make decisions in simple matters.</td>
</tr>
<tr>
<td>Unexplained aches and pains</td>
<td>Frequent complaints of physical pain (headache, stomachache).</td>
</tr>
<tr>
<td>Drug or alcohol abuse</td>
<td>Change in friends or social group, alcohol on breath, secretive behaviors, accidents, stealing (see <a href="http://www.aspeneducation.com/factsheetsubstance.html">www.aspeneducation.com/factsheetsubstance.html</a>).</td>
</tr>
<tr>
<td>Recurrent suicidal thoughts or behavior *</td>
<td>Writing about death, giving away favorite toys or belongings, “You’d be better off without me,” threats of self-harm.</td>
</tr>
</tbody>
</table>

Source: Adapted from ParentsMedGuide.org

* If you child is suicidal, get immediate medical help. See Watching for Suicidal Behavior section.
Signs of Bipolar Disorder

Bipolar disorder (also known as manic depression) is a serious medical condition that usually runs in families and requires treatment. However, diagnosing and treating children and teens with bipolar disorder is an emerging field. The medications used to treat bipolar disorder are powerful, can cause side effects (e.g., weight gain), and are still being studied. Bipolar disorder is far less common (1% of young people) than depression (3-12% of young people). Even if your child has been diagnosed with bipolar disorder, you may want to get a second opinion from another clinician who treats children with bipolar disorder to rule out other possibilities. Bipolar disorder is generally not diagnosed before a child is six years old.* Also, make sure to discuss your family history of depression, bipolar disorder, suicide and any drug or alcohol abuse with the clinician.

Bipolar disorder needs to be more widely researched in children and clinicians need to come to a consensus on what bipolar disorder is and which medications work best in children. With this lack of research and guidelines, clinicians base the bipolar disorder diagnosis on the severity and number of symptoms.

In addition to feeling depressed, children and teens suffering from bipolar disorder may have periods of high energy with sudden or severe mood changes. They often have extreme tantrums and aggression (verbal and physical), impulsive behaviors, high risk-taking behaviors, running away, substance abuse, and sexual promiscuity. Children and teens with bipolar disorder often have more rapid mood changes than adults with bipolar disorder. They can change from being manic and high energy to depressed in minutes or days. They can also experience a mixed state where both depression and mania are present nearly every day for one week. Children and teens with bipolar disorder may appear to have depression or attention deficit disorder, but when they are treated with antidepressants or stimulants (for attention deficit disorder) alone, it can make their symptoms significantly worse, possibly even triggering mania.

The FDA recommends that everyone with symptoms of depression be thoroughly evaluated to determine if they are at risk of having bipolar disorder. The screening should include a detailed history, including a family history of suicide, bipolar disorder and depression. Be sure to get a thorough evaluation by a clinician who has experience treating bipolar disorder. Research your family history to determine if you have other family members with bipolar disorder (visit the Mental Health Family Tree at www.familyaware.org).

*American Academy of Child & Adolescent Psychiatry
Ally with parents Bill and Nancy

From the time Ally was nine months old, her parents Bill and Nancy knew that something was wrong. Ally couldn’t sleep, had temper tantrums up to 20 times a day, and increasingly became more aggressive. Medical professionals told Bill and Nancy not to worry, but they continued to seek help. After two misdiagnoses, Ally was finally treated for bipolar disorder at age six.

When Ally is not well, she is very irritable. One minute she is very depressed and in the next has a lot of energy, pressured speech, and may laugh inappropriately. She has difficulty sleeping, fixates on thoughts and obsesses about them, constantly worries about social problems she encounters, and has a very difficult time getting up in the morning. She can be very verbally abusive to others, easily frustrated, and destroy things. She cries frequently, often for a long time and cannot be consoled. She can have one to ten temper tantrums per day, often unprovoked. She has low self-esteem and feels that she is fat and that none of her friends like her.

To read Ally’s entire story, go to Family Profiles at www.familyaware.org

Using a diary to track moods (see our diary under The 3-Step Monitoring Approach) can also help you work with a clinician to determine if your child may have bipolar disorder.

Parents usually have to watch for manic symptoms because children and teens with bipolar disorder may not realize they are manic. Fifty percent of people with bipolar disorder do not realize that they are ill. For example, they may believe they are a “high-energy person.”

If you suspect your child may have bipolar disorder, contact the clinician immediately.
Depression affects the entire family
When a child or teen suffers from a mood disorder, it affects the entire family. It isn’t your fault or your child’s fault. It is the fault of the disorder.

The disorder has taken hold of your child’s feelings, thoughts, and behaviors and they feel out of control. They may have been told that they have behavioral issues or are being “bad”. You probably feel sad, disappointed or angry that the life you wanted for your child is not the life he or she is currently living.

Siblings are also affected by mood disorders. Sometimes brothers or sisters have witnessed fights, changes in attitude or behavior, stressful situations, or even suicide attempts. They may also feel that their sibling gets more attention or “gets away” with bad behavior. It is important to help them understand that their sibling is getting help and is being treated for a mood disorder.

There are ways for families to get or stay strong, and possibly develop even greater strength, during this difficult time. Many families suffer in silence unnecessarily as they try to cope on their own with a mood disorder. To deal with the condition effectively, families need to find help and support. Here are some recommendations:

**Have hope.** Remember, in almost all cases, mood disorders are treatable. Admitting that there is a problem and getting help are the first and, often times, the most difficult part.

**Learn all that you can.** Knowledge is empowering. The more you know about the condition, the better you’ll be able to cope.

**Look for mood disorders in other family members.** Depression tends to run in families. It is important for you to be aware of this so you can help other family members who may be suffering from the same condition. Visit the Mental Health Family Tree at www.familyaware.org

**Talk regularly.** Talk about the feelings, thoughts, and fears that all family members are having. Holding feelings inside often builds anger and resentment. Openly discuss the effect the mood disorder has on family life and problem solve together. Family therapy can be helpful, especially with teens, who naturally want their independence and may not want to share their feelings with parents.

**Minimize stress in the home.** Maintaining a regular routine at home goes a long way towards making children and teens feel more in control of their moods. Be organized and predictable. Stay away from major disruptions such as relocating to a new house.
Change your expectations. Your child or teen may not be able to get along with others or do as well in school as they once did. You may need to adjust your expectations by decreasing demands.

Reach out. You may be afraid or embarrassed to tell relatives, friends or school staff about your child’s mood disorder. Although it’s important to be discrete so your child or teen doesn’t feel betrayed, it is also important to tell others who can help and offer support.

Get support. Being in touch with people who share your problem makes all the difference in the world. There are support groups for parents all over the country, and some for children and teens. Find sources of support on our web site, www.familyaware.org.

Talking to your child
Sometimes parents are afraid to talk about their feelings or ask their child how she or he is feeling. However, if you don’t talk about depression or bipolar disorder, your child may feel even more alone. Here are some points to discuss.

Tell them you care
• “I love you.”
• “You are important to me.”
• “I care about how you are feeling.”

Say you are concerned
• “I’m worried because I’ve noticed you’ve been crying a lot lately.”
• “I’m concerned because it seems that you are feeling angry and unhappy these days.”
• “I’m sad because you don’t have much energy to do the things you used to enjoy doing, like hanging out with your friends.”
• “I worry about your safety when you . . . “

Understand their feelings. Keep your questions open-ended, rather than questions that can be answered with a simple “yes” or “no.” You can say things like:

• “Sometimes when people are depressed they feel sad, angry, alone, or just like they want to cry all day. How have you been feeling lately?”

• Once your child begins to open up, you can make a simple statement like, “Could you help me understand more about…” to get more information.
Work together. Children and teens with depression or bipolar disorder often feel alone and lonely. You can reassure your child that you will be there by saying things like:

- “You are not alone. I’m going to help you work through this problem.”
- “We can handle this together. I’m going to stick by you.”
- “I may not understand how you feel but I am here to listen and support you.”

Be clear and honest. Answer questions as honestly as possible based upon what is age-appropriate.

- “You are going to see a doctor who helps people who have sad feelings. Some doctors fix broken bones or help you when you are sick. Other doctors help you with your feelings.” (for young children)
- “Some medicine makes you better when you are sick. The medicine that you’ll be taking helps sad feelings go away.” (for young children)
- “Some people’s brain chemistry needs adjustment. Medication helps to adjust the chemicals in the brain to make people who are depressed feel better.” (for teens)
- “Just like people who take medication for asthma or diabetes, people with depression take medication to help them feel better.” (for teens)

Give hope. Most children and teens respond fairly quickly to treatment. Your child feels depressed now and doesn’t realize or believe things will get better. You can reassure by saying: “Even if it doesn’t happen right away, we will have you feeling better.”

