

INFORMATION PACKET:

Recognizing Depression in Children and Teens When to Get Help and How to Get It

This self-study was put together by ACRF in April 2023.

ITP Topic: Depression or Self-Destructive Behavior

CREDITS:

Study Shows a Rise in Anxiety and Depression Among Children in Alaska by Clarise Larson (Published August 9, 2022) Juneau Empire
<https://www.juneauempire.com/news/study-shows-a-rise-in-anxiety-and-depression-among-children-in-alaska/>

How to Recognize Signs of Depression in Foster Children Article taken from Capstone Foster Care Website
<https://www.capstonefostercare.co.uk/knowledge-centre/how-to-recognise-signs-of-depression-in-foster-children>

Depression in Children and Teens (September 2022) Healthychildren.org. Adapted from Depression in Children and Adolescents: Types and Signs (American Academy of Pediatrics 2021) <https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Childhood-Depression-What-Parents-Can-Do-To-Help.aspx>

When to Seek Help for Your Child (Facts for Families # 24; Updated March 2017) American Academy of Child & Adolescent Psychiatry
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/When-To-Seek-Help-For-Your-Child-024.aspx

Where to Find Help for Your Child (Facts for Families # 25; Updated October 2017) American Academy of Child & Adolescent Psychiatry
https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Where-To-Find-Help-For-Your-Child-025.aspx

The following packet contains information on the above topic. If you wish to receive training credit for reading this packet, please fill out the "Information Packet Questionnaire" at the back of this packet. Return your completed questionnaire to the Alaska Center for Resource Families for 1.0 training credit. The articles are yours to keep for further reference.

For more information about this topic or other topics related to foster care and adoption, please contact:

Alaska Center for Resource Families
3429 Airport Way Suite 202A
Fairbanks, AK 99709

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290-7186 (Fairbanks/North Pole)/279-1799 (Anchorage)
www.acrf.org



The Alaska Center for Resource Families, a project of Northwest Resource Associates, is under contract with the State of Alaska Office of Children's Services to provide training and information to foster parents statewide.

Study shows a rise in anxiety and depression among children in Alaska | Juneau Empire

by Clarise Larson Tuesday, August 9, 2022 7:28pm News Local News



Aaron Surma, the executive director for National Alliance on Mental Illness Juneau and the Juneau Suicide Prevention Coalition, leads a safety plan workshop Tuesday night hosted by NAMI and the Juneau Suicide Prevention Coalition. The workshop was a collaborative brainstorming session with Juneau residents about how to create a safety plan that people can use to help someone who is experiencing a mental health or suicide crisis. (Clarise Larson / Juneau Empire)

Alaska is seeing a drastic rise in the percentage of children experiencing mental health struggles including anxiety and depression, according to a recently released study.

Children and teens between the ages of 3-17 were found to have a 51.9% increase in the number struggling with anxiety and depression in Alaska between 2016 and 2020 according to a study release on Monday by the 2022 Kids Count Data Book, a 50-state report of household data developed by Annie E. Casey Foundation to analyze child and family well-being.

The data also shows Alaska's rate of children and teens struggling with a mental health crisis is less than the nationwide average by 3 percentage points but is still far higher than that of many other states. Currently Alaska ranks as the 41st state for overall child well-being this year which is an increase from its previous position as 43rd according to the Annie E. Casey

Foundation.

Though the almost 60% rise might be alarming to at first glance, it might also be a sign pointing to a positive trend, according to experts.

Part of this comes from recognition,” said Sara Buckingham, an assistant professor of clinical-community psychology for the University of Alaska Anchorage’s Ph.D. program. “We’re recognizing mental health in society and we’re starting to pay attention in the community.”

She said while there has been an overall trend of declining child mental health recorded over the past 10 years based largely off factors like the pandemic, food and housing insecurities, poverty and neglect, she said she is also seeing a trend of decreased stigma around mental health which is opening the door for more people to come forward with their struggles.

“We have to normalize mental health care,” she said. “Just like we go to the doctor for physical health, we should go to a psychologist for our mental health.”

