

GUIDED SELF-MANAGEMENT TOOLS

FOR Depression

Children 6-12



COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION



INTRODUCTION

Everyone feels sad sometimes. School, friends, and family concerns can cause children and teens to feel down. Disappointments and challenges in life can also have an impact on mood. For some children, sad feelings can become difficult to manage. This can cause problems at home, school, and/or with friends. If this is happening for your child, they may be depressed. Working with your child's primary care team can help you assist your child in managing symptoms of depression.

Behavioral health specialists have worked hard to figure out ways to help manage depression. One of the most effective interventions is a type of therapy called Cognitive Behavioral Therapy, or CBT. This type of therapy helps people with depression learn how to change their thoughts and behaviors in order to feel less sad and to cope when sad feelings do occur. The worksheets in this guide will help your child and your family try CBT strategies at home. There are tips for parents and activities for your child, which can be used with children across a wide age range. We find that the skills are most effective when used in order. All of the skills included in our guide are *evidence-based*, meaning they are strategies that have been tested and proven to be effective through rigorous scientific research. Many families have found these strategies to be beneficial; we hope they will work for you, too.

SKILLS & EXERCISES

Each of the skill handouts includes an explanation of the skill, a description of how it will help your family, and instructions for how to use the strategy at home. We've also included a list of common questions and concerns parents usually have about each skill, along with our answers. Work through the guide with your child and try out each new skill for about two weeks to see which fit your family best. See what's working and what's still challenging, then adjust as needed. Once you've found a set of skills that works for you, keep at it until the routine becomes second nature. It may be challenging at first, but the more you practice, the easier it will be to make these exercises and techniques a part of your daily life. Let us know how things are going and be in touch if you and your child need any additional support for depression management. Good luck!



Skill 1

Mood Tracking

These worksheets will help your child pay attention to their feelings, see how different situations impact their mood, and practice sharing their feelings with others.



Skill 2

Making Time for Fun

These worksheets will help you and your child plan time in their day for activities they enjoy and learn additional positive coping skills for improving mood.



Skill 3

Relaxation Skills

These worksheets teach simple skills and exercises that help increase feelings of calm and well-being. Make these skills a consistent part of your family's daily life to reduce stress for everyone.



Skill 4

Thinking Traps

These worksheets teach new ways to look at situations and suggest questions to ask in order to reduce negative thoughts and increase positive thinking.



Skill 5

Problem Solving

These worksheets help your child gain confidence and improve their mood by teaching strategies that help to 1) solve problems independently and 2) seek help when needed.

PARENT HANDOUT: MOOD TRACKING



WHAT IS MOOD TRACKING?

- ▶ In order for you and your child to better understand how your child feels, they will need to practice feelings identification and feelings expression.
- ▶ Feelings identification is a term for being able to name your feelings with detail and accuracy. Feelings identification goes beyond saying you feel “good” or “bad” and instead involves developing a richer feelings vocabulary. Feelings expression is a term for sharing emotions in safe and productive ways.
- ▶ The use of mood tracking to identify and record feelings is a helpful way to increase feelings identification and expression. A Mood Tracker is a simple system that can help your child label and record their feelings.
- ▶ As your child improves their feelings identification and expression through mood tracking, you and your child may notice patterns in their moods. Paying attention to these patterns is an important first step to figuring out ways to improve mood. Having a better understanding of their emotions will help your child use other helpful skills, such as the Relaxation Skills (Depression Skill 3) and Problems Solving worksheets (Depression Skill 5) in this guide.

HERE'S HOW TO BEGIN MOOD TRACKING AT HOME

- 1 Make a master list of emotions.
 - a **Important Feelings for Children:** You may want to track the following feelings: **Happy, Sad, Mad, and Scared.** You can add more based on your child’s vocabulary, understanding, and needs.
 - b **Important Feelings for Adolescents:** You may want to track the following feelings: **Happy, Sad, Depressed, Angry, Frustrated, Stressed, Worried, and Neutral.** You can add more based on your adolescent’s vocabulary, understanding, and needs.
- 2 Expand feelings vocabulary.
 - a **Expanding the Feelings Vocabulary:** You will need a timer, two pieces of paper, and two pens. Set the timer for one minute (30 seconds for younger children) and say to your child, **“We are going to come up with as many different feelings words as we can. Words like happy, sad, and any more you can think of. When I say go, start your list. I’ll do mine at the same time. We will put our lists together at the end.”** When time is up, compare your lists and create a “master list” that contains the feeling words you and your child think are most necessary for tracking their moods. Use tips 1 and 2 above to make sure you are including key feelings.
- 3 Introduce mood tracking.
 - a **Introduction to Mood Tracking for Children:** “Feelings have names like happy, sad, mad, and scared. We show how we are feeling on our faces, through our words, and through our actions. Feelings can also be called emotions or moods. We are going to try an activity that will help us understand more about your feelings. At the end of each day, we will use this worksheet to track your feelings for that day. Did you feel happy, sad, mad, or something else? We will also write down what happened that day. Doing this will help you become an expert at sharing your feelings, which will let us work together on helping you feel better.”
 - b **Introduction to Mood Tracking for Adolescents:** “We named a lot of different feelings during the Speed Game. Feelings can also be called emotions or moods. Happy, sad, depressed (which means really down and hopeless), angry, frustrated, stressed, worried and neutral (that means no feeling) are important ones that you and I are going to make sure we include in our vocabularies. Many people find it helpful to track their moods in order to get more practice identifying how they feel, notice any patterns in moods throughout the day, and then use the information to figure out ways to improve mood. This worksheet is one good way to try this. You can record your feelings and the situation that caused those feelings for morning, afternoon, and evening. Some people like to do this in the moment and other people like to do this at the end of the day. What would you like to do?”

CHILD WORKSHEET: HOW I FEEL



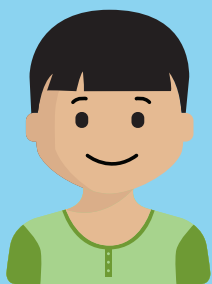
- 1 Make copies of this worksheet so you can continue this practice beyond the first week.
- 2 Keep the master list of emotions you made with your child near the mood tracking worksheets for easy reference. Adolescents and older children with electronic devices may want to keep the list on their device.
- 3 If your child can't think of a feeling word when it's time to fill in their worksheet, provide examples from the master list.
- 4 If your child can't think of something for the What Happened? section, ask, **"Where were you when you noticed your feeling? What was the situation? What were you doing?"**
- 5 Once your child has completed a week of Mood Tracking, start to look for patterns together. Read all of the emotions and situations from the week's Mood Tracker. Ask, **"What do you notice? Are certain events connected to certain feelings a lot?"**
- 6 Once you and your child notice and identify their patterns, think about which other skills in this guide could help. Many families find that the Relaxation Skills (Depression Skill 3) and Problem Solving worksheets (Depression Skill 5) in this guide are useful.