The following approaches are not helpful.

Don’t ask why he or she feels depressed. Children and teens who are depressed can’t answer questions like, “Why are you crying all the time?” or “What do you have to be sad about?” Asking them only makes them feel worse, like they are supposed to control their depressed feelings when they can’t.

Don’t tell your child to change how he or she feels. Depressed children and teens cannot just “snap out of it.” They can’t help how they feel and they can’t make it go away by willpower.

Don’t compare your past feelings to your child’s mood disorder. It’s not helpful to say, “Well, when I feel badly, I just pull myself up by my bootstraps,” or “When my childhood dog died, I just had to ‘get over it.’”
Parenting a Depressed Child

Parenting is not easy. Parenting a child with a mood disorder is even harder. Remember, depression and bipolar disorder are medical conditions. Your child is not acting this way on purpose.

Here's what you can do to help:

**Honor your child’s feelings.** It is difficult to see your child sad and in pain. Your first response might be to try to cheer him or her up. Don't. Trying to make depressed children and teens happy makes them feel like the mood disorder can be willed away. It is more helpful to listen. Acknowledge their feelings, and take them seriously.

**Use encouraging statements rather than punishment.** Instead of yelling, “Turn that television off! You haven’t done your homework yet!” say “When you finish your homework, you can watch television.”

**Separate the deed from the doer.** If your child constantly forgets to take his or her lunch money to school, don’t say, “You are so forgetful! You can’t remember a simple thing like your lunch money!” Instead, say something that focuses on the behavior, not your child. For example, say “I know it has been hard for you to remember your lunch money. What can we do to make sure it gets put in your book bag every morning?”

**Focus on consequences rather than punishment.** For example, if your child breaks a lamp during a temper tantrum, use a logical consequence (like having your child help glue the lamp back together or use his or her allowance to have the lamp repaired) rather than issuing an unrelated punishment (like sending your child to his or her room for the rest of the evening).

**Help your child build a “feeling vocabulary.”** Many people have difficulty finding the words to describe how they are feeling. Helping children and teens to label their feelings gives them a vocabulary that will enable them to speak about feelings. For children, posters and coloring pages that contain lists or drawings of various emotions can be helpful.

**Show unconditional love and support.** Many depressed children and teens feel unloved and unlovable. Say, “I love you” often. Hug or pat him or her on the back. With young children, be sure to cuddle together.
Encourage your child to engage in activities. Consider the activities your child enjoys and suggest doing them together. But don’t force, threaten, or bribe him or her to do so. If your child is not feeling well enough to participate, honor that feeling.

Create good sleeping habits. Children and teens with mood disorders often have difficulty sleeping. This leads to more irritability and exhaustion. To improve the quality and quantity of sleep, try sticking to a consistent bedtime, stopping caffeine intake (four-six hours before bedtime) and alcohol use, getting regular exercise (but not late at night), and sleeping in a quiet, darkened room (turn off the television) to improve the quality and quantity of sleep.

Understand that depression is a medical condition. Although it is often difficult to keep your cool when your child is acting out, it is important not to punish or say hurtful things. Your child can’t help feeling and behaving the way he or she does. You can be angry at the illness while still feeling love and concern for your child who is hurting.

Taking care of yourself
Caring for a child with a mood disorder can be emotionally draining. Take care of yourself so that you can be helpful during this difficult time. By doing so, you will also be modeling the very behavior you are trying to encourage in your child. Recognize when you are feeling angry and ask your spouse or another family member to help deal with the child’s behavior.

Practice healthy self-care. Get enough sleep, eat healthy meals, exercise and engage in pleasurable activities. Taking care of yourself will help you replenish and recharge.

Maintain your friendships. Stay connected with friends and loved ones who can offer help and support.

Make time for hobbies and interests. Do not feel guilty about taking time off to reenergize. Getting away from the daily challenges of parenting is a healthy way to care for yourself.

Get support. Surround yourself with other parents who are dealing with the same challenges. Although it can be scary to join a support group or to reach out to others for help, you will feel less alone.
Parenting when you are depressed

Because mood disorders can be inherited, it is common for one or both parents to also have a mood disorder. Frequently, parents are not diagnosed until their child is treated. Parents with depression or bipolar disorder often feel guilty or ashamed for having caused their child pain by passing on the genes that cause the condition. Others may feel bad because their own mood disorder has caused them to be withdrawn or irritable as a parent.

Children and teens usually feel better knowing that someone else in the family has a mood disorder and can understand what they are going through. They may even feel more comfortable asking questions and talking about the condition if they know that you have it too.

Although parenting with a mood disorder can be challenging, a few simple strategies may make it easier:

**Manage your depression.** Getting help and monitoring your own treatment is as important as monitoring your child’s treatment. For more help, get the Families for Depression Awareness *Depression Wellness Guide for Adults.*

**Simplify your life.** Decrease the number of commitments in your life. By limiting your activities, you are more likely to accomplish those few things that are the most important.

**Pay attention to critical issues.** The care and safety of your child should not be overlooked. Managing family finances is another important task. Reserve time and energy for these tasks or delegate them to someone else.

**Meet basic needs.** Getting enough sleep, eating healthy meals, and taking care of personal needs are all important steps to take every day.

**Focus on the positive.** Remind yourself of good times you’ve had with your child and other family members. Remember that, with treatment, you will get better.
Treatment

Clinical Evaluation

A trained clinician will be able to tell the difference between normal behavior in children and teens and a clinical mood disorder. A thorough evaluation should include the following:

A physical examination. There are some medications and physical illnesses, such as thyroid conditions, hormonal imbalances, or viral infections that can cause symptoms similar to those of a mood disorder. These conditions need to be ruled out.

An evaluation. The clinician should ask for a complete history of symptoms (what the symptoms are, when they started, how long they’ve lasted, how severe they are, and how often they occur). The clinician should also ask about:

- Alcohol and other drug use
- Thoughts of suicide or death
- Family history of depression, suicide, and bipolar disorder. Do map your family history, use the Mental Health Family Tree at www.familyaware.org.
- Home life and work/school

Children and teens with mood disorders often have other disorders. Alcohol and drug abuse problems, anxiety, eating disorders, and obsessive-compulsive disorders are common. It is important that all substance abuse issues and disorders be addressed as part of the treatment plan.

If your child has depression, it is essential that your clinician evaluate whether your child has or is at risk for developing bipolar disorder (manic depression), which can be mistaken for depression. Even if your child’s diagnosis is depression, you should continue to watch for signs of bipolar disorder.
Finding the right clinician can be a challenge. Trained mental health care professionals are in short supply nationwide. There are only about 7,000 child and adolescent psychiatrists with an estimated 15 million American pediatric patients who have a diagnosable mental disorder and need treatment. Although pediatricians and other health care providers can treat some mental disorders, as many as two-thirds of young people don’t get the type of treatment they need. While it can be difficult to find a qualified clinician, a thorough evaluation is necessary to obtain the correct diagnosis.

Understanding the differences among health professionals will help you identify a clinician who can best meet your needs (see Which clinicians treat mood disorders? in the back of this guide).

Sometimes your pediatrician, family doctor, nurse, or school can refer you to a qualified mental health clinician in your area. It may be necessary to visit several clinicians before you find one that you feel is right for you and your child. Be selective. It is important that your child can talk with this person and that you feel comfortable working with the clinician.

If you want to receive coverage under your health insurance plan, you may need a referral from your pediatrician, family physician, or pediatric nurse practitioner. If you don’t have health insurance, you can contact the Department of Mental Health in your state.