Trevor Storrs, the president and CEO of Alaska Children’s Trust, Alaska’s Kids Count network affiliate, said the statistics didn’t really shock him and he hopes it invigorates people in Alaska to ask why the increase may be happening.

He said over the past 10 years, Alaska has always ranked in the bottom third of states on this issue, and he wasn’t expecting a major change because of the recent decrease in funding for child and family well-being in the state and added stress from the pandemic.

He said the system to provide child and family well-being in the state was already fragile before the pandemic because of the lack of available and specialized providers, and now the same issue persists but at a magnified level.

“It puts so much more strain on an already fragile system that hasn’t been able to keep up with the demands of overall need. We really need to give this greater attention because if we don’t we’ll be paying for it now and will see greater demand and higher costs after the fact.”

He said openly talking about mental health as you would about exercise and nutrition is a great step a community can make to open the door for children to feel more comfortable coming forward with their struggles. He said he also thinks it’s important for people to ask candidates running for office in the coming elections what they are doing to create an avenue for more resources to go toward mental health in the state.

“Talking does not create the problem, it helps identify and address it,” he said. “I think that it is important to realize all ages deal with mental health no differently than how we deal with physical health and we encourage people to ask the question ‘how are our children?’ and ask children ‘how are you doing?’ and letting them know that what they or their friends are struggling with is okay.”

He said he doesn’t try to compare how Alaska is doing on this issue compared to other states because even though other states’ statistics may point to a lower number, the problem still exists.

“Just because we’re doing better, does it mean what we’re doing is right or good? The question is what is a good number? And I think anyone would agree it is zero,” he said about the number of children dealing with mental health struggles. “Until we reach that, no one is doing good.”

Aaron Surma, the executive director for National Alliance on Mental Illness Juneau and the Juneau Suicide Prevention Coalition, said although the numbers might be shocking at first, he also thinks it might be pointing toward a more positive trend.

“I think people are becoming more comfortable asking for help,” he said. “It might not be that there’s an increase in the problem, but that people are acknowledging the problem.”

Surma Tuesday night helped lead a workshop hosted by NAMI and the Juneau Suicide Prevention Coalition that offered a brainstorming session to help Juneau residents learn how to build a safety plan that can be used to help someone who is

experiencing a mental health or suicide crisis.

“It’s about how you can best care for yourself and how you can best care for your friends,” he said.

He said the workshop is just one of many things NAMI and the Juneau Suicide Prevention Coalition are doing to create more ways for people to get involved with mental health resources and offer support to people around them who could be struggling.

Surma said through the difficulty of the pandemic, the change in the culture around reaching out for help about mental health issues has turned to a more positive direction because of the emphasis on mental health during the pandemic, and as an outcome, the number of people reaching out has increased as people continue to come forward for help.

He said since the beginning of the pandemic, NAMI and Juneau Suicide Prevention Coalition have seen an increase of around three times the amount of calls asking for help than before the pandemic.

He said there is still a long way to go for meeting the needs of children and adults’ mental health in the state, some of the issues getting in the way being the amount of care available and the cost of care.

“There is support available and I want people to know that they can support one another and be more intentional about it — that alone can have an impact on mental health — and talking to people and knowing your support is hugely valuable,” he said.

• *Contact reporter Clarise Larson at clarise.larson@juneauempire.com or (651)-528-1807. Follow her on Twitter at [@clariselarson](https://twitter.com/clariselarson).*

How to recognize signs of depression in foster children

Being able to recognize the signs of depression or any mental health condition is an important trait if you are a foster parent. In some cases, the children who are in your care may have come from traumatic or damaging pasts – which can cause mental health challenges, especially in teenagers who are in the foster care system. Recognize the signs of depression in foster children with the help of our detailed guide, while also learning how to support a foster child with depression.

Signs of depression in foster children

Having been removed or separated from their birth family into the foster care system, foster children may develop certain mental health challenges that can be triggered by their past. There are many reasons why children may be taken into care, but some of the common reasons include neglect, abandonment or abuse – which can often cause depression or other mental health problems.