Week: _____

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Mood	happy	sad	mad				
What Happened?	took muffin to dog park	forgot my homework at home	I wanted to play more, but it was time for dinner				

Here are some emotions that you may be feeling:

Happy



Sad



Mad



Scared



CHILD WORKSHEET: HOW I FEEL



Week: _____

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Mood							
What Happened?							

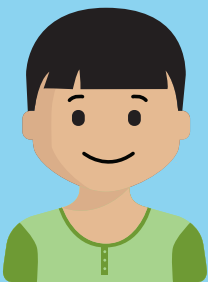
Week: _____

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Mood							
What Happened?							

Week: _____

	Sun	Mon	Tues	Weds	Thurs	Fri	Sat
Mood							
What Happened?							

Happy



Sad



Mad



Scared



CAREGIVER HANDOUT: MOOD TRACKING TIPS



Depression Skill 1

HOW CAN MOOD TRACKING HELP MY FAMILY?

- ▶ Children and adolescents who are having a hard time with sad or depressed mood sometimes struggle to both explain how they feel and show how they feel in appropriate ways. Mood Tracking can help your child become more skilled at feelings identification and feelings expression.
- ▶ Improving these skills can help your child feel more in control when a low mood occurs. This can in turn reduce certain behaviors that may be connected to difficulty expressing emotions (e.g., temper tantrums, acting out, withdrawing from friends and family, etc.).
- ▶ Mood Tracking can help you and your child notice patterns in their moods that can give you valuable insight into your child's triggers and challenges (e.g. they notice that they tend to feel worse when they're left out at school).
- ▶ You can use this information to work together to find coping skills that can improve specific moods and solve problems that may be causing stress.

COMMON PARENT CONCERNS

When I ask my child how they feel, they say they don't know!

Sometimes Mood Tracking can feel overwhelming or confusing. Use your master list of feelings to give your child ideas. You can also ask them questions about how they felt in specific situations (e.g., "How did you feel in math class? At recess? After school?"). You can first ask them to use "good" or "positive" and "bad" or "negative" to identify if they were feeling a positive or negative emotion. Then focus together on narrowing that range of emotions down to be more specific, using the list we provide for suggestions.

My child refuses to mood track.

Empathize with your child. It can feel hard to begin expressing emotions if you've kept them bottled up inside. Your child could be feeling overwhelmed, or too down to be motivated. Mood Tracking should not be another chore but something short and simple that you can work into your daily routine (e.g., can they fill out the worksheet after dinner, or use their phone to keep track?). Together, set a specific goal for regular mood tracking (e.g., three times a week to start) and think of a small but fun reward your child can earn for reaching it.

I'm not sure how to use the Mood Tracker to plan or problem solve.

Think of the Mood Tracker as data: important information about your child's day-to-day experience. Look for patterns, such as certain moods that happen over and over on the same day, at the same time, or in the same situation. Use this information to brainstorm ways to improve those situation together. Are they always sad on Mondays? Maybe Mondays would feel more positive if there were occasionally a fun activity or special dinner to look forward to. See the Making Time for Fun worksheets (Depression Skill 2) for more ideas like this. Are evenings stressful? Perhaps this could be improved by starting homework earlier or thinking of a calming bedtime routine. Read the Relaxation Skills (Depression Skill 3) and Problem Solving (Depression Skill 5) worksheets for more ideas like these. Once you have more information about the specific circumstances around certain moods, you can plan ahead.

Our Mood Trackers show that my child is almost always in a low mood, no matter what.

Help your child figure out ways to add more fun and relaxing activities to their daily life (see Making Time for Fun and Relaxation Skills, Depression Skills 2 and 3). Notice if this results in any changes. Also discuss with your child whether negative thinking may be impacting their report of their mood. Are they reporting the facts? Would using a skill from Thinking Traps help (Depression Skill 4)? If your child's low mood continues, talk to your primary care provider. They can connect you to a behavioral health specialist who can help. If your child's mood causes you concern for their safety, seek emergency help.

PARENT HANDOUT: MAKING TIME FOR FUN



Depression Skill 2

WHAT IS MAKING TIME FOR FUN?

- ▶ If your child is struggling with sadness or depression, they may stop doing things that they used to enjoy. They may engage in more passive activities (e.g., screen time) reduce the amount of active choices (e.g. sports, hobbies) they engage in, or spend less time with others. Or you may find that they aren't doing many fun activities at all, or report that activities they usually enjoy are less fun than they used to be. These changes in activity and motivation are common symptoms of depression.
- ▶ **Behavioral activation** is a method for increasing the amount of enjoyable activities that are a part of your child's day. It is a great tool for helping your child improve their mood and increase their active coping skills. Since your child may feel unmotivated right now, activities are scheduled ahead of time in order to help with consistency and planning.
- ▶ Your child may not be in a good mood at the start of an activity, but they may notice a significant improvement in mood once they get going! Keeping track of their moods before and after the activity will help them notice which activities make a big positive difference in their mood. In the future, they can return to these activities to cope with low mood.

HERE'S HOW TO USE BEHAVIORAL ACTIVATION AT HOME

You can use the following script with your child:

- 1 Introduce behavioral activation.** "I've noticed that you've been feeling sad and down lately. When people feel down, they often stop doing things they used to love. That sometimes happens because they feel tired or uninterested in their hobbies and activities. This causes them to have less fun and feel even more down! Do you think this is happening to you?" Wait for an answer and provide encouragement in a way that feels comfortable to you. "Together, we are going to make an effort to plan for more fun in your daily life. Scheduling fun in your day to help you feel happier is called *behavioral activation*."
- 2 Introduce the Making Time for Fun worksheet.** "We are going to use the Making Time for Fun worksheet to organize your behavioral activation. Your job is to make a list of fun activities you'd like to do and then choose one activity for each day. We will try to put mostly everyday things on the worksheet that you can do daily (even on school nights!). However, we can also include the occasional bigger, special activity. We will also rate your mood before and after to see if the activity makes you feel better." We can use a scale from 1-10 where 1 means very down, and 10 means very happy. See Mood Tracking worksheets in Depression Skill 1 for additional support on feelings identification and expression.
- 3 Brainstorm and choose activities.** "Do you have any ideas about things you want to do? We will add them to the Fun Ideas List." Wait for your child to name activities; if they need help you can make suggestions based on activities you know they once enjoyed and/or the suggestions on the worksheet. Record the activities on the Fun Ideas List as you go.
- 4 Make the schedule:** "Great job! Now I'll read the list to you. Why don't you pick which day of the week you would like to do some of these things?" Write the activities down in the schedule according to your child's choices. Review the chart together once it's filled in.

