

The Youth Mental Health Project EMPOWERS families and communities to act with the KNOWLEDGE, SKILLS and RESOURCES they need to support the SOCIAL, EMOTIONAL, MENTAL, and BEHAVIORAL health of youth.



## WHAT IS MENTAL HEALTH?

**W**e all have mental health the same way we have physical health and, most importantly, our children have mental health.

Mental health is important at every stage of life and plays a critical role in shaping a child's social, emotional, and cognitive development, all parts of a healthy brain.

Mental health includes all states of health, from wellness to challenges to illness, and describes a person's state of emotional, psychological and social well-being, which affects the way a person thinks, feels, and behaves.

Research shows that children's brains develop well into their mid-20's. It is important to know that children's emotions and behaviors CAN BE signs that they are struggling for a multitude of reasons or for no apparent reason at all.

While not all mental health struggles will lead to a diagnosis, that should not be a deterrent to seeking help and treatment. When a child shows symptoms of a physical illness, whether it is a sore throat or a broken arm, parents do not hesitate to seek treatment. In the same way, parents should not hesitate to seek treatment when symptoms of mental health struggles arise.

1. Center for Disease Control

2. NIMH

3. American College Health Association Study 2016

4. National Survey of Drug Use and Health from 2009 to 2014

5. U.S. Department of Health & Human Services

## STATISTICS

Mental health conditions are more common than heart disease, lung disease and cancer combined.

SUICIDE is the second leading cause of death in children ages 10 to 24.<sup>1</sup>

ANXIETY is the most common mental health disorder in the United States.<sup>2</sup>

ANXIETY, it is the #1 reason college students seek counseling.<sup>3</sup>

New research is beginning to validate DEPRESSION in children as young as 4 or 5.

By the time children hit age 17, 13.6 percent of boys and 36.1 percent of girls have been or are DEPRESSED.<sup>4</sup>

## TIPS FOR PARENTS

- Journal what you are observing and experiencing.
- Learn more about children's mental health.
- Allow your child space to talk about emotions openly.
- Validate your child's feelings, even if you might not understand them.
- Talk to your children, just about life.
- Spend some time with your children.
- Reach out for help and know it is not your fault.
- Be patient.
- Take care of yourself, too.

**1 in 5**

children in the U.S. has a diagnosable mental health condition, yet less than 20 percent of those youth receive the treatment they need.

## THINGS TO CONSIDER

When you are trying to decide if your children need help, consider how they are functioning at home, at school and/or in their social lives.

**Intensity:** How intense are your child's behaviors, thoughts, or emotions?

**Frequency:** How often does your child feel or behave this way?

**Duration:** How long do these individual episodes or periods last?

**Functionality:** Above all else, how well is your child functioning in life? Is your child impaired in any way at home, at school or with friends?

Emotions or behaviors that are more intense, frequent, or longer in duration than most other children your child's age, and that are causing impairment, may be signs of concern that indicate that consulting with a mental health professional may be necessary.

## SIGNS A CHILD IS STRUGGLING CAN INCLUDE, BUT ARE NOT LIMITED TO:

- Disruption in sleep - Nightmares
- Lack of motivation
- Inability to focus, connect, or control impulses
- Loss of appetite
- Changes in personal care
- Long-lasting, intense, painful emotions
- Intense worry
- Increased irritability, anger, or moodiness
- Feelings of worthlessness
- Increased stomach aches or other persistent unexplainable ailments
- Disinterest in extra-curricular activities or too nervous to attend

## TREATMENT

**D**o not delay treatment. The average delay between the first onset of symptoms and getting treatment is 8-10 years.<sup>2</sup>

Half of all lifetime cases of diagnosable mental health conditions begin before the age of 14 and 75% before the age of 24.<sup>2</sup>

Early intervention can help children/adolescents develop important coping and adaptive skills (e.g., resilience), allowing them to thrive socially, emotionally, academically, and physically.

