childpsych:psychology practice and learning centre

# childPSYCH News

A newsletter for professionals and parents

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## Depression in Adolescents

by Philip Gosschalk, Clinical & Educational Psychologist
(article reprinted from Vol 3, Issue 4)

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 effects 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. 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 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.

**"...the depressed adolescent will withdraw from some people but not all..."**

### 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 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.

Cognitive-Behaviour Therapy (CBT) and Interpersonal Therapy (IPT) have been identified as evidence-based interventions for treating depression. CBT and IPT are used frequently in our practice to treat and manage adolescent depression.

## Xmas Holiday Clinic Hours

Childpsych will be closed from 5pm December 21st 2012 and will re open at 9am January 14th 2013

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# Teasing and Body Image

Research has suggested that a significant factor influencing body image is teasing about physical characteristics during childhood and adolescence.

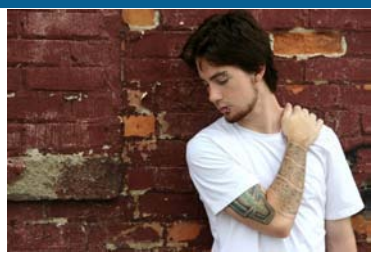
The type of teasing and who it is from seems to have different effects. Research has suggested that severe teasing about weight and body shape resulted in low body self esteem for the victim. Teasing by males about body image resulted in depression and low body self esteem, but teasing by females resulted mainly in depression. Some researchers have argued that it is not how bad the teasing is or how frequent, but rather the emotional reaction of the individual. This makes sense as it each person reacts differently to a situation depending upon their personality, social support and so on.

Teasing about weight seemed to be related to eating issues and even the risk of an eating disorder developing. Whereas, teasing about appearance related issues was related to conscious changes to ones appearance (e.g. cosmetic surgery).

Of those that had been teased, males seem to be teased more about their appearance with the majority of females reported being teased about their weight. It seems teasing about weight and appearance is most prominent between the ages of 13 and 15 for males and 10-12 for females.

These results suggest that it is a persons beliefs about weight and physical appearance in the first place that determine how they may react to being teased. It is important then to ensure that children grow up in home and school environments where weight is not emphasised or appearance but rather being "healthy" and "taking pride in one's appearance". Our culture focuses on weight as an indicator of healthiness but we forget that some slim individuals are unhealthy (e.g. eating poorly) also. When speaking to children replace the words "weight" with "healthy"!

# Masculinity and Depression



Research on men and depression has begun to show that depression in men increases with age. It appears that men are more strongly socialised into masculine roles. In particular, it appears that not revealing negative feelings (e.g. sadness), being strong and not vulnerable and suppressing emotional pain are strongly encouraged in males.

As can be expected, these masculine behaviours mean males are less likely to seek help. Being less likely to seek help means that men have poorer coping strategies than women. Therefore, the less socialised a male is into masculine roles, the less likely they are to become depressed. Evidence for this comes from research that shows boys are likely to be diagnosed with depression just as much as girls as they have not been fully socialised into masculine roles. However, adult males are only half as likely to be diagnosed with depression suggesting men are less likely to accept they are depressed or need help.

So what do we do? As a society we need to impart messages to the community that it is okay for men to seek help, it is okay for men to be diagnosed with depression and it doesn't mean they are weak. Male role models sharing they have had depression helps break down barriers.

With children we need to make sure we are aware of how we treat our daughters and sons. Don't just kiss and cuddle your daughter but ruffle your son's hair. If a boy shares they are being bullied, let them know it is okay to be scared and help them come up with a solution to deal with it.

Father's are the most powerful role model for boys. A father needs to show that he can apologise when he has made a mistake, can take responsibility for his actions and is willing to ask for help.

I always tell my son, "smart people ask for help, dumb people stick their head in the sand".

COGMED

childpsych is offering this evidence-based working memory training program.

The complete program includes:

- Initial interview
- Start-up session
- Five weeks of training with weekly Coach calls
- Wrap-up meeting
- Six month follow-up interview
- Access to the Cogmed Training Web
- Optional Cogmed Extension Training (12 months)

How long does it take?

The cogmed program consists of 25 training sessions of 30-40 minutes each, done over 5 weeks. It is the intensity of this training schedule that is critical to the program's success. The user/family sets the training schedule with the Cogmed Coach, with plenty of flexibility.

## Autism Services

childpsych provides a specialist autism clinic focused on assessment and diagnosis and intervention services. Our autism interventions are delivered by psychologists accredited to work with children with autism spectrum disorders.

- √ Assessment and diagnosis of autism
- √ Management of children with autism to age 18 years
- √ Behavioural interventions, social skills, transition to school, treatment of other conditions such as anxiety, depression
- √ Special education development classes and remedial teaching classes

childpsych.net.au/autismclinic