CHILD WORKSHEET: MAKING TIME FOR FUN

1 Fun Activities Suggestions



Arts and crafts Play outside Play with a pet
 Exercise or practice a sport Journal Go for a walk
 Listen to music Play a game Watch a movie
 Read a book or listen to an audiobook

2 My Fun Ideas List

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

3 My Making Time for Fun Chart

Day of the Week	Fun Activity	Mood Before (1-10)	Mood After (1-10)
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

10 very happy

9

8

7

6

5

4

3

2

1 very down

PARENT HANDOUT: MAKING TIME FOR FUN TIPS



Depression Skill 2

HOW CAN MAKING TIME FOR FUN HELP MY FAMILY?

- ▶ When children or adolescents are struggling with sadness or depression, they often stop doing activities they once loved because they feel tired, think once enjoyable activities are boring, feel frustrated or irritable, or start withdrawing from friends. Unfortunately, the more your child reduces their pleasurable activities, the more their sadness may increase.
- ▶ Using the Making Time for Fun worksheet can help you organize and motivate your child to increase their positive activities through behavioral activation. It can reduce the need to nag your child to choose something to do when they seem sad or bored. The whole family can benefit from mood-boosting activities if you do them together. For example, physical activity as a family can make a big difference. In addition, spending time in nature can have positive and soothing effects on everyone's mood.
- ▶ Another benefit of the Making Time for Fun skill is that it helps your child increase their active coping skills. They will be able to keep track of which activities improve their mood the most. These activities, along with relaxation skills (see Relaxation Skills worksheets in Depression Skill 3), will be powerful tools that you can turn to for improving mood in a variety of circumstances.

COMMON PARENT CONCERNS

My child only wants to include video games on their chart.

Many children prefer screen time over other activities and it's okay to include a few of these activities in their plan. However, too much screen time can be passive and isolating, leading to more negative effects than positive ones. Try to help your child balance their Fun Activities List so that there is a mix of high and low energy activities and not too many activities with screen time. Explain to your child that physical activities can make a huge difference in their mood and that low key activities like reading or coloring can also help them feel calm. Praise your child for including activities with no screen time on the list.

My child has too many expensive activities on their list.

Help your child pick some simple and free activities and explain to them that these activities are beneficial and necessary because they are easier to access and can happen several times a week. Based on your family's practices and budget, decide if and when you would like to include some activities that have a cost and calmly but firmly explain this to your child. Decide together when to occasionally fit these activities in. You may even want to choose a special activity as a reward for your child's use of coping skills!

My child doesn't want to do their activities when I suggest them.

Ask specific questions to find out what could make doing behavioral activation more appealing. Have they decided that they want to change the order of activities, or do completely new ones? Edit your Making Time for Fun worksheets as needed. Encourage them to keep trying new things until they find something that is enjoyable and comfortable. Remind them that it's hardest to do fun things when they feel down, but that this is when doing fun things is actually most important!

My child still has a low mood, even after doing their fun activities.

Brainstorm with your child to see if trying different activities could be more impactful. Adjust the planned activities on the worksheet as needed. Discuss with your child whether negative thinking may be impacting their report of their mood. Are they reporting the facts? Would using a skill from Thinking Traps help (Depression Skill 4)? If your child's low mood continues, talk to your primary care provider. They can connect you to a behavioral health specialist who can help. If your child's mood causes you concern for their safety, seek emergency help.

PARENT HANDOUT: DEEP BREATHING



WHAT IS DEEP BREATHING?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ There are three main forms of relaxation skills that can help your child and family. This handout is an introduction to a skill called **deep breathing**.
- ▶ Deep breathing involves taking slow, deep breaths in which you fill your belly with air on the inhales (i.e., the breathe *in* part) and release the air on the exhales (i.e., the breathe *out* part).
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE DEEP BREATHING AT HOME

- ▶ Making relaxation a family activity can help your child feel comfortable and use their skills consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, you can point out to your child times when you can use the skill of deep breathing in your own life (e.g., "I don't like when the grocery store is this busy, so I'm going to take a few deep breaths before we go in.")

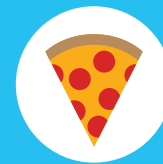
DEEP BREATHING PRACTICE

Deep Breathing Script: "Sit in a comfortable position and close your eyes. We are going to focus on our breathing. Start by taking some nice deep breaths, the same way you normally would. Notice how your belly rises and falls as you breathe. You can put your hand on your belly to help you feel the air going in and out. Now we are going to try to breathe in a way that will help us feel even more relaxed. Breathe in through your nose. This is the inhale. When you do this, make your belly fill with air like a balloon. Now breathe out slowly through your mouth. This is the exhale and it makes you empty the air out of your belly balloon. Good. You can make a 'whoosh' sound on the exhale if that helps you. Now do that again, breathing in through your nose and out through your mouth. Try to take in as much air as you can, slowly and calmly. Take your time and focus on the rhythm of your breathing. Try to make your belly balloon fill with air on the inhale and empty on the exhale. Great job. If other thoughts pop into your mind, that's okay. Just try to stay calm and start thinking about your breathing again. Now take three more slow, deep breaths in through your nose and out through your mouth, making your belly rise and fall three times. One. Two. Three. You can do this any time you need to relax. Great job! When you're ready, you can open your eyes."



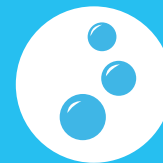
Number Breathing

Once your child understands how to breathe more deeply, try variations such as 3-1-3. This involves breathing in for a count of three, holding it for one, and breathing out for a count of three. You can try other numbers and combinations and use whatever your child likes and finds comfortable.



Pizza Imagery

A fun image that can help you or your child practice this skill anytime, anywhere: Imagine you are breathing in the smell of a slice of hot, delicious pizza and then blowing out to cool the slice down. Or think of another hot food you love!



Bubbles

Have some fun and use bubbles to show how breathing in and blowing out calmly can help you make big bubbles. Show your child how fast, more anxious breathing doesn't work as well.



Stuffed Animal Belly Breathing

Have your child lie down on the floor with a small stuffed animal on their belly. When they breathe in, the stuffed animal should rise as their belly fills with air. As they breathe out, the stuffed animal should sink slightly as air flows out. Older children can use their hand on their belly to practice instead of a stuffed animal.