About one-fourth of all children and teens with depression also have attention-deficit hyperactivity disorder (ADHD). It is important to have a clinician determine if the ADHD symptoms are part of the mood disorder.
### Questions to ask the clinician(s)

<table>
<thead>
<tr>
<th>Before scheduling your first appointment</th>
<th>Your Answers</th>
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<tbody>
<tr>
<td>What types of patients and conditions do you currently treat in your practice?</td>
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<tr>
<td>What do you do when you are unsure of a patient’s diagnosis or treatment?</td>
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<tr>
<td>How do you involve families and friends in treatment?</td>
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<tr>
<td>What is your philosophy on treatment of children for mood disorders?</td>
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<tr>
<td>How accessible are you if I have questions or concerns about my child’s treatment?</td>
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<table>
<thead>
<tr>
<th>During the first few visits</th>
<th>Your Answers</th>
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</thead>
<tbody>
<tr>
<td>What is the possible diagnosis at this point?</td>
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<tr>
<td>What is your recommended treatment (e.g., medication, talk therapy, or both)?</td>
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<tr>
<td>What are the expected results of treatment?</td>
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<tr>
<td>What signs should we look for that indicate the treatment is working?</td>
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<tr>
<td>How soon will we see these signs?</td>
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<tr>
<td>What will you recommend if this course of treatment does not work?</td>
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<tr>
<td>What role can family/friends play in helping with treatment?</td>
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</table>
## During the first few visits

<table>
<thead>
<tr>
<th>Question</th>
<th>Your Answers</th>
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</thead>
<tbody>
<tr>
<td>How will we monitor progress, changes in symptoms, and behavior?</td>
<td></td>
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<tr>
<td>How will we coordinate care between the talk therapist and doctor prescribing medication?</td>
<td></td>
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<tr>
<td>Which days and times are best to reach you?</td>
<td></td>
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<tr>
<td>Who can answer our questions as they come up (when you are unavailable)?</td>
<td></td>
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<tr>
<td>What have been your experiences with our insurance company, and how can we facilitate reimbursements?</td>
<td></td>
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</tbody>
</table>

## Medication Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Your Answers</th>
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</thead>
<tbody>
<tr>
<td>Why have you chosen this particular medication?</td>
<td></td>
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<tr>
<td>How does this medication work and when should we see results?</td>
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<tr>
<td>How and when and for how long should my child take the medication?</td>
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<tr>
<td>What if my child forgets to take the medication?</td>
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<tr>
<td>What are the risks and side effects of the medication?</td>
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<tr>
<td>What are the long-term effects of the medication?</td>
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## If treatment is not working

<table>
<thead>
<tr>
<th>Question</th>
<th>Your Answers</th>
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</thead>
<tbody>
<tr>
<td>Is there something else we need to be doing?</td>
<td></td>
</tr>
<tr>
<td>How can we help in getting treatment to work?</td>
<td></td>
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</tbody>
</table>

*If treatment is not working, consider getting a second opinion.*
What to keep confidential

Your child and the clinician may prefer to keep some information private from you. This is because children, and especially teens, need to trust their clinicians, open up to them, and be able to talk about difficulties they have with their parents.

It is best for you and the clinician to establish rules and tell your child the rules in the beginning. If the clinician feels your child is in immediate danger (e.g., may take their life) or will put someone else in danger, then the clinician must report this to you.

Talk therapy

The most common types of talk therapy (also called psychotherapy) are cognitive behavioral therapy (CBT), psychoeducational psychotherapy, play therapy, interpersonal therapy (IPT), and family therapy.

Cognitive-behavioral therapy (CBT). CBT can be very effective in relieving feelings of depression and anxiety in children and adolescents. During a typical eight to sixteen-week program, clinicians help children and teens who are depressed to adjust their view of themselves, the world, and the future. When a child changes the way they think, their feelings and behaviors change as well.

Psychoeducational psychotherapy (PEP) teaches children and parents about mood disorders and their treatments with cognitive-behavioral and family communication.

Play therapy. Because young children lack the skills necessary to express themselves verbally, play therapy helps children express themselves using toys and games. Through observing and participating in play, a trained clinician can gain a better understanding of a child’s worries and concerns.

Interpersonal therapy (IPT). Interpersonal therapy focuses on how the relationships children and teens have with other people may be contributing to their condition. Although this approach is frequently used with adults and teens, it is used less often with young children.

Family therapy. This approach brings together all family members to work through family issues. It focuses on relationships and interpersonal dynamics within the family. When done in a supportive environment with a skilled clinician, everyone is encouraged to take part.
How often to schedule appointments

In the beginning of treatment, discuss how often you should meet or be in contact with your clinician. Below are general guidelines.

<table>
<thead>
<tr>
<th>Talk Therapy</th>
<th>Appointments are usually weekly. More visits may be needed during a crisis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td>Ask your clinician how often you should schedule appointments. For children and teens taking antidepressants, the FDA currently recommends contact at weeks 1, 2, 3, 4, 6, 8, and 12 of treatment, and as the clinician believes necessary after 12 weeks. Children and teens should be closely monitored, especially during the first few months of antidepressant use and when the dose changes. During a crisis, daily phone contact may be necessary.</td>
</tr>
</tbody>
</table>

Ask the clinician how often you should come to the sessions. If you are not attending every session, set up a time when you can talk to the clinician to share any important information you may have about your child’s progress. If at any time you notice symptoms or behaviors that concern you, inform the clinician immediately.

Medication issues and studies

The use of medication in treating mood disorders in children and teens is not as well studied as it is in adults. Most clinicians believe medication can be an effective treatment for some children and teens with close monitoring. When medication is recommended, talk to the clinician about whether the benefits outweigh the risks. Suicide is a risk for those with mood disorders, whether or not they are taking medication.

When treating children and teens with medication, the clinician needs to take a careful approach, one that considers the severity and length of symptoms and the risks and side effects of medication.

Clinicians have to prescribe a medication then monitor it to see how well it works. Unlike treating strep throat, you may have to try different treatments before finding one that works.

Depression Medication

Fluoxetine (Prozac) is the only drug approved by the FDA for children and teens with depression, although others may be prescribed. Other medications have not been adequately studied in youth, even though they work for adults with depression.

The results of a teen study, the Treatment for Adolescents with Depression Study (TADS), was released in August, 2004. In this study of teens aged 12 to 17, receiving Prozac, cognitive behavioral therapy (CBT), or both, 71% improved receiving both Prozac and CBT and 35% improved with no treatment.
In October 2004, the FDA ordered a black box warning on all antidepressants for children and teens. A black box warning does not mean antidepressants are prohibited. It means that special care should be used with the medication. In a review of clinical trials, the FDA stated that there was an increased risk of suicidal thinking and behavior in 4 percent of young patients taking antidepressants, compared to 2 percent of those patients not taking an antidepressant. No suicides occurred in these trials. The FDA recommends close monitoring of children and teens taking antidepressants (see Watching for Medication Effects section).

In January 2006, a large federally-funded study of 5,107 teens and children (and 65,000 adults) being treated for depression found that: 1) suicides were rare and 2) suicide attempts dropped compared to the month before patients took antidepressants. The study showed that medications may lower suicide attempts over time. Teens are more likely to attempt suicide than adults, so it is essential to monitor treatment.

Since the FDA warning, prescriptions of antidepressants for teens and children have dropped by 20%. In February 2007, suicide rates among children and teens rose more than 18%. In April, 2007, a review of 27 antidepressant clinical studies conducted in children showed the benefits of the medication generally outweighed the risks.

When deciding whether or not your child should receive medication, consider the risk of untreated depression, which can lead to drug/alcohol abuse or suicide. Also know that medication should be one part of a treatment plan (e.g., talk therapy also) and not the only treatment. Make sure that you, your child, and the clinician closely monitor treatment.

Bipolar Medication
A list of medications that clinicians use to treat bipolar is listed in the appendix.

This guide does not cover medication issues or studies for bipolar disorder because this area is rapidly developing. Although clinicians agree that medication is needed for bipolar disorder, there is a lack of consensus among clinicians on the exact guidelines. There are many clinical studies being done to determine which medications work best for children and teens with bipolar disorder.

Taking Medications
- Give medications to your child exactly as prescribed. That includes the correct dosage at the right time(s) of day. Find out from your clinician what to do if a dose has been missed.
- Use a pill dispenser. Dispensers help you and your child remember to take the medication and the correct amount of medication. These are available at most pharmacies for just a few dollars.
• Make arrangements with your child’s teacher, nurse, or school counselor if medications need to be taken at school.

• Watch for side effects or adverse effects. Check each day to see if your child is experiencing any of these effects (see Worsening signs).

• Don’t increase or decrease the dosage without approval. The clinician is the only person who should change how much or how often medication is taken.

**When Treatment will Start Working**

It usually takes at least a month for treatment to start working.