With proper treatment and support, people with a mental health diagnosis can lead productive and fulfilling lives. In fact, 80-90% of people who get treatment see improvement in their symptoms.<sup>6</sup>

For more information:  
The Youth Mental Health Project  
[ymhproject.org](http://ymhproject.org)  
National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

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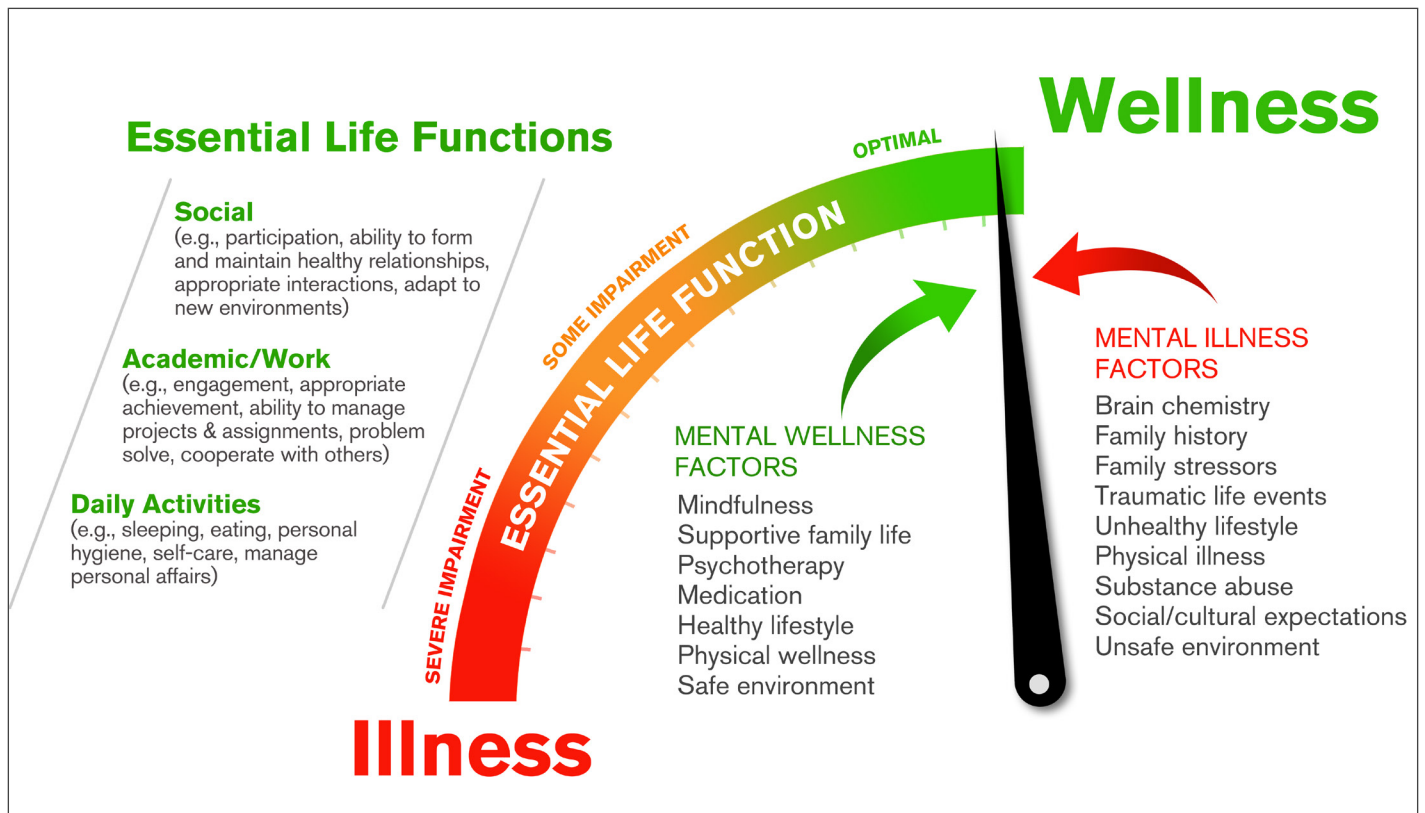
## UNDERSTANDING AND SUPPORTING YOUTH MENTAL HEALTH

**M**ental Health includes all states of health, from wellness to illness. Important at every stage of life, mental health describes a person's emotional, psychological, and social well-being, which affects the way a person thinks, feels, and behaves.

Just like physical health, mental health lies on a continuum and continuously shifts, changes, and evolves during a lifetime. The graphic below helps to identify the current state of a person's mental health in relationship to functioning and includes some of the factors that contribute to wellness or illness on the mental health continuum.

If you observe one or more of the signs of concern listed below, ask yourself where it fits on the mental health continuum as it relates to your child's ability to perform any of the essential life functions. Even mild impairment might be an early warning sign worth investigating.