PARENT HANDOUT: PROGRESSIVE MUSCLE RELAXATION



Depression Skill 3

WHAT IS PROGRESSIVE MUSCLE RELAXATION?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ There are three different types of relaxation skills that can help your child and family. This handout is an introduction to a skill called **progressive muscle relaxation**.
- ▶ Progressive muscle relaxation involves tensing different groups of muscles one at a time and then releasing them. An example is flexing your arm muscle, then relaxing it.
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE PROGRESSIVE MUSCLE RELAXATION AT HOME

- ▶ Making relaxation a family activity can help your child feel comfortable and use their skills consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, you can point out to your child times when you can use progressive muscle relaxation in your own life (e.g., "I've been clenching the steering wheel the whole way home. I'm going to try to relax my muscles now to feel better.")

PROGRESSIVE MUSCLE RELAXATION PRACTICE

Progressive Muscle Relaxation Script

"Sit in a comfortable position and close your eyes. We are going to practice relaxing our muscles by squeezing them tight and then releasing them. Let's start with our legs. Stretch your legs out in front of you and point your toes. Hold your position and count to 5. Now relax your legs. Good job! Do that again. Stretch, hold for 5, and relax. Now make two fists like you are squeezing a lemon in each hand. Squeeze your lemons as tightly as you can to get the juice out for a count of 5. Now drop your lemons. Great job! Now repeat. Squeeze for 5 and drop. Let's next focus on our arms. Hold them out in front of you, stiff and straight for 5. Good. Now drop your arms to your sides like they are cooked, limp spaghetti. Now repeat. Stiff for 5 and then loose. Okay, now we're going to squeeze our stomach muscles as if we are trying to squeeze through a door. Hold them tight and count to 5! Now release. Great job. Repeat. Squeeze for 5 and release. Now we are going to scrunch up our faces like we are trying to get flies off our noses. Keep your face scrunched up for 5! Good. Release. Again, scrunch for 5 and release. For our last step we are going to hold our whole body as tight and scrunched up as we can. Tense all the parts and count to 5! Great job. Now release. Do that one last time. Tense for 5, now relax. Notice how good it feels to relax all your muscles. You can open your eyes."

Simon Says

(best for younger children)

Turn progressive muscle relaxation into a game of Simon Says. Start with the caregiver as Simon and tell your child to tense different body parts ("Simon says scrunch your toes" or "Simon says flex your arm muscles"). Have your child release each part before moving on. Now let your child be Simon. Get creative and have fun!

PARENT HANDOUT: GUIDED IMAGERY



WHAT IS GUIDED IMAGERY?

- ▶ Relaxation skills are ways to help relax our bodies and minds and increase feelings of calm and well-being.
- ▶ There are three different types of relaxation skills that can help your child and family. This handout is an introduction to a skill called **guided imagery**.
- ▶ Guided imagery involves imagining a calm image or scene using all 5 senses (i.e., sight, touch, hearing, taste, and smell), sometimes with the help of a script or recording.
- ▶ Try some of our strategies below and see if they help your child feel calmer, more relaxed, and more in control.

HERE'S HOW TO USE GUIDED IMAGERY AT HOME

- ▶ Making relaxation a family activity can help your child feel comfortable and use their skills consistently. Pick a time when family members can practice together (e.g., before saying goodnight and getting ready for bed).
- ▶ To set an example, you can point out to your child times when you can use guided imagery in your own life (e.g., "What a busy day! I need to take a mini vacation to my peaceful place!")
- ▶ If you notice your child looking down or stressed, you can also suggest they try guided imagery to see if it makes them feel better.

GUIDED IMAGERY PRACTICE

Guided Imagery Script

"Sit in a comfortable position and close your eyes. I want you to use your imagination to go on a vacation in your mind. Think of a calm and peaceful place. It can be some place you have been before or some place you would like to go. The place doesn't even have to be real; it can be imaginary. Spend a few moments picturing your peaceful place. Now think about the things you *see* in your special place. Notice the colors, shapes, and patterns. Think about how peaceful it is to see the details of your special place. Now think about the things you *hear* in your peaceful place. Is there music, animal sounds, or ocean waves? Or maybe you hear something different. Now think about the things you *feel* in your calm place. Warm sunshine on your face, grass under your feet, or something else? Notice how these feelings help you relax. Now think about what you *smell* in your relaxing place. The salty ocean, cookies baking, or something else? Take a deep breath of the amazing smells. Now think about what you *taste* in your calm place. A popsicle? Or a fresh cookie? Or something else? Think about how good it tastes. You can always take a trip back to your relaxing place if you need to feel calm. This is a tool you can always use to feel better. When you are ready, you can open your eyes."

Mini Vacation

Once you have practiced with the script above, encourage your child to close their eyes briefly and go on a mini vacation to their calm place when they feel sad or down.

5-4-3-2-1 Relaxation

Help your child relax at any time by prompting them to notice 5 things they see, 4 things they feel, 3 things they hear, 2 things they smell, and 1 thing they taste. This technique is a **grounding exercise** and can help your child feel better in challenging moments. Here's an example of using this in the kitchen: "I see my plate, the table, my sister sitting across from me, the clock, and the wall. I feel the chair, the floor, the table, and the warmth from the heater. I hear water running in the sink, water boiling on the stove, and my sister's voice. I smell cookies in the oven and the pasta I am eating. I taste the pasta."

PARENT HANDOUT: RELAXATION SKILLS TIPS



HOW CAN RELAXATION SKILLS HELP MY FAMILY?

- ▶ Relaxation techniques can be very important coping skills for children having problems with sad feelings and low mood. These strategies can reduce stress by helping children calm their bodies, take their mind off of their sad feelings, and focus more on positive thinking and feelings. Reducing stress also makes it easier to problem solve and use other coping skills.
- ▶ This is because the mind and the body are connected. When children who are sad or feeling some other negative emotion learn to practice relaxation, they can change their moods, improve their sleep, and experience many other benefits.
- ▶ Your child needs to practice relaxing regularly when they are in a good mood so that they are better able to use the skills when they are in a bad mood and need them. You can't use a skill well in "the game" if you don't practice!
- ▶ Relaxation skills are "portable." Your child can do them at home, school, or in public. Most skills can be done without anyone noticing.

COMMON PARENT CONCERNS

My child thinks this is too hard.

Relaxation skills may feel uncomfortable or challenging at first. Practicing regularly helps make the skills feel easier and more comfortable. Figuring out which skills (and methods of practicing the skills) your child prefers will also be helpful. Try out the different strategies we suggest, and see which ones work best for your family.

My child doesn't want to practice regularly.

Relaxation practice should not be another chore but something short and simple that you can work into the daily routine. For example, can they practice for a few minutes on the way home from school or use an app on their phone before getting ready for bed? Together, set a specific goal for regular practice (e.g., three times a week to start) and think of a small but fun reward your child can earn for reaching it. Remind your child that this skill gets easier the more they do it, and that this is one way they can be in control of their mood.