However, depression isn't always easy to identify. The most common warning signs and symptoms of depression in foster children include:

- **Low mood** – their mood may seem continually low and mellow, with repetitive feelings of sadness. Excessive crying is also a tell-tale sign of depression in children.
- **Heightened sensitivity** – this could be predominantly around rejection or criticism, and could show them either becoming defensive or upset.
- **Anger** – if they are demonstrating a shorter fuse than usual, or irritability around small, trivial things, this could also be a sign of depression.
- **Social withdrawal** – removing themselves from group environments, and if they are preferring to spend time on their own away from friends and family.
- **Weight loss/gain** – considerable weight loss or weight gain is often a sign of depression to watch out for. This can probably be more accurately monitored through appetite changes.
- **Fatigue** – if they are demonstrating low energy or extreme fatigue.
- **Concentration** – poor concentration and not being able to focus on one thing at a time is often a sign of depression in children. Sometimes, this symptom can be wrongly diagnosed as ADHD. You may be able to identify low concentration if this is reflected in schoolwork – as it can often lead to poor school performance.
- **Change in sleeping pattern** – if they are finding it difficult to fall asleep, stay asleep, or they are sleeping more than usual.
- **Guilt** – if a child feels guilty or becomes upset about trivial things, leading to unexplained guilt, this can be identified as a symptom of depression.
- **Physical pain** – in some cases, children may complain frequently of physical pain, which is also a sign of depression.

How to support a foster child with depression

Now you've learned how to recognize the signs of depression, it's equally as important that you understand how to support a child with depression. As your role as a foster parent, there are many things you can do to support a foster child suffering with mental health – this can include:

- **Speak to their social worker** – you should speak to both your and their social worker straight away if you believe there is a recently developed mental health challenge with your foster child. When speaking to their social worker, this may be something they are already aware of – meaning they will be able to provide you with history about their past experiences, and give indication of what could've caused this.
- **Communication** – speak to the child about how they've been feeling and ensure you are passing no judgement when you listen to their replies. Encourage open and honest communication – and, by voicing their concerns, some of these may be able to be alleviated simply with your help. Of course, they may not be as open to communicating as you are – so ensure they know you're available any time when they are ready to speak to you.
- **Keep them connected** – try and keep their spirits high by making them avoid isolation – organise plans and arrange things to do with members of the family. Encouraging them to do these things will benefit their mental well-being in the long run.
- **Inform family members** – ensure that all members of the family are aware of the circumstances, and that they treat the situation with caution. That way, this will more likely create a healthy home environment – making it easier for them to cope with the stress they are experiencing.

Article taken from Capstone Foster Care

<https://www.capstonefostercare.co.uk/knowledge-centre/how-to-recognise-signs-of-depression-in-foster-children>

Depression in Children and Teens

It's normal for children and teens to feel down sometimes. When kids experience a difficult event such as the loss of a loved one, for example, they may feel grief or deep sadness. For a while, they may not be able to feel happy even when doing the things they usually enjoy. It is normal for grief ([/English/healthy-living/emotional-wellness/Building-Resilience/Pages/Grieving-Whats-Normal-When-to-Worry.aspx](#)) to lessen over time, though.



Depression is not the same as sadness or grief.

Depression is a mood disorder that causes sadness and related symptoms to be more intense or last longer than usual after a difficult event. Depression can also occur without a triggering event. Children may have depression if their symptoms, which may include sadness, occur every day for more than 2 weeks.

Children and teens may not always know how to describe what they are feeling, or may try to avoid talking about it. Older children and teens may try to hide their feelings because they don't want to bother others, for example. However, there are some common signs that of depression you may notice. Any of these signs can occur in children who are not depressed, but when seen together, nearly every day, they are red flags for depression.

The two most common signs of depression in children & teens

- Seems more sad and irritable than usual, in a low mood for most of the day
- No longer enjoys activities that used to make them happy

Other common signs & symptoms of depression

Kids & teens of all ages:

- Spending more time alone and less time with friends
- Trouble falling or staying asleep, or sleeps more than usual
- More trouble focusing or making choices
- Struggling or failing at school
- A marked change in weight or eating, either up or down
- Talks less and makes less eye contact than usual
- Spending more time using media ([/English/family-life/Media/Pages/social-media-and-your-childs-mental-health-what-research-says.aspx](#))
- Has less energy or motivation than usual for even simple tasks

ies more often or mentions feeling sad, worthless or guilty about things

Among teens & adolescents:

- Not caring or feeling hopeful about the future
- Lacking interest in personal grooming or appearance
- Engaging in substance use

How common is depression in young people?