## THE MENTAL HEALTH CONTINUUM



# EARLY WARNING SIGNS: WHEN TO SEEK TREATMENT

Our Understanding and Supporting Youth Mental Health booklet was designed, in partnership with Silver Hill Hospital, to provide general guidance for a better understanding of youth mental health development through various ages and stages. The booklet contains examples of healthy development markers as well as signs of concern. Below are a few examples of signs of concern:

## AGES 0-5

- Difficulty with socializing or playing with others
- Intense difficulty with separation
- Extreme difficulty or inability to toilet train after the age of 3, bowel holding
- Excessive, inconsolable crying or sadness
- Inability to fall or stay asleep, excessive lack of sleep
- Explosive and prolonged tantrums

## AGES 6-11

- Disinterest in extra-curricular activities or too nervous to attend
- Difficulty making and/or keeping friends
- Frequent headaches, stomachaches, or other persistent, but unexplainable ailments
- School avoidance or refusal to go to school
- Low tolerance for frustration or discomfort
- Frequent irritability

## AGES 12-17

- Difficulty with socializing or playing with others
- Concrete thinking, hyper-focus
- School refusal or avoidance
- Self-harming, self-destructive, or aggressive behaviors
- Severe mood swings, periods of extreme energy, lack of motivation
- Eating or sleeping too much or too little
- Extreme lack of personal care or hygiene

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[ymhproject.org](http://ymhproject.org)

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

1. U.S. Department of Health & Human Services

# PARENT TRAINING

Parent training represents a therapeutic approach in which parents are taught how to:

- increase desirable child behavior,
- reduce children's misbehavior,
- improve parent-child interactions, and
- bring about a positive family atmosphere.

This approach is based on extensive research examining parent-child interaction patterns and the ways children learn.

Behavior therapists recognize that parents play a most important role in their children's development. Therefore, in parent training, parents are trained to become "co-therapists" in the treatment of their children's behavior problems.

Parent training has been evaluated as a treatment of children's behavior problems in hundreds of studies. Most of these studies have been conducted with families of children between 3 and 12 years of age. Children in these families showed a variety of conduct problems, including failure to obey their parents, temper tantrums, stealing, lying, and fighting.

Studies have consistently shown parent training to be effective for reducing these behavior problems. Moreover, these reductions in conduct problems have been shown to last years after treatment has ended. Some studies have also shown parent training to be valuable for the treatment of attention-deficit/hyperactivity disorder, anxiety, depression, developmental disabilities, autism, and elimination disorders such as bed-wetting.

Sessions may be conducted with an individual parent or with groups of parents. Although many variations of parent training exist, several characteristics are shared by most programs. Parents are usually taught how to carefully observe their children's behavior in order to better understand why their children act the way they do. They observe what situations and events come before the behavior and what usually follows. Parents are taught to effectively use a number of skills and techniques for improving their children's behavior.

Specific skills often taught include praise, positive attention, administration of rewards and privileges, rule-setting, ignoring, reprimands, withdrawal of privileges, and time-out. (Time-out refers to a time-out from rewards and attention. The child is quickly removed from a pleasurable situation in which he or she is misbehaving and briefly placed in a quiet and boring area that is not enjoyable at all. Placing the child in time-out prevents him or her from getting attention or other rewards following undesirable behavior.)

Parents are taught when and how to use these skills. They are taught timing, consistency, intensity, and integration of the various skills. Even the most effective skill used at the wrong time or in the wrong way will not promote wanted changes in behavior.

## Other Areas Frequently Covered in Parent Training Programs:

- establishing realistic expectations for children's behavior at particular ages,
- talking more clearly and positively with children, and

## What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like using breathing exercises
- A way of feeling, like becoming less anxious
- A way of thinking, like learning to view anxiety-provoking stimuli as something other than a heart attack
- A way of dealing with physical or medical problems, like practicing exposure with difficult situations to reduce their effect.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

**HOW TO GET HELP:** If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and are trained in techniques for treating panic disorder. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website ([www.abct.org](http://www.abct.org)) and click on "Find a CBT Therapist."

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- working effectively with school personnel to help children develop academically and socially.

Among the methods used to teach child management skills are verbal instruction; video and live demonstrations of the use of skills; feedback from therapists; and, in group settings, feedback from other parents. Some parent training programs include children in the sessions to provide parents with additional opportunities to learn and practice these skills.