My child thinks relaxation practice is boring or strange.

Ask specific questions to find out what could make it more appealing. Do they prefer a certain skill over others? Do they want to use technology in their practice (e.g., relaxation phone apps, guided imagery videos, etc.)? Would they be more interested in an active practice like yoga? Encourage them to keep trying new things until they find something that is enjoyable and comfortable.

My child can never use the skills in the moment to manage their mood.

If you are in a situation with your child where they could use a relaxation skill but are not doing so, give a gentle reminder to encourage them and then model the skill yourself. Talk with your child about times when relaxation skills can be helpful (e.g., academic stress is making them sad, so suggest *progressive muscle relaxation* before they start their homework) and set a goal with them regarding trying to use that skill in that specific situation for a reasonable amount of times for the next week.



PARENT HANDOUT: THINKING TRAPS



WHAT ARE THINKING TRAPS?

- ▶ **Thinking Traps** are ways of thinking that increase sadness, anger, and stress. They often involve jumping to conclusions, guessing that things will go badly in the future, and making connections that might not really make sense.
- ▶ Here are **4 Common Thinking Traps** that are often connected to sadness and depression. Discuss these with your child and see if you can come up with more examples that apply to them.

HOW TO DECREASE THINKING TRAPS

Ask your child these questions to help them think in more positive ways:

- 1 **What are the facts? What is the likelihood that what you're worrying about will happen?** Often there is very little evidence that the things we are stressed about will actually happen! Working with your child to look at the facts will help them think more realistically and often empower them to notice that they are capable of solving their problems.
- 2 **What would you tell a friend in this situation?** Focusing on helping a peer may help your child with perspective taking and problem solving. This strategy can help them feel calmer and more positive about their stress.
- 3 **What can you do to solve your problem or take your mind off it?** If possible, help your child take concrete steps to solve their problem. If that's not possible, encourage them to use relaxation or other coping skills (Depression Skill 3) reduce stress and take their mind off things.



CATASTROPHIZING

Making little problems or disappointments seem like big problems.

When we catastrophize, we make a big deal out of situations, even when they might not be that serious.

Catastrophizing Example: "My best friend sat with a new kid at lunch yesterday. She probably hates me now and is going to ditch me."



FORTUNE TELLING

Predicting that bad things will happen in the future.

People who struggle with negative thinking often spend a lot of time imagining bad things happening in the future. People dealing with depression sometimes predict their sadness will continue.

Fortune Telling Example: "I've felt really sad for the past few weeks. I'm probably going to be sad forever."



OVERGENERALIZATION

Assuming that because we had a hard time in one situation, our same problem will happen again in a new one.

When we overgeneralize, we are ignoring the unique facts about a situation.

Overgeneralization Example: "Painting was tough for me in art class. I'm going to be terrible at drawing and pottery, too!"



ALL-OR-NOTHING THINKING

Seeing things as "all good" or "all bad."

When we use all-or-nothing thinking, we ignore the fact that many situations are somewhere in between and have both positive *and* negative aspects.

All-or-Nothing Thinking Example: "I got three problems wrong out of ten on the math homework. I'm terrible at math."

CHILD WORKSHEET: THINKING TRAP PRACTICE

Here's an example of how to use your new skills to deal with a **Fortune Telling Thinking Trap**:

"I've felt really sad for the past few weeks. I'm probably going to be sad forever."



What are the Facts?	"My mom and dad are helping me learn ways to feel better. I already feel happy sometimes after I use my coping skills. I've felt sad in the past, and it didn't last forever."
What Would I Say to a Friend?	"It's going to get better! You are working hard at being more positive."
What can I do to take my mind off things?	"I'm going to go play a game with my brother to forget about this thought for a little while."

CATASTROPHIZING: "My best friend sat with a new kid at lunch yesterday. I bet he hates me now and is going to ditch me."

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

OVERGENERALIZATION: "Painting was tough for me in art class. I'm going to be terrible and drawing and pottery, too!"

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

ALL-OR-NOTHING THINKING: "I got three problems wrong out of ten on the math homework. I'm terrible at math."

What are the Facts?	
What Would I Say to a Friend?	
What can I do to take my mind off things?	

PARENT HANDOUT: THINKING TRAPS TIPS



Depression Skill 4

HOW CAN UNDERSTANDING THINKING TRAPS HELP MY FAMILY?

- ▶ When people experience sadness or depression, they often think about the past, their present situation, and/or things that might happen in the future in negative ways. These negative thought patterns often make them feel worse and can lead to feelings of hopelessness or helplessness.
- ▶ By learning about thinking traps (i.e., ways of thinking that make us feel sad, stuck, or angry), your child will learn to identify times they may be thinking in overly negative or unrealistic ways.
- ▶ Your family can also help each other pay attention to the ways you talk about feelings and problems. Once everyone has practiced noticing the thinking traps, you can help each other take those thinking trap statements and make them more positive and realistic.
- ▶ Learning how to discuss feelings and problems in realistic and self-esteem boosting ways can help your whole family feel more confident and capable when facing stressful situations.

COMMON PARENT CONCERNS

Some of the thinking traps are hard for my child to understand.

If a particular type is challenging for your child, brainstorm additional examples that might make it clearer. Ask friends and family to help if needed. Examples that connect to your child's interests (e.g., their favorite sport or movie) can be very useful. If your child struggles to separate the thinking traps into different categories, just focus on noticing negative thoughts in general and changing them. For example, call them "sad thoughts" or another name you come up with together. You can still improve thinking this way.

My child says that thinking traps aren't a problem for them, but I know that they are.

It's hard for people of all ages to notice or acknowledge a harmful habit. Be a role model by pointing out thinking traps out in your own life (e.g., "I noticed the living room was messy and thought, 'This house is always a mess!'. That made me feel sad and frustrated. Then I realized that was *all-or-nothing thinking* because the rest of the house is clean!"). Make similar connections in media you watch together (e.g., "Is that character using a thinking trap? Which one?"). Gently bring up times you notice your child using a thinking trap when the situation is calmer (e.g., "After you guys lost that tough game, you said that you wanted to quit basketball because it 'will always be this way'. I wonder if that was a thinking trap, maybe *overgeneralization*? Just because you lost that one game doesn't mean you will lose every game in the future and you've told me that you love playing basketball.").

Changing negative thinking is very hard for my child.