Depression is one of the most common disorders in the United States, and rates among children and teens have been rising in recent years. As many as 1 in 5 adolescents has depression at some point during their teen years. Every year, about 1 out of 11 adolescents has an episode of major depression.

Experts estimate that between 2% and 3% of children aged 3 to 11 years have depression. Although it is not common, children as young as 3 years have been diagnosed with depression. Depression in a young child is very concerning and can lead to more serious consequences.

Are there different types of depression?

Major depressive disorder

A doctor or another licensed mental health professional diagnoses major depressive disorder when at least five symptoms of depression last for more than 2 weeks, on most days. Although major depressive disorder can be mild, moderate or severe, all kids with major depressive disorder tend to have difficulty managing everyday life.

Persistent depressive disorder

This type of depression is less severe, and children who have it may be able to manage their activities. However, they are not at their best and often feel down. Usually, a doctor diagnoses persistent depressive disorder when symptoms last for more than a year. A child with persistent depressive disorder may also have an episode of major depression at the same time.

What can I do if my child seems depressed?

Talking with your child

It is important to openly talk with your child about what your child is feeling. Encourage them to share their feelings by listening without judgment. Often children or adolescents do not bring up the topic of their feelings but may respond honestly if you ask directly. Regardless of what your child says, if you notice signs of depression for more than two weeks, talk with your child's doctor.

Getting help

Your child's doctor can help determine whether your child is depressed. They have specific questionnaires and techniques for age-appropriate ways of talking with children and adolescents about feelings of sadness. In fact, many screen patients for depression every year from ages 12 through 21, with suicide now a leading cause of death among adolescents. If your child has depression, the doctor may provide treatment or refer your family to a mental health specialist for treatment (</English/health-issues/conditions/emotional-problems/Pages/depression-in-children-and-teens-treatment-options.aspx>).

Supporting your child

Although treatment of depression works, it may take a few weeks. Your child may get discouraged when they don't feel better right away. Make sure they follow the treatment plan, attending therapy and taking any medicines prescribed as directed. In the meantime, there are things you can do at home to support them:

- **Educate yourself, other caregivers & other family members.** A child who feels depressed is not making up symptoms. What might look like laziness or irritability is a symptom of depression.
- **Let your child know that feelings of hopelessness are a symptom** of depression and are not an accurate picture of reality.
- **Focus on your child's strengths**, rather than areas that need improving, and provide verbal encouragement. Help your child look at problems in a different, more positive way.

elp your child relax and with physical, creative, nurturing and meaningful activities. Encourage them to get a healthy amount of exercise, sleep and nutritious foods, which can help boost mood.

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- **While socializing is helpful, limit "social" screen time.** Communicating by text or social media (</english/fmp/pages/mediaplan.aspx>) isn't a substitute for face-to-face time with friends or family in person; it can actually make your child feel more cut off from others.

Safety planning & suicide prevention

It can be very scary to even think about your child hurting themselves. But if they feel depressed, take extra steps to help make your home a safe place. Remove guns (</English/safety-prevention/at-home/Pages/Handguns-in-the-Home.aspx>) and other weapons, alcohol, medicines and harmful household chemicals. If you can't remove these items, store them safely (for example, in a lockbox). Other steps:

Identifying warning signs/triggers. Your child should write down the thoughts or situations that generally lead to having thoughts of suicide (</English/health-issues/conditions/emotional-problems/Pages/Ten-Things-Parents-Can-Do-to-Prevent-Suicide.aspx>). They can also list things that they can do, when they are feeling depressed or thinking about suicide, to help them feel better.