In most parent training programs, parents are first taught to use and practice specific skills at home to change relatively simple child behaviors. Once parents have learned a number of skills, they are taught to use combinations of skills to change more complex child behaviors.

A number of factors have been shown to enhance the success of parent training programs.

- Programs that include more than 10 hours of training and that leave open the maximum number of treatment sessions are more likely to show bigger and longer-lasting reductions in children's behavior problems than are brief, time-limited programs.
- Teaching parents the scientific principles upon which specific parenting skills are based has been shown to enhance the effectiveness of parent training programs.
- Families experiencing difficulties in addition to child behavior problems (marital problems or parental depression, for example) are more likely to show gains from parent training programs if parents receive help for these other problems as well.

Parent training is a very promising treatment for child conduct problems and appears to be useful in the treatment of other child disorders as well. Although parent training, by itself, may not reduce child conduct problems in all families, no other treatment for conduct problems has been investigated as broadly or found to be as effective.

***For more information or to find a therapist:***

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# ANXIETY DISORDERS

*Anxiety is a normal emotion and common experience, and it represents one of the most basic of human emotions. At one time or another, all of us are likely to be “stressed out,” worried about finances or health or the children, fearful in certain situations (such as when on a ladder or just before an operation), and concerned about what other people think. In general, anxiety serves to motivate and protect an individual from harm or unpleasant consequences.*

For many people, however, constant or excessive anxiety disrupts their daily activities and quality of life; for others, panic, which seems to come out of nowhere, can cause terrible physical symptoms, such as faintness, chills, and even extreme chest pains. Anxiety disorders are so common that more than 1 in every 10 Americans will suffer with one at some point in their lives. Fortunately, anxiety disorders can be treated, generally with short-term, effective, and cost-efficient methods.

## Types of Anxiety Disorders

There are a number of different disorders that fall under the category of anxiety. They include Panic, Generalized Anxiety, Obsessive-Compulsive Disorder (or OCD), various Phobias (including Social Phobia and Agoraphobia), and Posttraumatic Stress Disorder (or PTSD). Each of these is described below.

### PANIC DISORDER

On his way home from work, John is driving through his neighborhood when suddenly a child darts out into the street in front of the car. John slams on the brakes and swerves, just missing the child. As he pulls over, John’s heart is beating furiously, and he is breathless, sweating, and shaking. He could have killed that child. It is several long minutes before he is able to continue home. This is a normal reaction to a potentially catastrophic situation. Our nervous systems are equipped with an alarm system, much like a fire alarm, that alerts us to danger. This system is triggered by impending danger, and it instantaneously prepares our body to “fight or flee” and ultimately protects us from harm. For some individuals, the alarm system rings at inappropriate times, when there is no danger present. Imagine sitting at home, watching television, and, from out of nowhere, this alarm reaction occurs. A panic attack is the physical sensations of the alarm system and includes sensations such as a racing heart, rapid breathing, tingling or numbing sensations, hot or cold flashes, sweating, trembling, and similar sensations. Individuals who experience unexpected alarms develop a fear of these sensations, and often attribute the attacks to major medical problems, such as a heart attack or stroke. When no physical cause is identified, the individual begins to fear losing control, or even think that he or she is going crazy. The more a person fears these intense sensations, the more aware he or she becomes of the sensations. The fear of the panic attacks ultimately can cause the attacks to become more intense and frequent. Fear of panic attacks, then, often becomes the cause of the panic attack.

## What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like smoking less or being more outgoing
- A way of feeling, like helping a person to be less scared, less depressed, or less anxious;
- A way of thinking, like learning to problem-solve or get rid of self-defeating thoughts
- A way of coping, like training developmentally disabled people to care for themselves or hold a job.

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## *SOCIAL PHOBIA*

Giving a talk in front of a group, walking into a room full of strangers, or meeting with the boss can make anyone somewhat anxious, but for the person with social phobia, such situations cause intense fear and even panic attacks. Individuals with social phobia fear being evaluated negatively by others, and worry excessively about embarrassing themselves. This overwhelming fear often leads the person to avoid social situations. Social phobia is not the normal nervousness a person has before meeting new people, it is an intense fear that causes that person to avoid that situation, significantly disrupting the person's life. Social phobia is one of the most common forms of anxiety disorder, and is often accompanied by depression. In addition, some individuals with social phobia develop alcoholism or other substance abuse problems. Social phobia may be present in all social situations or it may appear in only certain situations, such as speaking in public.