For depression: if your child does not feel better in six weeks, or is only feeling minimally better in 12 weeks, the clinician should consider making changes to treatment.

| Talk Therapy | 6 to 8 weeks to see a positive effect. Medication is often suggested for those who do not feel better with talk therapy alone. |
| Medication | **Antidepressants:** 4 to 6 weeks, on average, for an antidepressant to start working. |
| | **Mood stabilizers:** Once at the right dose, a month or several months and continue to see improvements. It may take up to a year to stabilize a child with bipolar disorder. |

**How Long Treatment Lasts**

Discuss how long treatment should last with the clinician. Consider the general guidelines below.

| Talk Therapy | Some children and teens spend several months in therapy, others spend years if necessary. |
| Medication | For depression, treatment should continue for at least six to twelve months. If the depression recurs, the child may need to continue medication treatment long term to prevent new episodes of depression. |
| | Bipolar disorder is a lifelong condition that usually requires medication on an ongoing basis. |
## Wellness Tips

<table>
<thead>
<tr>
<th>What You Can Do</th>
<th>How and Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk to school staff</td>
<td>It is important to let your child’s teacher and counselor know that your child has a mood disorder and needs help at school. Help may mean one-on-one tutoring, seeing the school counselor, modifying homework assignments, or changing academic expectations.</td>
</tr>
<tr>
<td>Eat right, exercise, get enough sleep</td>
<td>Eating a balanced diet, getting physical exercise, learning relaxation techniques, and getting enough sleep are all essential.</td>
</tr>
<tr>
<td>Organize your home</td>
<td>Many children and teens find that if their home and schedules are organized, they feel more in control of their lives.</td>
</tr>
<tr>
<td>Adjust your expectations</td>
<td>Your child’s ability to participate in school, family life, and social activities with friends may vary from day to day, depending upon how he or she feels.</td>
</tr>
<tr>
<td>Encourage fun activities</td>
<td>Allow time for your child or teen to participate in activities that they enjoy or are especially good at. But do not force them to do so.</td>
</tr>
<tr>
<td>Find support</td>
<td>Your child needs to talk to others who can relate to them. Find support groups for children and teens with depression or bipolar disorder. Reach out to people in your community (e.g., church, school, relatives, friends). Go to <a href="http://www.familyaware.org">www.familyaware.org</a> for support groups in your area.</td>
</tr>
</tbody>
</table>
If Your Child Does Not Stick with Treatment

Children and teens don’t like feeling different from their peers. They want to fit in. It is helpful for them to have a role model with depression or bipolar disorder who will talk to them and encourage them to stay with treatment.

Children and teens don’t want to feel dependent on their parents. Wanting to be independent is a normal part of growing up. But they should not handle treatment all on their own. It is important to work together. Come up with other activities they can do on their own.

Children and teens don’t like feeling dependent on medication to make them feel better. Taking medication is not a dependency and is not addictive. Medication does not change someone’s personality or dampen creativity. Medication restores proper functioning in people with mood disorders. It is common for teens to stop taking their medication at some point during treatment. If this happens, be supportive and encourage your child to go back on the medication immediately or speak to their clinician. Involve your child in discussing the medication decisions so that they will take the medication.

Children and teens often stop taking their medication when they start feeling better. Sometimes they believe they have been “cured” from the mood disorder just like an antibiotic can cure an infection. Explain that medication doesn’t work that way, and encourage your child to continue taking the medication exactly as prescribed.

Sometimes talk therapy can stir up unpleasant feelings in children and teens. Other times, they may feel burdened by regularly scheduled appointments, especially when they conflict with fun activities and friends.

Antidepressants or talk therapy often take at least one month to start working. Children and teens often feel like it takes too long.
When Treatment Does Not Work

If treatment only helps improve the condition slightly or doesn’t work, your child may need to try multiple medications and/or therapists. You may need to change clinicians or get a second opinion. This is very difficult to deal with, but you will find a solution if you keep trying.

Consider these issues:

- Does your child have bipolar disorder? If your child is diagnosed with depression, make sure to be screened for bipolar disorder. Bipolar disorder requires mood stabilization medication.

- Does your child have addictions or other conditions that need to be addressed? Is your child abusing alcohol or drugs? Discuss this issue and the option of drug testing with your clinician.

- Does your child suffer from any trauma (e.g., abuse, divorce) that talk therapy might help with?

- Does your child have any other medical illnesses such as a thyroid condition, anemia, cardiac abnormalities, anxiety disorder that need to be addressed? Make sure your doctor or psychiatric nurse practitioner does a comprehensive examination for other conditions.

If your child is not responding to treatment, find a child psychiatrist or psychiatric nurse practitioner with experience in treatment-resistant depression (they often work in medical schools or at major psychiatric hospitals).
First Steps

Create a monitoring team. You, the clinician, and your child should monitor treatment together. This team approach, built on communication and collaboration, will ensure a better outcome.

Set expectations for treatment. The first step in developing the treatment plan is setting expectations.

Allow for independence. It is important to teach children and teens to take responsibility for monitoring their own treatment. Focus on helping your child take care of him or herself.

Working with the clinician

Work collaboratively. Find a clinician who will collaborate with you and who believes you are part of the treatment team.

Ask questions. Some people feel intimidated by doctors. They have many patients to care for and are very busy. But don’t let that stop you from asking for clarification if you don’t understand something or if you want more information. See the Questions to ask the clinician section.

See the clinician frequently. Remember, for depression the FDA recommends weekly face-to-face visits for the first month, biweekly for another month, then “as needed” after that.

Provide accurate information. Be truthful and forthcoming with information about what is happening at home and in school. By sharing as much information as possible, you will help the clinician select the best treatment.

Follow instructions. Take a notebook and pen to each appointment so you can remember what the clinician says. Use this notebook to record observations between sessions.

Call the clinician between appointments if necessary. Don’t hesitate to make contact if you notice sudden changes in your child’s behavior. Be sure to get the clinician’s pager, cell phone, or other emergency contact information, and ask whom you should call in case of emergency.

Monitor treatment and help your child recognize when the condition gets worse.

Treatment is most effective when you work closely with the clinician.
Watching for Medication Effects

Medications often have side effects. Some children and teens have adverse effects, especially in the beginning of treatment or when the clinician increases or decreases the dose (for example, when the clinician changes a prescription from 5 mg to 10 mg).

Ask the clinician which side effects are common for the medication prescribed. Tell the clinician about any side effects you observe.

It is important to tell the clinician how severe the side effect is. For example, antidepressant side effects can be uncomfortable, but subside within a short time. However, a small number of people have adverse reactions to medication and need immediate help.

Antidepressants

Common side effects of some of the newer antidepressants include:

- Drowsiness
- Dry mouth
- Headache
- Trouble falling asleep
- Nausea/diarrhea
- Mild nervousness/agitation
- Weight loss/gain
- Dizziness
- Sexual side effects (such as changes in sexual desire, inability to become aroused, inability to achieve orgasm)

Mood Stabilizers

A child taking mood stabilizers must receive periodic lab tests to check for potential changes in liver, kidney, thyroid function as well as the ability to fight infection and clot blood. Levels should be monitored at least two to three times per year and more often if they are abnormal. If lab tests are abnormal, then the clinician may lower the dose, change medications or stop the medication.

Monitor your child for unusual changes, especially when starting a medication or when the dose is changed.
Common side effects you might see (not including lab tests):

- Fatigue
- Weight gain
- Increased thirst or urination (when starting medication)
- Constipation or diarrhea
- Nausea or vomiting
- Hair loss
- Change in menstrual cycle
- Hand tremor

Some mood stabilizers can cause birth control pills to not work. You should discuss this with your clinician.

**Antipsychotics**

A child taking antipsychotics should receive periodic lab tests to check for any changes in liver functioning, the ability to fight infection and clot blood, and cholesterol levels, blood sugar, insulin and hormone levels. Children of childbearing age should also have a pregnancy test prior to and during treatment. Antipsychotics may increase the likelihood for diabetes with long-term use. Levels should be monitored at least two to three times per year and more often if they are abnormal. If lab tests are abnormal, then the clinician may lower the dose, change medications or stop the medication.

Side effects you might notice, (not including lab tests):

- Weight gain
- Increased restlessness
- Abnormal mouth or body movements (rare but serious)
- Constipation and dry mouth
- Hand tremors
- Sedation: falling asleep at school, hard to get up even after full night’s rest, feeling tired and lacking energy
- Changes in menstrual cycle

The FDA recommends close observation of children and teens who take medication, especially when they first start taking the medication, or when the dose is changed.

It takes an average of one year to stabilize a child with bipolar disorder. This is because each child reacts differently to different medications.
Each person’s reaction to a medication is different. In general, if the child has worsening symptoms, suicidal thoughts or behavior, or exhibits unusual changes in behavior, contact the clinician right away. Below are some examples of what to look for:

- Thoughts about suicide or dying
- Attempts to commit suicide
- New or worse depressive symptoms
- New or worse anxiety
- Feeling agitated or restless, such as being unable to rest, relax, or be still
- Feeling a burning or itching sensation under the skin, like your skin is on fire and you can’t put it out
- Feeling like you want to jump or crawl out of your skin
- Panic attacks. Sudden feelings of intense anxiety along with a racing heart, shortness of breath, sweating, and/or trembling
- Difficulty sleeping (cannot stay asleep)
- New or worse irritability (becoming easily annoyed, impatient or angry)
- Aggressive or violent behavior
- Acting on dangerous impulses
- Extreme increase in activity and talking
- Other unusual changes in behavior or mood

To learn more about the FDA warning, read the Patient Medication Guide (MedGuide) given out with an antidepressant medication or go to the FDA Web site: www.fda.gov/cder/drug/antidepressants/default.htm. Also see www.parentsmedguide.org.