Make a list of people, and their phone numbers, who can help when your child is under stress or experiencing the warning signs in step 1. This can include family and friends and their therapist or doctor. Also, add the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) and the Crisis Text Line (text HOME to 741741 to connect with a trained counselor). You can ask your child or teen's doctor for a safety plan you can fill out (https://publications.aap.org/patiented/article/doi/10.1542/ppe_document261/188003/Suicide-Prevention-Safety-Plan).

Remember

Don't hesitate to talk with your child's pediatrician (</English/healthy-living/emotional-wellness/Pages/How-to-Talk-with-Your-Child-and-Their-Pediatrician-About-Mental-Health-Concerns.aspx>) if you have any questions or concerns about their mental health.

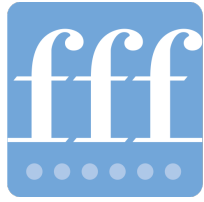
More information

- [Mental Health During COVID-19: Signs Your Child May Need More Support \(/English/health-issues/conditions/COVID-19/Pages/Signs-your-Teen-May-Need-More-Support.aspx\)](/English/health-issues/conditions/COVID-19/Pages/Signs-your-Teen-May-Need-More-Support.aspx)
- [How to Talk About Mental Health With Your Child and Their Pediatrician \(/English/healthy-living/emotional-wellness/Pages/How-to-Talk-with-Your-Child-and-Their-Pediatrician-About-Mental-Health-Concerns.aspx\)](/English/healthy-living/emotional-wellness/Pages/How-to-Talk-with-Your-Child-and-Their-Pediatrician-About-Mental-Health-Concerns.aspx)
- [Depression Treatment for Children and Teens \(/English/health-issues/conditions/emotional-problems/Pages/depression-in-children-and-teens-treatment-options.aspx\)](/English/health-issues/conditions/emotional-problems/Pages/depression-in-children-and-teens-treatment-options.aspx)
- [Childhood Adversity: Buffering Stress & Building Resilience \(/English/healthy-living/emotional-wellness/Building-Resilience/Pages/ACEs-Adverse-Childhood-Experiences.aspx\)](/English/healthy-living/emotional-wellness/Building-Resilience/Pages/ACEs-Adverse-Childhood-Experiences.aspx)

Last Updated 9/12/2022

Source Adapted from Depression in Children and Adolescents: Types and Signs (American Academy of Pediatrics Copyright © 2021)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



When To Seek Help For Your Child

No. 24; Updated March 2017

Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and family.

Following are a few signs which may indicate that a child and adolescent psychiatric evaluation will be useful.

Younger Children

- Marked fall in school performance
- Poor grades in school despite trying very hard
- Severe worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age
- Frequent physical complaints
- Hyperactivity; fidgeting; constant movement beyond regular playing with or without difficulty paying attention
- Persistent nightmares
- Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures

- Frequent, unexplainable temper tantrums
- Threatens to harm or kill oneself

Pre-Adolescents and Adolescents

- Marked decline in school performance
- Inability to cope with problems and daily activities
- Marked changes in sleeping and/or eating habits
- Extreme difficulties in concentrating that get in the way at school or at home
- Sexual acting out
- Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death
- Severe mood swings
- Strong worries or anxieties that get in the way of daily life, such as at school or socializing
- Repeated use of alcohol and/or drugs
- Intense fear of becoming obese with no relationship to actual body weight, excessive dieting, throwing up or using laxatives to lose weight
- Persistent nightmares
- Threats of self-harm or harm to others
- Self-injury or self-destructive behavior
- Frequent outbursts of anger, aggression
- Repeated threats to run away
- Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism
- Strange thoughts, beliefs, feelings, or unusual behaviors

If problems persist over an extended period of time or if others involved in the child's life are concerned, consider speaking with your seeking a consultation with a child and adolescent psychiatrist or a trained mental health professional.



Where To Find Help For Your Child

No. 25; Updated October 2017

Parents are often concerned about their child's emotional health or behavior but they don't know where to start to get help. The mental health system can sometimes be complicated and difficult for parents to understand. A child's emotional distress often causes disruption to both the parent's and the child's world. Parents may have difficulty being objective. They may blame themselves or worry that others such as teachers or family members will blame them.