## *GENERALIZED ANXIETY DISORDER (GAD)*

Everyone worries from time to time about finances, the job, health, or family matters. For individuals with GAD, the worry is excessive, difficult to control, and unrealistic. In addition, GAD is accompanied by a range of physical symptoms, such as muscle aches, tension, soreness, sleepless nights, irritability, concentration difficulties, and restlessness. The worry and physical symptoms of GAD can persist for six months or longer, thus reinforcing the person's feelings of helplessness and anxiety. Individuals with GAD are also more likely to develop additional anxiety disorders and depression.

## *SPECIFIC PHOBIAS AND AGORAPHOBIA*

Dogs, spiders, injections, small rooms, thunderstorms, blood, elevators, crowds, driving, heights, and deep water can all cause a certain degree of unease in most individuals. It is relatively easy for most individuals to think about a particular situation or object that they would prefer to avoid. However, when that fear is persistent, or the individual's life is disrupted when trying to avoid the cause of that fear, this is considered a specific phobia. Although individuals with specific phobias recognize that their fear is way out of proportion to the actual threat of the situation, they are unable to control the fear and may experience an anxiety attack when encountering the feared situation or object. As an example, individuals with a specific phobia of blood often faint when they see blood; the anxiety and, especially, fainting, make simple medical or dental procedures overwhelming. Agoraphobia, which is closely linked with panic attacks, is particularly disruptive because the person fears most any open space, thereby making simple tasks, such as grocery shopping, or even seeing a therapist, anxiety-provoking.

## *OBSESSIVE-COMPULSIVE DISORDER (OCD)*

Ever wonder if you locked the doors or left the stove on? Ever have the feeling that something terrible was about to happen? Do you have certain routines that you follow in the morning or evening? These thoughts and simple routines are not unusual. However, for the person with OCD, these thoughts and routines occur repeatedly, and the individual feels unable to stop them. Moreover, these thoughts and behaviors cause significant distress and interference in the individual's life. When "checking behavior" or other compulsive



sions take hours, not minutes, of a person's day, therapists consider this to be OCD. Typical obsessions include fears of contamination or poisoning, religious themes, doubts, and thoughts of sex. Compulsions are often desperate attempts to "neutralize" the obsession and anxiety, and involve repeating some behavior such as washing, checking, counting, tapping or touching things repeatedly.

### *POSTTRAUMATIC STRESS DISORDER (PTSD)*

Terrible events can cause extreme feelings of helplessness, horror, and fear. These events might include physical or sexual assault, car accidents, natural disasters, robbery, and war. People with PTSD develop anxiety and intrusive thoughts about the event, and may feel at times as though the event were happening again. Classic symptoms of PTSD include nightmares, being easily startled, anger outbursts, feelings of detachment, and hopelessness about the future. PTSD can occur within one month of the event, or may be delayed for many years after the trauma.

### **How Can Cognitive and Behavior Therapy Help People With Anxiety Disorders?**

There is hope for individuals with anxiety disorders, because these problems can be effectively treated with cognitive therapy and behavior therapy. In some cases, treatment of a specific phobia takes only one session, while most programs for the other anxiety disorders take, on average, 12 to 18 sessions. Cognitive behavioral treatments typically involve four main components.

**Education** about the nature of anxiety helps the individual understand his or her responses and teaches the individual ways to more effectively cope with anxiety. **Somatic management skills** teach relaxation and breathing techniques, which help the individual manage the physical symptoms and discomfort of anxiety. **Cognitive skills** address the individual's beliefs and thoughts, and focus on teaching more adaptive, realistic thinking styles. And, all treatments for anxiety involve some form of **behavioral exposure**, a gradual, step-by-step confrontation of the fear with mastery and skill.

For many people, behavior therapy and cognitive therapy alone will be enough to overcome or manage the various anxiety disorders. For some individuals, however, medication, in combination with cognitive behavioral therapy, can foster a return to a full and satisfying life. Programs combining pharmacology and behavior therapy are available for the range of anxiety disorders.

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# DEPRESSION

*Depression is a common psychological problem, experienced by many people at some time during their lives. One member of most families has experienced an episode of depression severe enough to require formal treatment. Depressed mood is costly to individuals and society as a whole, both economically as well as in terms of quality of life.*

## Major Characteristics

The primary feature of depression is a sad mood state, which, in its most severe form, is experienced as a feeling of helplessness, hopelessness, and despair.