Negative thoughts are often automatic, like a bad habit. Becoming a more positive thinker requires breaking this habit. It takes a lot of practice to make a change like this! Start with more fun and playful examples if jumping right into your child's own thinking patterns feels overwhelming. Practice on a regular basis for a few minutes at a time (daily if you can manage it) to start forming a new habit of positive thinking. If your child is still having a difficult time, talk to your child's primary care provider. They can connect you to a behavioral health specialist who can help.



WHAT IS PROBLEM SOLVING?

- ▶ Children dealing with low mood and depression may be in particular need of targeted strategies to deal with daily challenges and concerns. Everyone can benefit from solving problems in their lives; these skills can help you and the rest of your family as well!
- ▶ Your child may be frustrated that they are having a hard time dealing with problems. This can further increase their low mood and low motivation. You may be frustrated that they are not taking your advice or making good choices, creating conflict between the two of you.
- ▶ These worksheets teach a simple plan for solving problems. You will learn to:
 1. Name the problem
 2. Identify 3 possible solutions
 3. Name one good thing and one bad thing about each solution
 4. Pick one to try
 5. Evaluate how things went after you implement the solution



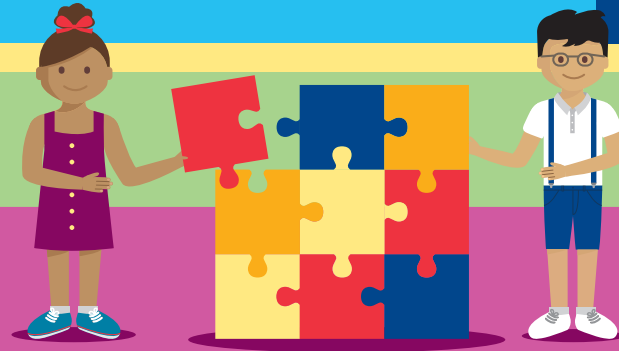
HERE'S HOW TO MAKE A PROBLEM SOLVING PLAN AT HOME

You can introduce the plan by saying, "Everyone can use help solving problems. When people are sad, they sometimes need strategies that make it easier to deal with challenges. Here's the Problem Solving Plan we are going to start using." Introduce the 5 parts of the plan to your child by going through them together and reading the explanations below:

- 1 What's the problem?** "You may be feeling overwhelmed and not know exactly how to describe the issue you need to handle. Clearly stating the problem helps us both focus on what we need to do to solve it."
- 2 What are 3 possible solutions?** "I want you to think of 3 possible solutions so you have some good options, but not so many that you are overwhelmed with choices. Let's not worry about how good or bad they are yet. We will evaluate them together in the next part."
- 3 What's one good thing and one bad thing about each?** "This part means you will name one positive possibility and one negative possibility that could occur with each solution. This will help you consider the benefits and challenges of each choice."
- 4 Pick one!** This is your chance to take charge as you pick which solution you want to try out first.
- 5 How did it go?** "After you follow through with a solution, we will evaluate it. This will help us both learn what the best options for different problems are and we can refer back to these tested solutions as needed. If the first solution isn't successful in solving the problem, we can try a different one or start a completely new solution brainstorming session."

The next section puts the **Problem Solving Plan** into a chart. Go over the example together and then have your child try to solve the practice problems. Come up with solutions for our example problems and then try it for one of your own.

CHILD WORKSHEET: PROBLEM SOLVING



Example 1: "I am so sad and tired all time that I am not paying attention in math class. Now I don't understand today's homework."

What's the Problem? "I don't understand the homework."

		One Good Thing	One Bad Thing
Solution 1	Don't do the homework.	I can play videogames tonight because I'll have less to do	I'll get a zero.
Soution 2	Text my friend for help.	She is good at math and can help me.	She might not respond.
Solution 3	Talk to my teacher tomorrow and ask for extra help.	My teacher will explain what I missed.	She might still give me a zero for today's homework.
My Choice	Text my friend for help.		
How'd it go?	My friend texted me back. She called and helped me. I understood and did the homework.		

Example 2: "I get mad really easily now. I have been mean to my little brother a lot. This morning I heard him crying and telling mom that he thinks I don't like him."

What's the Problem?

		One Good Thing	One Bad Thing
Solution 1			
Soution 2			
Solution 3			
My Choice			
How'd it go?			

CHILD WORKSHEET: PROBLEM SOLVING



Example 3: "I've known that we had a history project due for a while but I just couldn't focus on it because of how I'm feeling. Now it's due tomorrow."

What's the Problem?			
		One Good Thing	One Bad Thing
Solution 1			
Solution 2			
Solution 3			
My Choice			
How'd it go?			

Example 4: "My friends have stopped inviting me places because I kept saying no. Now I'm ready to use my Making Time for Fun Skills and I want them to ask me to hang out again."

What's the Problem?			
		One Good Thing	One Bad Thing
Solution 1			
Solution 2			
Solution 3			
My Choice			
How'd it go?			

CHILD WORKSHEET: BLANK PROBLEM SOLVING PLANS



What's the Problem?			
		One Good Thing	One Bad Thing
Solution 1			
Soution 2			
Solution 3			
My Choice			
How'd it go?			
What's the Problem?			
		One Good Thing	One Bad Thing
Solution 1			
Soution 2			
Solution 3			
My Choice			
How'd it go?			
What's the Problem?			
		One Good Thing	One Bad Thing
Solution 1			
Soution 2			
Solution 3			
My Choice			
How'd it go?			

PARENT HANDOUT: PROBLEM SOLVING TIPS



Depression Skill 5

HOW CAN PROBLEM SOLVING HELP MY FAMILY?

- ▶ Children and adolescents who are having a hard time with sadness or depression sometimes struggle to deal with challenges and solve everyday problems.
- ▶ These difficulties with problem solving can occur because they are more sad or irritable, more easily overwhelmed, not feeling motivated, and/or struggling with negative thinking due to depression. They may also try to solve a problem, but give up easily if they aren't successful right away.
- ▶ The problem solving skill described here can provide a concrete way to help your child think through challenges, brainstorm options, notice what works and what doesn't, and keep trying if their first attempt doesn't work. Increasing positive outcomes through successful problem solving can help significantly improve your child's mood and sense of control.
- ▶ In addition, making and following a problem solving plan can reduce frustration for both of you while increasing feelings of independence and mastery for your child. You won't be telling your child what to do, but instead supporting and guiding them in their plans to overcome challenges on their own.

COMMON PARENT CONCERNS

My child doesn't think they have problems that need solving.

