childpsych:psychology practice and learning centre

childPSYCH News

A newsletter for professionals and parents

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Inside this issue:

Understanding Teenage Depression

by Philip Gosschalk, Clinical & Educational Psychologist

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. 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 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.

Depression effects about 8% of adolescents...

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.

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.

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The Neuropsychology of Letter Reversals

Letter reversals have long intrigued laypersons and professionals alike. Often considered the hallmark feature of "Dyslexia" by many and considered to reflect a "visual" processing error. But are letter reversals normal, or even a symptom of dyslexia or even reflect a visual error?

Are letter reversals the hallmark symptom of Dyslexia?

Dyslexia essentially means a "reading disorder". In essence, reading problems can be caused by difficulties with "sounding out", by problems with "visually" processing the word (e.g. quickly recognising the defining features of the letter A), or a combination of both.

"Phonological dyslexia refers to problems the reader has with the part of the brain for "sounding out" - namely auditory processing problems. Auditory processing takes place in the left temporal lobe suggesting the left side of the brain is involved in "sounding out". However, "visual dyslexia" is caused by problems with the Occipital lobe (back of the head).

But is *writing* a letter in reverse a symptom of a "reading disorder/ dyslexia"? After all reading and writing do use the same cognitive processes but they also use different parts of the brain. For example, writing uses the right side of the brain but also the frontal lobes and the left side of the brain (yes writing is very mentally demanding!),whereas reading uses predominately the left side of the brain.

The current consensus is that writing errors are not a symptom of dyslexia but of "dysgraphia" - a written language disorder. So the answer to the first question is, letter reversals are NOT a symptom of dyslexia.

Are letter reversals the result of visual processing problems?

The short answer is, No. To understand why, it is important to understand the neuropsychology of writing. To write the human brain must know what it wants to say using the frontal lobes (organise its thoughts), construct a sentence that is grammatically correct using the left hemisphere, visually match the memory of letters to their sounds and then coordinate hand and eye movements to produce something in print . So where does the letter reversal come from? It is logical to think that perhaps the letter image is stored incorrectly, or when the letter image is being "retrieved" it is somehow turned around.

In fact it appears that the image of letters are not stored in the occipital lobe (where visual memory is), but rather in the temporal lobe where phonological processing takes place. This means that letter reversals are the result of the frontal lobes failing to associate the correct sound to the letter and also the correct *fine motor sequence*. The end result is that the child gets confused between letter sounds when it comes to writing.

What is the treatment for letter reversals then? Well not only is phonics important but more importantly, handwriting. It is important for the child to learn to correctly write the letter. Handwriting programs that teach the correct formation of the letter by numbering the sequence of forming the letter are best. Rather than having the child write a letter over and over again, have them write words with the letter in them. This creates a meaningful context for them to learn in.

So what is normal?

In general, letter reversals up until the age of 9 (grade 3-4) is within normal limits. However, if letter reversals are within the context of reading difficulties and general learning difficulties then an assessment by an educational psychologist is important.

Getting an evaluation

Educational psychologists are trained to determine if the types of errors produced by children are normal or a symptom of a learning disorder. It is always better to assess a child earlier to better inform early intervention efforts, than wait a little longer because you don't want to seem to be over reacting. Educational psychologists used neuropsychological tests to assess various parts of the brain to determine what is causing the learning difficulties.

Autism Behavioural Consultancy Services

childpsych employs a Behaviour Consultant Yevonne Partridge, to compliment our educational and clinical psychologists. Yevonne has over 10 years experience in special education, and is also trained in Intensive Applied Behaviour Analysis.

Yevonne is able to:

- Assist parents of young ASD children with in-home behaviour management (this is claimable under FaCHSIA funding, but not Medicare or private health)
- Consult to schools on educational and behavioural interventions
- Assist children with moving into, and through, the school environment
- Advise on curriculum issues and classroom modifications
- Link parents and children into existing support services

Make an appointment
07 3716 0445

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