Clinicians prescribe different medications (e.g., mood stabilizers) for bipolar disorder than those used for depression. They may prescribe more than one medication. The guidelines for these medications are not yet developed as the use of these medications is fairly new and rapidly changing. Consult your doctor on what the adverse reactions are of the medications prescribed.
Watching for suicidal behavior

One of the most terrifying and saddening thoughts parents can have is that their child may want to permanently end his or her own life. If your child talks about hurting himself or herself, or has a preoccupation with death, always take it seriously.

Suicide is the third leading cause of death among 15- to 24-year-olds and the fourth leading cause of death among 10- to 14-year-olds. Nearly 20% of high school students have considered attempting suicide and about 9% have made a suicide attempt.

Although uncommon, suicides have been reported in children as young as five. Even though young children may not fully understand the concept of death, they can still think about, plan, attempt, and even succeed at taking their own lives.

For a period of time after a child begins taking medication, he or she may have more energy to act on suicidal thoughts. During this time, a child's thoughts and feelings may not have improved, but his or her energy level may have increased. It is important to watch your child closely during this time.

Some children and teens may be at greater risk of suicide than others. If there is a family history of suicide or bipolar disorder, be certain to discuss these risk factors with your clinician.

Some ways to help prevent a suicide:

1. Develop a suicide emergency plan. Talk with your child or teen about whom he or she will tell if feeling suicidal. Decide who you will contact if your child feels suicidal. Discuss with your child's clinician what you should do and where you should take your child if he or she feels suicidal. The clinician will have specific recommendations.

What to do if you think your child is suicidal:

- Tell them that you are concerned they may hurt themselves. Tell them that you love them and you want them to be safe.
- Ask if they are thinking about suicide. If so, ask them if there is a plan (the more detailed the plan, the greater the likelihood that they will act on that plan).
- Get help immediately. Call the clinician or 911.
- Do not leave the child alone.
2. **Make your home safe.** Remove all guns and other weapons from the house, or at least lock them up and store bullets separately from the unloaded gun. In teens ages 10 to 19, the most common method of suicide is by firearm, followed closely by suffocation (mostly hanging), and poisoning. Supervise your child taking their medication. Keep the medication locked up and out of reach. Also remove other potentially harmful items such as ropes, cords, sharp knives, alcohol and other drugs, and poisons should also be removed. If your child or teen regularly visits other people’s home, such as a grandparent or close friend, take the necessary precautions to ensure a safe environment in that home, as well.

3. **Watch for suicidal behavior.** Ask regularly if your child feels like harming him or herself or has thoughts of dying. Your question will not give him or her the idea. Behaviors to watch for in children and teens include:
   - Expressing self-destructive thoughts
   - Drawing morbid or death-related pictures
   - Using death as a theme during play in young children
   - Listening to music that centers around death
   - Playing video games with a self-destructive theme
   - Reading books or other publications that focus on death
   - Watching television programs that center around death
   - Visiting internet sites containing death-related content
   - Giving away possessions

4. **Watch for signs of drinking.** If a child has a mood disorder, feels suicidal, and drinks a lot of alcohol or uses drugs, the person is more likely to take his or her life. If your child is drinking or using drugs, you need to discuss this with your child and the clinician.
Alcohol and other drug use

You may think that your child would never consume alcohol, but studies show that children on average (whether or not they have a mood disorder), first try alcohol at age 11.

Check with your clinician before giving your child any over-the-counter medications. Some medications, such as cough syrup or cold remedies, can have adverse effects when taken in combination with medication for mood disorders.

What’s wrong with alcohol and drugs?

Teens with depression often turn to alcohol and illegal drugs to try to ease their pain. But their mood just gets worse. That’s because:

- Alcohol actually makes people more depressed.
- Drugs change brain chemistry and stop growth so that teens’ brains won’t develop properly. Drugs can also cause addiction.
- Drugs and alcohol stop antidepressants from working and can cause serious adverse side effects.

Visit www.stopdrugaddiction.com
**Worsening Signs of Mood disorders**

Discuss with your child and clinician the best way to answer these questions. In some cases, asking the questions directly could make your child feel like you are being intrusive and annoying. Your child may find it a burden, but discuss with your child the importance of regularly monitoring treatment.

Work out an approach that feels right to both of you. For example, your child might answer the questions as a checklist then show them to you. Or, you could discuss and complete the questions together. For some children and teens, it might be best to alternate between asking the question, “What do you think we should put down?” and summarizing your own feelings about your child.

It is also important for you to watch and observe your child for sudden worsening signs, suicidal behaviors, or manic symptoms.

<table>
<thead>
<tr>
<th>Question</th>
<th>What to Do</th>
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<tbody>
<tr>
<td>Have you experienced any worsening depression? (See Step 1 of The 3-Step Wellness Approach.)</td>
<td>Contact the clinician.</td>
</tr>
<tr>
<td>Have you had thoughts of hurting yourself today?</td>
<td>Discuss with the clinician ahead of time how you will handle this.*</td>
</tr>
<tr>
<td>Do you have a plan to hurt yourself?</td>
<td>If yes, contact the clinician immediately. If the clinician isn’t available, call 911 or go to the nearest emergency room.</td>
</tr>
<tr>
<td>Have you tried to hurt yourself today?</td>
<td></td>
</tr>
</tbody>
</table>

*If this is a change in how your child has been feeling, many clinicians ask that you contact them right away*
### Question

Are you experiencing any of these symptoms?
- Anxiety/panic attacks (feeling like your heart is beating fast or that something terrible is going to happen)
- Insomnia (not being able to sleep or stay asleep)
- Aggressiveness/hostility (feeling angry, wanting to hurt people, or acting out)
- Agitation/Irritability (feeling like you want to blow up, yell, scream)
- Impulsivity (feeling like you can’t hold back or feeling like you don’t have any control over yourself)
- Restlessness (feeling like you can’t sit still or like you are crawling out of your skin)

### What to Do

Ask the clinician ahead of time how to handle this.*

* If this is a change in how your child has been feeling, many clinicians ask that you contact them right away

### Question

Are you experiencing any of the following manic symptoms? Often a child experiencing these symptoms will not realize (and may deny) having these symptoms.
- Severe and sudden changes in mood (feeling very irritable, having severe tantrums, silly, elated, aggressive)
- Poor judgment (making bad choices)
- Inflated sense of self-importance (suddenly feeling like a superhero)
- Dramatically increased energy (or hyperactivity)
- Decreased need for sleep without tiredness
- Talking or thinking too fast
- Distractibility (trouble staying on track or concentrating)
- Having a lot more sexual thoughts and feelings than usual
- Recklessness (spending excessively, driving recklessly)
- Being much more social and outgoing than usual
- Hearing/seeing things (hallucinations)

### What to Do

Contact the clinician immediately if your child has a depression diagnosis, not bipolar disorder, or if your child has bipolar disorder and continues to exhibit these symptoms despite proper treatment.
The 3-Step Wellness Approach
The 3-Step Wellness Approach is designed to help you and your child take an active role in monitoring treatment. The approach helps you define wellness and goals, be aware of red flags that alert you to call the clinician, and keep track of important changes.

Here is the 3-Step Wellness Approach:

• **STEP 1: Define Wellness.** A Wellness Worksheet will help you define what is well and not well, what your treatment goals are, and signs and life events you can identify for when the mood disorder gets worse.

• **STEP 2: Define Mood Patterns.** A mood worksheet will help you define how your mood affects your life.

• **STEP 3: Record Daily.** In the Monitoring Diary, you will record mood, medications, wellness, and other information you want to keep track of.

If your child does not feel well enough to discuss the questions, or wants to answer questions on their own, you can base your answers on behaviors observed. Remember to share the diary with the clinician at each appointment.

Your child will be most successful if they establish a regular routine. They should complete the diary at the same time each day, preferably towards the end of the day. They should also try to make filling out the diary as enjoyable as possible. They might work on it while enjoying a snack or after their chores are done.

**Remember, mood disorders are treatable**

Have hope that things will get better. With a good clinician, a thorough evaluation, and a treatment plan that can be monitored, most children and teens with mood disorders live healthy and productive lives.