It can be hard for children to notice which challenges or frustrations in their lives can benefit from problem solving skills. You and your child can identify potential problem solving opportunities by reviewing the situations they connected to their low mood and recorded on their How I Feel/Mood Tracker worksheets (review Mood Tracking, Depression Skill 1). Fill in the Problem Solving Plan for past situations that made your child feel sad, frustrated, stressed, or another negative emotion. In addition, if you notice a situation that is applicable to these skills in daily life, you can gently point this out to your child (e.g., "You told me you were sad because you didn't know who to sit with at lunch today. Do you think we can use the Problem Solving Plan to help plan for tomorrow?").

My child can't think of any solutions.

Talk to your child about what might be getting in the way. They may be feeling overwhelmed and stuck. Offer guidance without being demanding (e.g., "What if you tried [insert potential solution here]?"). Very often, once you give a child one example, they are able to get creative with solutions of their own. Remind them that they don't need to think of the "perfect" solution because there is no such thing. They can make mistakes and you will help them. Review the practice examples we provide, both to remind your child of potential options for common concerns as well as the fact that they came up with great solutions for the examples!

All the solutions my child comes up with are bad choices.

If the solutions are not harmful or unsafe, try not to dismiss them right away. Working through the different choices together will improve your child's positive problem solving and ability to distinguish between solutions. Encourage your child to focus on the one good thing and one bad thing step of the plan (step 3). If there is no "good" aspect to a solution or the good thing your child identifies is actually detrimental, gently point this out. Encourage them to pick a choice with a positive outcome at the "pick one" stage (step 4). If they don't have a choice like that, gently suggest that you go back to the brainstorming solutions stage (step 2). Let them know that it's okay to go back to this step to think of additional options, because the goal is to solve the problem in a safe and positive way.

When I ask my child to use their problem solving plan, they get upset and sometimes even cry.

Sometimes children experiencing depression can feel overwhelmed when trying to problem solve. Remind yourself and your child that feeling upset is okay and that their emotions are giving you both a message that they are having a tough time and need support. Some children will benefit from using a relaxation skill to lower their stress levels before trying problem solving. For tips, review Relaxation Skills (Depression Skill 3). In addition, negative thinking can make problems seem huge and unsolvable. Review strategies from Thinking Traps (Depression Skill 4) to help encourage more realistic thinking. If you and your child are still having a hard time using problem solving skills and this is impacting their depression, talk to your primary care provider. They can connect you to a behavioral health specialist who can help.

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CREDENTIALS

Dr. Lee is an Attending Psychologist at Boston Children's Hospital and an Instructor in Psychology, Department of Psychiatry at Harvard Medical School. She earned her BA in Psychology from Cornell University and her MA and PhD in Clinical Psychology from the University of California, Berkeley. Dr. Lee completed her internship in Clinical Psychology at Boston Children's Hospital and post-doctoral fellowship at Harvard University. She has extensive training and experience in the dissemination, implementation, and testing of evidence-based interventions for youth presenting with a wide variety of mental health problems. She is a licensed clinical psychologist in the state of Massachusetts who provides clinical care to children, adolescents, and families in Boston Children's Hospital Outpatient Psychiatry Service, with an emphasis on delivering evidence-based and culturally responsive services and increasing access to mental health care in underserved communities. In addition, Dr. Lee engages in research focused on decreasing barriers to mental health care and has published numerous papers on risk and protective factors for diverse youth. She also provides supervision and teaching on the treatment of youth depression, anxiety, disruptive behavior, and traumatic stress to trainees and staff in outpatient, primary care, and school settings. She has led clinical trainings in the United States and abroad and won multiple awards for her teaching.

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Ms. Judd is the Graphic Designer for the Behavioral Health Education in Pediatric Primary Care program in the Department of Psychiatry at Boston Children's Hospital. Ms. Judd has a background in early childhood education with degrees from the University of Massachusetts Amherst in Communication Disorders and Psychology, with a concentration in Education. She studied graphic design at the University of Massachusetts Lowell. Ms. Judd has a special interest in designing health and wellness educational materials for pediatric patients and their families.

Dr. Walter is the Medical Director for Behavioral Health, Pediatric Physicians' Organization at Children's, the Medical Co-Director, Massachusetts Child Psychiatry Access Program, Senior Attending Psychiatrist, Boston Children's Hospital, and Senior Lecturer on Psychiatry, Harvard Medical School. Dr. Walter completed her general psychiatry training at New York University Medical Center/Bellevue Hospital and her child and adolescent psychiatry training at Columbia University Medical Center/The New York State Psychiatric Institute. She also completed training in preventive medicine at ULCA Medical Center and earned her MPH degree in epidemiology at the UCLA School of Public Health. Dr. Walter has achieved board certification in General Psychiatry, Child and Adolescent Psychiatry, General Preventive Medicine, and Public Health and has practiced child and adolescent psychiatry in New York, Chicago, and Boston for over 30 years. In addition to clinical work, Dr. Walter's career has encompassed research, education, clinical administration, and advocacy. Dr. Walter has nearly 150 papers and chapters reporting the findings from her research and educational innovations, including more than 25 national clinical practice guidelines for child and adolescent psychiatry and multiple

chapters on pediatric behavioral health in leading child and adolescent psychiatry and pediatric textbooks, including *Dulcan's Textbook of Child and Adolescent Psychiatry*, the *Nelson Textbook of Pediatrics*, and *Mental Health Care of Children and Adolescents – A Guide for Primary Care Clinicians*. Dr. Walter has held major administrative positions at multiple academic medical centers, including Director of School Psychiatry at Columbia University Medical Center, Director of Outpatient Child and Adolescent Psychiatry at Northwestern University/Children's Memorial Hospital, and Chief of Child and Adolescent Psychiatry at Boston Medical Center. She has held leadership positions at the American Academy of Child and Adolescent Psychiatry (AACAP) and has been honored with the AACAP Simon Wile Award for Leadership in Pediatric Consultation Psychiatry and the designation of Distinguished Life Fellow. Prior to coming to HMS, Dr. Walter achieved the rank of Professor of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine and Professor of Psychiatry and Pediatrics and Vice-Chair of Psychiatry at Boston University School of Medicine.

