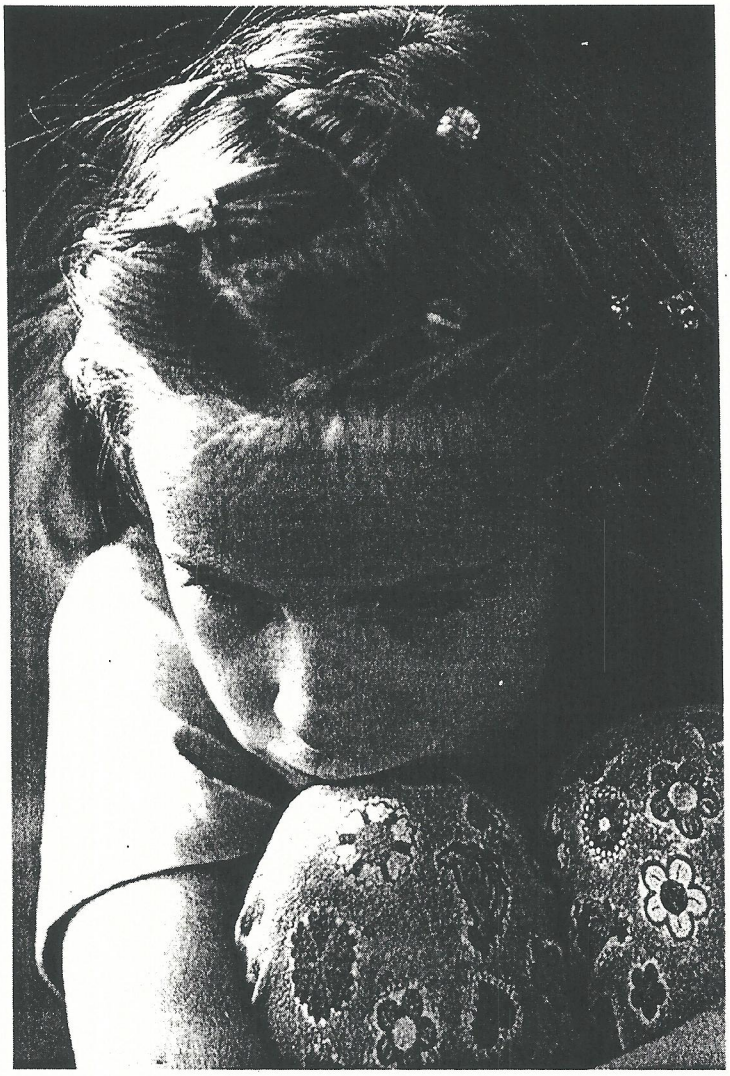

Making Sense of DEPRESSION in Children and Adolescents

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Moody, irritable, unenthused... typical teenager or depressed adolescent?

Eight percent of 14- to 18-year-olds and two percent of children under the age of 12 suffer from clinical depression. How do you know if your child is one of them?

We expect teenagers to feel uneasy at times-annoyed at innocent questions about their day, disinterested in family obligations, frustrated with peers. However, when sad, irritable or passive behavior becomes a pattern, we may need to look at it a little deeper.

Symptoms

Symptoms of depression often become gradually evident rather than suddenly obvious. A teenager may report feeling sad or empty over a period of time, or others may observe her to often appear tearful. However, in children or adolescents, irritability may be more of a symptom than outright sadness.

Physical symptoms of depression may include weight gain, significant weight loss (when not dieting) or a change in appetite. In children, failure to make expected weight gains may indicate a problem. You may notice fatigue or loss of energy or, more extremely, excessive sleeping or insomnia. Agitated physical behavior or slowness of movement can be symptoms, as can physical complaints, such as headaches or stomachaches. Some children may begin smoking.

Cognitive or emotional symptoms may include a decreasing interest in friends and activities that your child usually enjoys. Decreased interest and apathy, combined with a desire to oversleep, may lead to absences from school or work. The child with depression may also experience a great deal of indecisiveness or a diminished ability to think or concentrate. Most characteristically, she often suffers from feelings of worthlessness, hopelessness or excessive or inappropriate guilt. At the most extreme, recurrent thoughts of death or suicide, or a suicide attempt, may occur. At this point, professional help is an absolute must.

Depression and Anxiety

The research community has noted that anxiety at one point in life may be a significant precursor to depression later on. Research has shown that children who manifest a tendency toward worrying and fearing specific objects or situations have a high risk for major depression later in their lives. Studies that follow children through their adolescence and into adulthood have suggested that childhood anxiety disorders precede most adolescent and adult depressive episodes. Childhood anxiety disorders with a particularly strong relationship to major depression are generalized anxiety disorder and specific fears. If anxiety disorders are effectively treated earlier in life, the risk for major depression later may be lowered.

Contributors to Depression

In addition to anxiety, there can be other causes or contributors to depression.