Don’t like writing? Then type on your computer instead. Download the electronic (Excel) version of the 3-step Approach at www.familyaware.org
Step 1: Define Wellness

Your Wellness Worksheet
Define what feeling “well”, “ok”, and “not well” means. Both you and your child should answer the questions below.

😊 What is well?
Child: (e.g., I think clearly. I feel like making plans to do fun activities with my friends.)

Parents: (e.g., Alison does well in school. She enjoys playing with her brother.)

😊 What is feeling ok?
Child: (e.g., I do what I have to, but it is a struggle to get through the day.)

Parents: (e.g., Alison goes to school, but she still says negative things.)

😊 What is not well?
Child: (e.g., I feel like nothing matters. I feel guilty and really anxious.)

Parents: (e.g., Alison gets mad at everything we say. She doesn’t eat.)
What makes the depression worse or better?
1. Worsening Signs. Can you identify when your child is getting worse?
   Child: (e.g., I start to feel really tired.)

   Parents: (e.g., Alison can’t get up to go to school day after day.)

2. Stressful Life Events. What stressful events make your child worse?
   Child: (e.g., Had a fight with my boyfriend.)

   Parents: (e.g., Alison gets really anxious before any school test.)

3. Helpful Activities. What are helpful activities you can do?
   Child: (e.g., Talk to my friends on the phone, go to the gym.)

   Parents: (e.g., Talking to Alison about her fears so she doesn’t feel alone.)

What are your wellness goals? (e.g., Short-term goal is to go to school every day. Long-term goal is to feel excited about track again and happy with my boyfriend.)
### Step 2: Define Mood Patterns

#### How Does your Child’s Mood affect Their Life?

Fill this out for a week and share with your teenager’s clinician. Ask the clinician how often you might fill this out.

<table>
<thead>
<tr>
<th>1. Note your child’s mood most of the day:</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy (H) Mad (M) Cranky (C) Sad (S)</td>
<td>C</td>
<td>C</td>
<td>M</td>
<td>S</td>
<td>C</td>
<td>M</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Sleep: More (M) Less (L) Not at all (N) Usual (U)</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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</thead>
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<tr>
<td>N L M M N M L</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. How mad/sad/happy did they feel during their mood change?</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild (M) Moderate (MO) Severe (S)</td>
<td></td>
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<thead>
<tr>
<th>4. If their mood changed, did something happen before it changed? If yes, describe.</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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</thead>
<tbody>
<tr>
<td>✗ Tuesday - They had a fight with a friend.</td>
<td></td>
<td></td>
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<tr>
<td>✗ Friday - They did badly on a test</td>
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</table>

<table>
<thead>
<tr>
<th>5. How long did this mood last? 5 min 15 min 30 min 60 min 1/2 Day Full Day</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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<tbody>
<tr>
<td>60 min. 15 min.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. What was their mood like after event? Happy (H) Mad (M) Cranky (C) Sad (S) Please describe.</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
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</tbody>
</table>

| Both days - They went to bed and had no interest in talking to anyone.                      |     |     |      |     |       |     |     |

<table>
<thead>
<tr>
<th>7. How often does their mood change during the day? Minutes (M) Hours (H) Twice a day (D)</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>H H H D H M H</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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40  Depression and Bipolar Wellness Guide
8. When angry do they do any of the following: Swear, yell, cry, throw or destroy theirs or others’ stuff, hit others or self? If yes, describe.

     On both days, they threw objects and clothing around their room.

9. When they feel like they have energy, are they able to get more projects done, feel creative, feel like they don’t need sleep? If yes, describe.

     Yes. There are nights when they don’t get any sleep.

10. Do they have thoughts of cutting or hurting themselves? Ask them if you don’t know.*

     Y Y

11. Did they drink alcohol or use drugs? (e.g. marijuana)
     Yes(Y) What was used? Alcohol

     Y Y Y

12. Did anything help to improve their mood? If yes, describe.

     They seemed a little happier after talking to some friends.

13. For Girls: Was this behavior around the time of their menstrual period? Yes(Y)

14. Is there a time of year their mood is worse? Winter Spring Summer Fall Winter is a little harder for them.

*If yes, contact your clinician right away.
# Step 2: Define Mood Patterns

## How Does your Child’s Mood affect Their Life?

Fill this out for a week and share with your teenager’s clinician. Ask the clinician how often you might fill this out.

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

1. **Note your child’s mood most of the day:**
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)

2. **Sleep:**
   - More (M)
   - Less (L)
   - Not at all (N)
   - Usual (U)

3. **How mad/sad/happy did they feel during their mood change?**
   - Mild (M)
   - Moderate (MO)
   - Severe (S)

4. **If their mood changed, did something happen before it changed?**
   - If yes, describe.

5. **How long did this mood last?**
   - 5 min
   - 15 min
   - 30 min
   - 60 min
   - 1/2 Day
   - Full Day

6. **What was their mood like after event?**
   - Happy (H)
   - Mad (M)
   - Cranky (C)
   - Sad (S)
   - Please describe.

7. **How often does their mood change during the day?**
   - Minutes (M)
   - Hours (H)
   - Twice a day (D)
8. When angry do they do any of the following: Swear, yell, cry, throw or destroy theirs or others’ stuff, hit others or self? If yes, describe.

9. When they feel like they have energy, are they able to get more projects done, feel creative, feel like they don’t need sleep? If yes, describe.

10. Do they have thoughts of cutting or hurting themselves? Ask them if you don’t know.*

11. Did they drink alcohol or use drugs? (e.g. marijuana) Yes(Y) What was used?

12. Did anything help to improve their mood? If yes, describe.

13. For Girls: Was this behavior around the time of their menstrual period? Yes(Y)

14. Is there a time of year their mood is worse? Winter Spring Summer Fall

*If yes, contact your clinician right away.
For people with depression, not bipolar disorder

**Step 3: Record Daily – Depression**

Ask your child to answer the questions below every day. Discuss answers with the clinician.

| Month | Date: June, 2007 | **EXAMPLE** |

If you answer yes to a question, check off the box on the right for the day.

### Week 1

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you feeling down, depressed, or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have little interest and a lack of pleasure in doing things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Prozac</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Children’s Tylenol</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other signs to track?</th>
<th></th>
<th></th>
<th>Avg</th>
<th></th>
<th></th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours slept</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Went to school</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Walked 30 minutes</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Positive events or feelings happened this week:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I saw a movie</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>My clinician helped me create a good plan</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

What is your overall wellness today? (as you defined in Step 1)

|        |        |        |        |        |        |        |
|        |        |        |        |        |        |        |

### Week 2

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you feeling down, depressed, or hopeless?</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Other signs to track?</th>
<th></th>
<th></th>
<th>Avg</th>
<th></th>
<th></th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours slept</td>
<td>Avg</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Went to school</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walked 30 minutes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
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<td>I saw a movie</td>
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</tr>
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<td>My clinician helped me create a good plan</td>
<td></td>
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</tr>
</tbody>
</table>

Has your mood gotten too high or is it changing too rapidly? If this is a new symptom, contact your clinician right away.

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

**Reminder:** Call your clinician to schedule your appointments
**EXAMPLE**

Has your mood gotten too high or is it changing too rapidly?  If this is a new symptom, contact your clinician right away.

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments
Month ___  Date: ____________  Ask your child to answer the questions below every day. Discuss answers with the clinician.

<table>
<thead>
<tr>
<th>Week 1</th>
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<th></th>
<th></th>
<th>Week 2</th>
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<td>Date</td>
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</tbody>
</table>

If you answer yes to a question, check off the box on the right for the day.

- Are you feeling down, depressed, or hopeless?
- Do you have little interest and a lack of pleasure in doing things?
- List all drugs, prescription and nonprescription, you are taking.

What other signs would you like to keep track of?*

What positive events or feelings happened this week?

What is your overall wellness today? (as you defined in Step 1) ☹ ☹ ☹

Has your mood gotten too high or is it changing too rapidly? If this is a new a symptom, contact your clinician right away.

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments
**Depression and Bipolar Wellness Guide**

Are you feeling down, depressed, or hopeless?
Do you have little interest and a lack of pleasure in doing things?
List all drugs, prescription and nonprescription, you are taking.
What other signs would you like to keep track of?*
What positive events or feelings happened this week?
What is your overall wellness today? (as you defined in Step 1)

If you answer yes to a question, check off the box on the right for the day.

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

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<table>
<thead>
<tr>
<th>Week 3</th>
<th>Week 4</th>
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<tbody>
<tr>
<td>S M T W TH F S</td>
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</tbody>
</table>

Has your mood gotten too high or is it changing too rapidly? If this is a new a symptom, contact your clinician right away.