Dr. DeMaso is the Psychiatrist-in-Chief and Leon Eisenberg Chair in Psychiatry, Boston Children's Hospital and George P. Gardner – Olga E. Monks Professor of Child Psychiatry and Professor of Pediatrics at Harvard Medical School. Dr. DeMaso completed his pediatric internship at Massachusetts General Hospital, his general psychiatry training at Duke University Medical Center and his child and adolescent psychiatry training at Boston Children's Hospital/Judge Baker Guidance Center. He also completed training in pediatric consultation liaison psychiatry at Boston Children's Hospital. Dr. DeMaso has board certification in General Psychiatry and Child and Adolescent Psychiatry and has practiced child and adolescent psychiatry in Boston for nearly 40 years. In addition to clinical work, Dr. DeMaso's career has encompassed research, administration, and advocacy. Dr. DeMaso has over 200 papers and chapters reporting the findings from his clinical and research innovations, including multiple chapters on pediatric behavioral health in the *Nelson Textbook of Pediatrics* and *Mental Health Care of Children and Adolescents – A Guide for Primary Care Clinicians*. He also co-edited the genre-leading *Textbook on Pediatric Psychosomatic Medicine* and co-authored the genre-leading *Clinical Manual of Pediatric Psychosomatic Medicine* (now re-titled the *Clinical Manual of Pediatric Consultation-Liaison Psychiatry*). Dr. DeMaso has held top leadership positions at the American Academy of Child and Adolescent Psychiatry, and has earned multiple awards from AACAP, including the Simon Wile Award for Leadership in Pediatric Consultation Psychiatry, the Klingenstein Third Generation Foundation Award for Research in Depression or Suicide, the Catchers in the Rye Advocacy Award, the Outstanding Mentor Award, and Distinguished Life Fellow.

Dr. D'Angelo is the Chief of the Division of Psychology, Director of Training in Psychology, and Linda and Timothy O'Neill Chair in Psychology at Boston Children's Hospital and Associate Professor of Psychology at Harvard Medical School. He was the Director of the Outpatient Psychiatry Service at BCH for approximately 20 years. He earned his PhD from the Joint Program in Social Work and Clinical Psychology at the University of Michigan in 1980. He completed his internship in Clinical Psychology at Boston Children's Hospital and a post-doctoral fellowship at the Boston Children's Hospital/Judge Baker Children's Center. He is board certified in Clinical Psychology by the American Board of Professional Psychology. Dr. D'Angelo has received the Karl Heiser Presidential Award from the American Psychological Association, the Career Contribution Award from the Massachusetts Psychological Association, and the Connie Hersey Distinguished Service Award for Contributions to Education and Training from the Association of Psychology Postdoctoral and Internship Centers. He is the past President of the American Academy of Clinical Psychology and also of the Massachusetts Psychological Association. He is also Past Chair of the Association of Psychology Postdoctoral and Internship Centers. He is a Fellow and a Commissioner in the Commission on Accreditation, American Psychological Association. He holds numerous appointments to both state and federal advocacy committees where he focuses on prevention, access to care, and education and training in mental health. He has published numerous papers and book chapters on education and training in psychology, adaptations of evidence-based interventions for youth from diverse backgrounds, suicide risk, and investigations of both clinical high risk and first episode psychosis.

Dr. Bromberg is Manager of the Behavioral Health Integration Program (BHIP), Pediatric Physicians' Organization at Children's, Attending Psychologist, Boston Children's Hospital, and Instructor in Psychology, Harvard Medical School. Dr. Bromberg also practices clinical psychology at a private, non-profit health agency in Wellesley, Massachusetts. Dr. Bromberg earned his BA in Psychology and Sociology from Macalester College, his MA in Counseling Psychology from Tufts University, and his PsyD in Health Psychology from the Massachusetts School of Professional Psychology (now William James College). Dr. Bromberg completed his internship in Clinical Psychology in a combined program at Boston Children's Hospital, Dana Farber Cancer Institute, and Judge Baker Children's Center. He completed post-doctoral fellowships in health psychology at Boston Children's Hospital, and the Linda Pollin Institute at Harvard Medical School. Dr. Bromberg is a licensed clinical psychologist in the Commonwealth of Massachusetts. He has extensive training and experience in the development, dissemination, implementation, and testing of programs that integrate behavioral health and medicine to improve patient care and clinical outcomes. As a Senior Research Scientist at Inflexxion (Newton, MA), Dr. Bromberg was the Principal Investigator on multiple grants from the National Institutes of Health developing multi-media and web-based tools for the self-management of medical and behavioral health problems. He currently is a Co-Investigator on a grant from the Substance Abuse and Mental Health Services Administration to integrate clinicians trained in substance use and addiction into the pediatric medical home. As Manager of BHIP, Dr. Bromberg has overseen the integration of over 70 behavioral health therapy providers into more than 40 pediatric practices in Massachusetts. Dr. Bromberg has been an author and co-author on multiple publications about behavioral health integration in primary and specialty care and has been an invited presenter on these topics at numerous national, regional, and local conferences.

Dr. Brooks is Associate Medical Director, Pediatric Physicians' Organization at Children's (PPOC). She has practiced for more than 30 years as a primary care pediatrician at a large independent private practice serving a diverse population in Holyoke, Massachusetts. After receiving her BA from Harvard College and her MD from Harvard Medical School, she completed an internship at Johns Hopkins and a residency at the University of Massachusetts Medical School. She also completed her MPH at the Columbia University Mailman School of Public Health. Dr. Brooks is a Fellow of the American Academy of Pediatrics, and has been an Assistant Clinical Professor of Pediatrics at Tufts Medical School. She has served in various advocacy positions in her community and through the Massachusetts Academy of Pediatrics. Dr. Brooks is interested in primary care approaches to improving health care quality for common pediatric conditions including obesity, asthma, and behavioral health problems. She chaired her practice's Quality Improvement committee and has implemented projects to improve primary care delivery of behavioral health services, including projects to screen, evaluate and treat adolescent depression and to improve the diagnosis and treatment of attention-deficit/hyperactivity disorder (ADHD). She served as a consultant on the implementation of systematic behavioral health screening for the Massachusetts Children's Behavioral Health Initiative, as clinical faculty for the revision of the National Institute for Children's Health Quality (NIHQ)/American Academy of Pediatrics (AAP) ADHD toolkit, and as a collaborator in a pilot to implement the Guidelines for Adolescent Depression in Primary Care (GLAD-PC).

Dr. Arora is the Chief Medical Officer of the Children's Hospital Los Angeles Health Network, a clinically integrated network of independent pediatric practices. Dr. Arora is committed to supporting affiliated pediatricians in providing high quality patient- and family-centered care in the communities they serve. Dr. Arora has championed a special focus in training and education for the network in mental health, expanding capacity for pediatricians to treat conditions in their practice and develop a set of resources and community partners to create an ecosystem around mental and behavioral health care. This is in addition to spearheading numerous other quality programs including but not limited to obesity, asthma and sports medicine. Prior to her current role at Children's Hospital Los Angeles, Dr. Arora served as Assistant Utilization Management Director and Chair of the Department of Pediatrics for the Providence Health System. She also served on the board of Providence Health Network and as the Quality Director for Providence Health Network. Dr. Arora is Board-certified in General Pediatrics and completed her residency training at Mattel Children's Hospital, University of California Los Angeles. She also has a Master's in Business Administration from University of Massachusetts, Amherst.