Biological predisposition is a commonly noted factor, as depression often runs in families. Gender differences are also important, with postpuberty depression occurring in females twice as frequently as in males. Personal factors include low self-esteem, struggles with identity and with achieving one's goals and difficulty with peer relationships. Influential environmental situations include parents getting a divorce, family financial problems or experiencing or witnessing a trauma (e.g., natural disaster, abuse).

In understanding the role of thoughts and emotions in depression, psychologists have developed various theories. For

example, a depressed person may interpret events in a way that contributes to feelings of self-blame, failure and hopelessness. Such an interpretation may then influence her general mood and way of relating to the world. A second theory is that a lack of social or other skills may lead to a lack of opportunities for positive reinforcement from others, and this lack of positive reinforcement then leads to depression. Yet another thought is that individuals with depression have a long history of having little or no control over rewards and punishments in their environment and have therefore learned to feel helpless.

Need for Treatment

When should you turn toward treatment? Symptoms of depression often cause significant distress or impairment in social, academic or other areas of functioning. Therefore, it is best to address symptoms when they are first noticed.

Seventy percent of adolescents with depression have recurring episodes, so it is important not to overlook depression when it occurs; it is not likely to resolve itself for good without treatment.

Treatment

Treatment can include short-term individual psychotherapy, family therapy and/or medication. Individual psychotherapy aims to address the underlying issues contributing to the depression as well as the way the individual thinks about them. This is most often achieved through "cognitive-behavioral" therapy, which works to change the way one thinks about herself and her relationship with the world and thereby begins to influence her behavior in a positive direction.

Medication may be used when the depression is particularly severe, unremitting or recurrent. It is often helpful to elevate the individual's mood through medication when she is feeling so low and lethargic that it is difficult for her to be responsive to psychotherapy. It is most effective to combine medication use with psychotherapy.

Family therapy can have multiple purposes. For one, families are offered guidance about how to best help the child or adolescent. Teaching families to make changes in how to manage behavior and expectations may be useful. Providing emotional support to parents who are distraught over watching their child in distress is often helpful and necessary. Patterns of family interaction can be changed to help maximize the child's use of her internal resources.

Impact Upon the Family

Families are often frustrated with not getting emotional feedback from their child or adolescent regarding how she is feeling or what they can do to be helpful. Teenagers are often not expressive to begin with and, in addition, the teen may be frustrated because she doesn't know what will help. Families struggle to determine when to push and when to leave her alone. One patient, a 17-year-old girl with depression, constantly fights the desire to sleep away the first half of the day. As a result, on some days she misses school. Her parents struggle to decide when to pull her out of bed, when "not feeling well" is truly an illness versus depression she must fight against, and when to let her take responsibility for her own actions (e.g., accepting the

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fallout from unexcused absences). Family therapy teaches her parents how to best help her, according to the specific factors that contribute to her depression. It also provides an opportunity for the child and parents to communicate about the plan, to troubleshoot frustrations that occur as they work together and to positively reinforce the efforts they are all making. Individual therapy for this young woman focuses on helping her physically (e.g., restructuring her sleeping and activity schedule), cognitively (e.g., helping her to recognize where she has control in her life and how to utilize it in her best interest), and emotionally (e.g., giving her the vehicle for self-expression and validation that she needs).

Families also struggle with not knowing how to help the child or adolescent work through the depression. Another patient, a 14-year-old boy, is "a difficult read" for his family. He's never been particularly animated, and with a persisting depression, he becomes a sensitive and irritable young man. This situation can be likened to the good old "We feel like we're walking on eggshells" analogy by the family, who often may be afraid to say or do the wrong thing. For this young man, a little motivation goes a long way. His family has been directed as to how to help him, and the plan for their gentle reminders has been "okayed" by him, of course. He is encouraged to participate in physical activities, and the family has invested in some gym equipment that he enjoys using. They are quick to encourage activities that he favors, such as music, and to make appropriate opportunities readily available to him. In addition, his mother has become particularly adept at recognizing signs that he is spiraling downward. For example, she knows that when he is spending an extensive amount of time in his room, his mood gets worse. So, she encourages him to emerge and to engage in preferred activities.

The impact of a child's depression upon siblings is also a concern for families. It is quite common for more of the family's energy to be drawn to the child undergoing a problem, and therefore sometimes less energy is provided to siblings. It is important to help siblings get involved in activities and feel positive about themselves and their role in the family. They often want to know how they can be helpful, in which case you should instruct them (even if being helpful means giving their brother or sister some space), and provide them with lots of positive feedback. At other times, they may crave one-on-one attention from parents, which is likely to be a great comfort to them. In this way, siblings do not feel burdened or left out during a difficult family time and are made to feel like the important piece of the family that they truly are.

Conclusion

Thoughts about determining if your child is depressed can be overwhelming, so it is important to know that symptoms and warning signs exist. Since teenagers tend not to be verbally expressive to their families, learn to *observe* their moods and behaviors. If you notice the symptoms discussed and they do not quickly remit, then they are likely worth addressing. Help is available, and so are treatments proven to be effective. Once recognized and treated, depression does not have to remain an impairment in your child's life.

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