---

Please photocopy this page
### Step 3: Record Daily — Bipolar Disorder

**Month**  
**Date:** July, 2007

Ask your child to answer the questions below every day. Discuss answers with the clinician.

If you answer yes to a question, check off the box on the right for the day.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
</tr>
</tbody>
</table>

| **ELEVATED**  
Feeling happy or on top of the world |  
| Severe | | | |
| Moderate | | | |
| Mild | | | |
| **WELL**  
Feeling well |  
|  | | | |
| **DEPRESSED**  
Cranky, irritability, depressed |  
| Mild | | | |
| Moderate | | | |
| Severe | | | |

| Mixed state (depressed and manic at the same time) |  
| *Yes (Y)* | | | |

| Number of Mood Changes |  
| 1 | 2 | 1 | 1 | 1 | 1 |

| Hours slept |  
| 5 | 4 | 3 | 5 | 4 | 5 | 6 | 4 | 3 | 5 | 6 | 4 | 5 | 6 | 6 | 4 | 6 | |

| Alcohol/drug use (e.g. marijuana) |  
| ✔ | ✔ | ✔ |

| For Girls: Menstrual period. Check days that apply |  
| ✔ | ✔ | ✔ | ✔ | ✔ |

| Thoughts of cutting or hurting oneself  
*Yes (Y)* |  
| *Yes (Y)* | | | |

| List all drugs, prescription and nonprescription, you are taking  
*Lithium* |  
| ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |

**If Yes, contact your clinician right away**

*Examples are medication side effects, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs, helpful activities.*
(continued)

Reminder: Call your clinician to schedule appointments

If you answer yes to a question, check off the box on the right for the day.

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
</tr>
<tr>
<td>What other signs would you like to keep track of?</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Attending school</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Played soccer</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

**Psychotic Symptoms:**
Does your child seem flat or non-responsive? Child has bizarre behavior, child talks about things having no connection to reality? Seems paranoid?
Yes (Y)**

What positive or negative events or feelings happened this week?

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
<td>S M T W TH F S</td>
</tr>
<tr>
<td>Argued with a friend.</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Saw a movie.</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Won a soccer game.</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
<tr>
<td>Did well on a test.</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓</td>
</tr>
</tbody>
</table>

What positive or negative events or feelings happened this week?

*EXAMPLE*

Attending School
Played soccer
Won a soccer game!

Saw a movie.
Did well on a test.

Reminder: Call your clinician to schedule appointments.
For people with bipolar disorder, not depression

Please photocopy this page

Record Daily — Bipolar Disorder

Month _____ Date: ______________ Ask your child to answer the questions below every day. Discuss answers with the clinician.

If you answer yes to a question, check off the box on the right for the day.

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>S</td>
<td>M</td>
<td>T</td>
<td>W</td>
</tr>
<tr>
<td>ELEVATED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or on top of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the world</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WELL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling well</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPRESSED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cranky,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>irritability,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed state (depressed and manic at the same time)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (Y)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Mood Changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours slept</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. marijuana)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Girls: Menstrual period. Check days that apply</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoughts of cutting or hurting oneself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (Y)**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all drugs, prescription and nonprescription, you are taking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If yes, contact your clinician right away

*Examples are medication side effects, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs, helpful activities.

50 Depression and Bipolar Wellness Guide
(continued)

Answer the questions below every day. Discuss your answers with your clinician.

If you answer yes to a question, check off the box on the right for the day

<table>
<thead>
<tr>
<th>What other items would you like to keep track of?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychotic Symptoms:</th>
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<tbody>
<tr>
<td>Does your child seem flat or non-responsive? Child has bizarre behavior, child talks about things having no connection to reality? Seems paranoid?</td>
</tr>
<tr>
<td>Yes (Y)**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What positive or negative events or feelings happened this week?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
</tr>
<tr>
<td>Week 2</td>
</tr>
<tr>
<td>Week 3</td>
</tr>
<tr>
<td>Week 4</td>
</tr>
</tbody>
</table>

Reminder: Call your clinician to schedule appointments
Optional Journals

Personal Journal

Sleep Journal

Children’s Mood Chart
These charts are for children ages 4–12.

For the boy’s chart go to:
www.bpchildren.com/pdf/MyMoodChart.pdf

For the girl’s chart go to:
**Personal Journal**

Children and teens may find it helpful to keep a journal.

**Why keep a journal?**
- Studies show journals help people cope with depression and improve their long-term health.
- Writing can help children and teens gain awareness and insight into their own thoughts and feelings.
- Write what they wish they could tell someone, but don't feel comfortable talking about.

**What should they write about?**
- They can write about issues they are living with now, how they feel about it, and why.
- Don't judge the writing; the process of writing is what helps.

**Who should they share it with?**
- They can write for themselves, so they stay honest.
- If they can, share their journal with their clinician, to get feedback on their thinking.

**What if they don’t like writing?**
- They can use an audio recording device or type on their computer.

**What are the drawbacks of journals?**
- They still need to talk to the clinician or therapist. The clinician helps them gain perspective on their life and feelings. If they find writing makes them feel worse, then they can talk to their clinician instead.
- They may feel depressed while writing or right after working through difficult feelings.
- They may find it hard to write when they are very depressed.
Personal Journal

Ask yourself the questions below.

1. Describe your general mood and behavior (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate.)

   I couldn’t sleep much this week. I didn’t go to track on Monday, but went the rest of the week.

2. Describe any stressful life events that you had (e.g., health concerns, family/friend disagreements, trouble at school.)

   I had a fight with my mom on Monday night because she told me I had to do my homework before I watched TV.

3. Describe how you feel about the stressful life events that happened and why.

   I am really mad at my mom because she doesn’t understand how tired I am and that I need a break. I can’t concentrate on my homework.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with friends. I want to stop being so irritable at home and at school.)

   I want to sleep better. I want my boyfriend and me to be happy. I want my mom to understand me.

5. Describe your progress in treatment (e.g., I am less irritable at home, but I still have trouble getting along with my boyfriend.)

   I realized that sometimes I get mad at my boyfriend and parents when I feel bad.
**Personal Journal**

Ask yourself the questions below.

1. Describe your general mood and behavior (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate.)

2. Describe any stressful life events that you had (e.g., health concerns, family/friend disagreements, trouble at school.)

3. Describe how you feel about the stressful life events that happened and why.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with friends. I want to stop being so irritable at home and at school.)

5. Describe your progress in treatment (e.g., I am less irritable at home, but I still have trouble getting along with my boyfriend.)
Sleep Diary

Date: ______________________

<table>
<thead>
<tr>
<th></th>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I went to bed last night at:</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
</tr>
<tr>
<td>I got out of bed this morning at:</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
<td>PM/AM</td>
</tr>
<tr>
<td>Last night I fell asleep in:</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
<td>Minutes</td>
</tr>
<tr>
<td>I woke up during the night: (Record number of times)</td>
<td>Times</td>
<td>Times</td>
<td>Times</td>
<td>Times</td>
<td>Times</td>
<td>Times</td>
<td>Times</td>
</tr>
<tr>
<td>When I woke up for the day, I felt: (Check one)</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
<td>□ Refreshed □ Somewhat refreshed □ Fatigued</td>
</tr>
<tr>
<td>Last night I slept a total of: (Record number of hours)</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
<td>Hours</td>
</tr>
<tr>
<td>My sleep was disturbed by: (List any mental, emotional, physical, or environmental factors that affected your sleep; e.g. stress, snoring, physical discomfort, temperature)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Help your child to improve their sleep by:

- Going to bed the same time every night.
- Not drinking coffee or sodas with caffeine or drinking alcohol.
- Getting exercise regularly.
- Sleeping in a dark, quiet room (without TV).
More About Mood Disorders

What are the risk factors?
Anyone can develop a mood disorder. They can affect people of all ages, race, religions, and social classes. However, there are factors that put some children and teens at greater risk of developing a mood disorder:

**Previous depression.** If a child has had depression before, his or her chances of developing it again is higher.

**Parent or relative with a mood disorder.** Mood disorders tend to run in families. If a parent or relative has a mood disorder, look for it in other family members.

**Stress.** Children and teens who experience stressful events (death of a parent or sibling, parental divorce or separation, and changing schools).

**Child abuse/neglect.** Being abused in any way (sexual, physical, verbal, or emotional) or neglected can lead to depression.

**Relationship breakup or tension.** A breakup with a girlfriend or boyfriend, or living with family members who constantly fight can trigger a mood disorder.

**Parental substance abuse.** Children and teens who grow up in homes where alcohol or other drugs are abused are more likely to experience a mood disorder.