When people experience depressed mood, it is common for them also to experience a decrease in social activities, problems with relationships, and an increase in crying or "a desire to cry even if you cannot get the tears out" (called dry tears depression).

## Cognitive Characteristics

There are also several cognitive features of depression that may include a loss of concentration and memory; a belief that you are becoming worthless; a belief that things cannot be made better, have gotten bad, and will get worse; and a focus on negative things about yourself without enough attention on positive things about yourself.

## Biological Characteristics

The biological characteristics of depression include disrupted sleep (especially trouble falling sleep and a pattern of waking up very early in the morning), loss of appetite, loss of sexual desire or lack of interest in sexual activity, and fatigue or tiredness during the day. It is also important to know that depression may happen along with increased anxiety and feelings of anger or hostility. In about 10% of cases, depression will be followed by problems with alcohol or drugs.

## Frequency

Depression severe enough to require formal treatment occurs in about 6% of the women and 3% of the men in this country. Depression can occur, although at lower rates, among children. During adolescence, the rates gradually increase, so that by age 14 or 15 they equal those of adults. Among the elderly, the rates decrease slightly, but depression remains a frequent and serious problem among this age group.

## Causes

### Life Events

Although no definitive and final answer exists to the question of what causes depression, much is known. Depression may be caused by major negative life events – for example, the death of a loved one, a divorce, a severe financial setback, or even a move to a different neighborhood or part of the country. Other factors that may cause depression include trouble having and keeping social relationships and trouble keeping your everyday life in line with your values in life.

## What Is Cognitive Behavior Therapy?

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Changes or goals might involve:

- **A way of acting:** like smoking less or being more outgoing;
- **A way of feeling:** like helping a person to be less scared, less depressed, or less anxious;
- **A way of thinking:** like learning to problem-solve or get rid of self-defeating thoughts;
- **A way of dealing with physical or medical problems:** like lessening back pain or helping a person stick to a doctor's suggestions; or
- **A way of coping:** like training developmentally disabled people to care for themselves or hold a job

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## ***Thinking Patterns***

Depression also may be related to faulty thinking patterns. These might include magnifying how badly things are going for you, drawing negative conclusions from life events even when it doesn't make good sense to do so, and generally having a negative view of oneself, the world, and the future.

## ***Biochemical Imbalances***

There are several types of biochemical imbalances that may occur in depression. Depression may develop when a biological predisposition to depression is activated by an event. This predisposition is activated when one experiences a major life event (or a sequence of more minor negative life events) and/or develops a negative cognitive pattern of evaluating oneself and one's life events. It is believed that the biological characteristics of depression (sleep disturbance, appetite loss, loss of sexual interest, and tiredness) are related to this biochemical imbalance.

## **Treatment**

During the past few years, very effective treatments have been developed for depression. The majority of people experiencing depression can expect to experience considerable relief from depression within 3 or 4 weeks of effective treatment, and long-lasting relief within 3 to 6 months of treatment.

## ***Behavioral and Cognitive Behavioral Therapies***

Behavior therapy and cognitive behavior therapy are among the treatments that have been most extensively evaluated and that have been shown through research to be effective. Behavioral treatments help a person to engage in healthy life activities, particularly activities that are consistent with one's life values. Behavior therapy also helps people to develop skills and abilities to cope with major life events and to learn social relationship skills when these are missing. Cognitive behavior therapy includes the development of behavioral skills, but focuses more on correcting the faulty thinking patterns of depression. Most people experiencing depression will profit from participating in cognitive behavioral therapy that is widely available from mental health professionals.

Some severe depressions, especially those involving severe biological symptoms, may require antidepressant medications. Such medications are available, and many produce quick and effective relief of depression. When antidepressant medication is necessary, it may be combined with behavior therapy or cognitive behavior therapy to produce effective and long-lasting treatment results. Some people believe that depression will gradually go away, or that if you "just get yourself in gear" you can get over it yourself. Indeed, in some small percentage of cases that may be true. Unfortunately, depression usually does not go away without treatment. Therefore, if you are experiencing a severe, acute depression or a chronic lower level depression, it is best and wise to seek and participate in therapy. Fortunately, there are treatments available to lessen depression and the life difficulties that come along with it.

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