If you are worried about your child's emotions or behavior, you can start by talking to friends, family members, your spiritual counselor, your child's school counselor, or your child's pediatrician or family physician about your concerns. If you think your child needs help, you should get as much information as possible about where to find help for your child. Parents should be cautious about using Yellow Pages phone directories as their only source of information and referral. Other sources of information include:

- Employee Assistance Program through your employer
- Local medical society, local psychiatric society
- Local mental health association
- County mental health department
- Local hospitals or medical centers with psychiatric services
- Department of Psychiatry in nearby medical school
- National Advocacy Organizations (National Alliance for the Mentally Ill, Federation of Families for Children's Mental Health, National Mental Health Association)
- National professional organizations (American Academy of Child and Adolescent Psychiatry, American Psychiatric Association)

The variety of mental health practitioners can be confusing. There are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, counselors, pastoral counselors and people who call themselves therapists. Few states regulate the practice of psychotherapy, so almost anyone can call herself or himself a “psychotherapist” or a “therapist.”

Child and Adolescent Psychiatrist

A child and adolescent psychiatrist is a licensed physician (M.D. or D.O.) who is a fully trained

psychiatrist and who has two additional years of advanced training beyond general psychiatry with children, adolescents and families. Child and adolescent psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in child and adolescent psychiatry. Child and adolescent psychiatrists provide medical/psychiatric evaluation and a full range of treatment interventions for emotional and behavioral problems and psychiatric disorders. As physicians, child and adolescent psychiatrists can prescribe and monitor medications.

Psychiatrist

A psychiatrist is a physician, a medical doctor, whose education includes a medical degree (M.D. or D.O.) and at least four additional years of study and training. Psychiatrists are licensed by the states as physicians. Psychiatrists who pass the national examination administered by the American Board of Psychiatry and Neurology become board certified in psychiatry. Psychiatrists provide medical/psychiatric evaluation and treatment for emotional and behavioral problems and psychiatric disorders. As physicians, psychiatrists can prescribe and monitor medications.

Psychologist

Some psychologists possess a master's degree (M.S.) in psychology while others have a doctoral degree (Ph.D., Psy.D, or Ed.D) in clinical, educational, counseling, developmental or research psychology. Psychologists are licensed by most states. Psychologists can also provide psychological evaluation and treatment for emotional and behavioral problems and disorders. Psychologists can also provide psychological testing and assessments.

Social Worker

Some social workers have a bachelor's degree (B.A., B.S.W., or B.S.), however most social workers have earned a master's degree (M.S. or M.S.W.). In most states social workers can take an examination to be licensed as clinical social workers. Social workers provide different forms of psychotherapy.

Parents should try to find a mental health professional who has advanced training and experience with the evaluation and treatment of children, adolescents, and families. Parents should always ask about the professionals training and experience. However, it is also very important to find a comfortable match between your child, your family, and the mental health professional.

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INFORMATION PACKET QUESTIONNAIRE

Recognizing Depression in Children and Teens, When to Get Help and How to Get It

1.0 Credits

NAME: _____ PHONE NO.: _____

Only one person per questionnaire. Feel free to make additional copies if needed.

ADDRESS: _____
Street or Post Office City/State Zip

EMAIL: _____

YES! I would like to receive ACRF email. *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent? YES NO If YES, what is your Foster Home License #: _____

If NO, please check one: Pending Foster Parent OCS Birth Parent Adoptive Parent

Residential Treatment Facility (License #: _____) Agency: _____

Other *(please specify)*: _____

Please read the information packet. Then fill out this questionnaire and RETURN TO: ACRF, 3429 Airport Way, Suite 202A, Fairbanks, AK 99709. Or email to acrf@nwresource.org or fax it to: 907-290-8765.

1. This information packet presents concepts and ideas that may be useful to your foster parenting experience. Please list two (2) specific ideas or concepts that you learned or reaffirmed from reading this booklet. Write a short sentence or two describing how you can use them in your family.

a)

b)

Please see reverse side

INFORMATION PACKET QUESTIONNAIRE

2. List each title in this packet. In a few sentences, summarize the main purpose or key points for each section in this booklet:

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