**Anxiety.** Children and teens who have anxiety disorders often develop a mood disorder.

What are common medications?
Ask the clinician for detailed information on the drug prescribed.

1. Depression
Prozac is the only antidepressant formally approved by the FDA for use in children and teens with depression, but clinicians may prescribe other antidepressants.

<table>
<thead>
<tr>
<th>Newer Antidepressants (SSRIs, SNRIs, Atypicals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celexa (citalopram HBr)</td>
</tr>
<tr>
<td>Cymbalta (duloxetine HCl)</td>
</tr>
<tr>
<td>Effexor (venlafaxine HCl) *</td>
</tr>
<tr>
<td>Lexapro (escitalopram oxalate)</td>
</tr>
<tr>
<td>Paxil (paroxetine HCl) *</td>
</tr>
<tr>
<td>Paxeva (paroxetine mesylate) *</td>
</tr>
</tbody>
</table>

*Not recommended for children under 18 at this time.*
2. Bipolar Disorder

Many medications for bipolar disorder have only recently been prescribed for children and teens. Most are not formally approved by the FDA for children, but are prescribed off-label. Mood stabilizers are prescribed for bipolar disorder. If a child has psychotic symptoms or aggression, antipsychotic medication may also be prescribed.

<table>
<thead>
<tr>
<th>Mood Stabilizers</th>
<th>Newer Antipsychotics (Atypical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithobid, Lithium Carbonate, Eskalith (lithium carbonate)</td>
<td>Abilify (aripiprazole)</td>
</tr>
<tr>
<td>Depakote, Depakene (divalproex sodium)*</td>
<td>Clozaril (clozapine)</td>
</tr>
<tr>
<td>Tegretol (carbamazepine)*</td>
<td>Geodon (ziprasidone)</td>
</tr>
<tr>
<td>Trileptal (oxcarbazepine)</td>
<td>Risperdal (risperidone)</td>
</tr>
<tr>
<td>Neurontin (gabapentin)</td>
<td>Seroquel (quetiapine)</td>
</tr>
<tr>
<td>Lamictal (lamotrigine). **</td>
<td>Zyprexa (olanzapine)</td>
</tr>
<tr>
<td>Topamax (topiramate)</td>
<td><strong>Have been used to treat children with epilepsy for many years</strong></td>
</tr>
<tr>
<td>Gabitril (tiagabine)</td>
<td><strong>Not recommended for children under 16 at this time</strong></td>
</tr>
</tbody>
</table>

* Have been used to treat children with epilepsy for many years
** Not recommended for children under 16 at this time
Which clinicians treat mood disorders?

*Primary Care Physicians* (family physicians) are medical doctors (M.D.) or doctors of osteopathy (D.O.) who are trained to treat infants, children, adolescents, and adults. They often refer a child with moderate or severe depression to a child psychiatrist or psychologist.

*Child Psychiatrists* are medical doctors (M.D.) who have the highest level of medical training in the diagnosis and treatment of psychiatric disorders in children and teens.

Child Psychologists have doctoral degrees (Ph.D. or Psy.D.) in psychology and are trained in talk therapy and psychological testing of children and adolescents.

Licensed Independent Social Workers (LISW) and Licensed Professional Clinical Counselors (LPCC) have advanced degrees and provide counseling and talk therapy.

School Psychologists are master’s or doctoral trained psychologists (M.Ed or Ed.D.) who work with children, teens, families, and teachers in school settings.

School Counselors provide help and support for children and teens in school; they help resolve personal, family, and school-related problems.

Marriage and Family Therapists (MFT) have advanced mental health training (master’s or doctoral degree) in couples’ and family therapy.

*Child Psychiatric Clinical Nurse Specialists or Nurse Practitioners (NPs)* are nurses with advanced training who specialize in the diagnosis and treatment of psychiatric disorders in children and teens.

*These clinicians are licensed to prescribe medication.
What are other resources?

Academy of Cognitive Therapy
(610) 664-1273, www.academyofct.org

American Academy of Family Physicians
(800) 274-2237, www.aafp.org

American Association for Marriage and Family Therapy
(703) 838-9808, www.aamft.org

American Foundation for Suicide Prevention
(888) 333-AFSP (2377), www.afsp.org

American Medical Association
(800) 621-8335, www.ama-assn.org

American Psychiatric Association
(703) 907-7300, www.psych.org

American Psychological Association

The Child and Adolescent Bipolar Foundation
847-256-8525, www.bpkids.org

Depression and Bipolar Support Alliance (DBSA)
(312) 988-1150, www.DBSAlliance.org

National Alliance on Mental Illness (NAMI)
(800) 950-NAMI (6264), www.nami.org

National Association of Social Workers
(800) 638-8799, www.socialworkers.org

National Institute of Mental Health (NIMH)
(301) 443-4513, www.nimh.nih.gov

National Mental Health Association (NMHA)
(800) 969-NMHA (6642), www.nmha.org

Suicide Awareness Voices of Education (SAVE)
(952) 946-7998, www.save.org

Suicide Prevention Action Network USA (SPAN USA)
(202) 449-3600, www.spanusa.org
Contribution Form

Millions of families are affected by mood disorders. Help us help families recognize and cope with the most serious health issue in America today. Please make a tax-deductible donation to Families for Depression Awareness. We are a nonprofit, 501 (c) (3) organization that needs your support to continue our service to families in need. You can make a general donation or a donation in the memory or honor of a loved one. We are extremely grateful!

General Donation

I would like to make a gift of:

- $25
- $50
- $100
- $250
- $500
- $1,000
- $2,500
- Other: ____________

Name ____________________________________________
Title ____________________________ Organization ____________________________
Address ____________________________________________
City/State/Zip ____________________________________________
Phone ____________ Email ____________________________

☐ Check ☐ Money Order ☐ VISA ☐ MasterCard

Credit Card Account: ____________ Expiration Date: ____________

Name (as it appears on card): ____________________________
Signature (required): ____________________________________________________________________________

☐ I’d like details on including Families for Depression Awareness in my will.
☐ I’ve enclosed my company’s matching gift form.
☐ I’m interested in volunteer work. Please contact me.
☐ I’m interested in being interviewed for a Family Profile, by the media, or being a speaker.

I’d like to make a memorial or honorary gift in someone’s name:

☐ Memorial donation ☐ Honorary donation

Your loved one’s name: ____________________________________________

Please list this person on the web site: ☐ yes ☐ no

Send notification of this gift to:

Name ____________________________________________
Address ____________________________________________
City/State/Zip ____________________________________________

Thank you!

Please send to: Families for Depression Awareness, 395 Totten Pond Road Waltham, MA 02451-8778

Questions? Please call (781) 890-0220 or e-mail info@familyaware.org.
Important Phone Numbers

<table>
<thead>
<tr>
<th>Your clinician(s)</th>
<th>Phone Number</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Your pharmacy</th>
<th>Phone Number</th>
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<table>
<thead>
<tr>
<th>Person to contact in case of emergency</th>
<th>Phone Number</th>
</tr>
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</table>

Emergency Numbers

- 911
- Suicide crisis hotline: 1-800-273-TALK (8255)

Clinical review committee

The clinical review committee represents clinicians from the:

- American Academy of Family Physicians
- American Psychiatric Association
- Advisory board of Families for Depression Awareness
- Newton-Wellesley Hospital

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Mary Fristad, Ph.D
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Margaret Howard, Ph.D.
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Laura Epstein Rosen, Ph.D
Anthony J. Rothschild, M.D.
Linda Zamvil, M.D.
Rachel Zuckerbrot, M.D.
We pilot-tested these guides with families across the country

**From Parents**

“Gave me the RIGHT words to use with my daughter. Also explained technical terms in simple, plain, layman’s terms.” —*M.D.*, Oklahoma

“The guides helped me to feel less alone in dealing with my son’s depression, affirmed what I was doing, and helped me discuss it with family members. I am now starting a support group as a result of this experience to reach out to other parents.” —*N.L.*, Maine

**From Teens**

“When I was really depressed, I used the guide to talk to my psychiatrist and to explain how my symptoms were getting worse. Together, we realized that I needed to be hospitalized.” —*A.H.*, Texas

“Helped me to remember what went on. Stuff came out that I never told my therapist before.” —*R.S.*, Massachusetts

“Before I was always answering, “I don’t know” or “maybe.” Now I can better describe what I am feeling and thinking and know my parents will understand. We talked almost daily about how I was feeling, doing. I felt less weird or angry about having this illness” —*M.L.*, Maine

---

**Families for Depression Awareness**

395 Totten Pond Road  
Waltham, MA 02451  
781-890-0220  
www.familyaware.org

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