

# childPSYCH News

A newsletter for professionals and parents

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APS Psychologists

## Special points of interest:

At *childpsych* only psychologists who are registered teachers and/or Educational Psychologists will write the report on learning difficulties

All *childpsych* psychologists are trained as specialist psychologists

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## Understanding Teenage Depression

Feature article by Philip Gosschalk MAPS, Director & Psychologist at *childpsych*

Imagine being 15 years old and feeling angry and sad for no apparent reason. Your girlfriend or boyfriend has dumped you because of your bad moods and nothing in life seems to be fun any more.

Depression affects about 8% of adolescents in any given year with some experts predicting that only 20% of depressed adolescents ever receive professional help.

### Causes of Depression

There are several possible causes of depression. Biologically, some individuals are predisposed to developing depression. For example, research on infants of mothers with depression has shown that the infants have less left frontal lobe activity than infants of mothers who do not have depression. The frontal lobe is involved in the regulation of attention and emotion among other things. It is no surprise then that children with AD/HD, which in many cases is a disorder of the frontal lobe, often have problems with managing their emotions and are at increased risk of depression compared to their peers.

Psychological explanations of depression tend to focus on how the individual tends to perceive the world. For example, depressed individuals have been found to have more negative thoughts about themselves, the world and their future. A tendency to blame oneself and to ruminate (continually mull over things) are just two of the faulty thinking styles seen in



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depressed individuals.

Environmental explanations of depression focus on such things as poor relationships with family and peers. In addition, a lack of social support or good quality friendships also increase the risk of depression in vulnerable individuals.

The most plausible explanation for depression is that a person with a biological vulnerability, who experiences stresses in their life is at increased risk of depression. In our practice, we frequently see adolescents who have a strong family history of depression (indicating a biological vulnerability) and because of peer relationship problems and a tendency to "over think" (ruminate), develop depression. Stress such as relationship problems are considered to "activate" the biological vulnerability to depression.

### Signs of Depression in an Adolescent

Depression in adolescents can be challenging to diagnose. For example, excessive sleeping and moodiness are typical symptoms of depression, yet these are also typical of the developing adolescent. However, continued irritability or angry mood, instead of

outward sadness, is one sign in depressed adolescents. In addition, depressed adolescents frequently complain about physical ailments such as stomach aches and headaches. Likewise, the depressed adolescent will withdraw from some people but not all. Such adolescents may also begin to spend time with a completely different social group and leave all their friends. In addition, the depressed adolescent is often very sensitive to criticism because of their poor self esteem. It is important to note that these represent a change in the adolescent's normal behaviour. A withdrawal from people and a tendency not to find life as pleasurable are also defining features of depression.

Untreated depression can lead to problems with academic grades, running away, refusing to attend school, reckless behaviour, drug use and self injury to name a few.

It is also important to know that up to 80% of depressed adolescents will also be diagnosed with another mental health condition. An anxiety disorder such as Social Phobia is often present in the young person.

### How to Help the Adolescent

If you suspect an adolescent of being depressed, there are a few things you can do. Talk gently to the adolescent and let them know you care and will help in any way. Be gentle, but persistent - keep trying to talk to them even if

Continue over ...

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You maybe able to see  
us under Medicare  
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information

"Psychological counselling,  
in particular Cognitive  
Behavioural Therapy and  
Interpersonal Therapy  
have been shown to be  
effective for adolescents  
with depression."

  
childpsych  
PSYCHOLOGY PRACTICE

They're the most  
important thing  
in your life  
and sometimes they need our help

Adolescent Depression con't

they don't want to talk to you at first. Validate their feelings and their reasons (no matter how trivial they may seem). Make sure you listen and DO NOT lecture them. Encourage them to seek help. If your adolescent denies being depressed but your "gut" instinct says something is wrong, then trust this feeling and seek the advice of your family doctor or a psychologist.

### Treatment

Treatment of adolescent depression can involve medication and/or non-medical approaches. There has been some controversy over the use of medication to treat depression in adolescents. Some researchers argue that the use of antidepressant medication on the developing adolescent brain can be dangerous. However, in some cases antidepressant medication is necessary because of the severity of the depression and/or poor response to psychological counselling.

Psychological counselling, in particular Cognitive Behavioural Therapy and Interpersonal Therapy have been shown to be effective for most adolescents with depression. These approaches work on changing the way the adolescent thinks about things as well as improving their social environment. Through a process of learning to alter one's thinking style, the adolescent's depression is alleviated.

## Written Language Problems

A Disorder of Written Expression encompasses problems with the legibility of letters but also with the expression of ideas on paper.

Written language disorders are poorly researched compared to that of reading disorders (dyslexia). However, some research from the area of neuropsychology has shed light on possible causes.

Various areas of neurological functioning may cause problems with written expression.

For example, problems with what's called Executive Functioning, can cause problems with organisation of ideas as well as with the legibility of handwriting. Executive functioning is located at the front of the brain and considered an important area in organisation and attention. As expected then, children with disorders such as AD/HD which are often caused by difficulties with executive functioning, will also have difficulties with written language tasks.

However, executive functioning is not the only area implicated in written language problems. For example, problems with the right side of the brain can also have a role to play. The right side of the brain is involved in motor movements but also retrieving information from long term memory. Therefore, if a learner has problems with this

part of the brain, then we can expect the learner to produce not only messy handwriting but also generate poor quality written work that lacks good vocabulary and so on.

For students with executive functioning problems, they are better able to "put ideas on paper" if they can use a computer, speech-to-text software or have someone write down their ideas for them. For those students with problems with

the right side of the mind, they may benefit from the use of "mind maps" and other instructional approaches that help them organise their thinking before they begin to write.

In our practice we often see high school aged students who are beginning to show problems with the quality of their written expression. Such students are often bright but as they have been required to produce more written work in high school, have failed to hand in quality assignments. At *childpsych* our NeuroEducational Evaluation™ is designed to evaluate learning problems thoroughly but is particularly suited for written language problems as the assessment process assesses various areas of brain functioning that impacts upon neatness of handwriting as well as such things as quality of written work.



## Emotional Awareness

Good emotional awareness or emotional competence has been implicated in good psychological health and academic achievement. Emotional competence refers to such things as social skills, self awareness and awareness of other people's emotional states. One study found that such self awareness often assisted with better attention control. The researchers argued that awareness of one's own emotional state reduces the stress and distractibility

that children experience when experiencing a negative feeling. Children with ADHD often become frustrated when faced with challenging tasks, so one part of their intervention is to develop their emotional self-awareness. The development of emotional competence is an important area that we often incorporate in our approach to psychological counselling at *childpsych*.

Emotional awareness on its own is not expected to be the

"cure" for emotional or academic problems, but as part of a treatment approach is expected to reduce the chances of a problem recurring after psychological treatment has ceased.

