Child and Adolescent Depression and Bipolar Disorders

Recognizing, Preventing, and Treating a Misunderstood Problem

Benedict T. McWhirter, Ph.D.
University Of Oregon

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Advanced Organizer:

- Child and Adolescent Depression
  - Background and Etiology
  - Characteristics, warning signs, symptoms
  - Diagnosing Depression
- Child Bipolar Disorder (Early Onset Bipolar)
  - Background and Etiology
  - Characteristics, warning signs, symptoms
  - Diagnosing Bipolar Disorder
- Interventions/Ecological Considerations

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Definitions:

Affective Disorder: depression and bipolar disorders are both “affective disorders”: disorders related to mood state.

Depression: A mood state with loss of interest, apathy, and interferes with ability to work, sleep, eat, and enjoy once pleasurable activities. Major depression can be disabling.

Dysthymia: Long term chronic depressive symptoms--not disabling but prevent good feeling and well functioning. Major depressive episodes can occur.

SAD: Seasonal Affective Disorder (and *Winter Blues*)

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Definitions (cont…):

Bipolar: previously "manic depression", involves unpredictable emotional "highs" and "lows" that can shift gradually in adults but in kids involves "rapid cycling" or moving back and forth between the two rapidly & even many times a day.

Etiology: where does the disorder come from?

Ecology: Bronfenbrenner and others: refers to understanding human development as a dynamic process involving many influences and environments that must be considered for effective human service science and practice.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Child and Adolescent Depression: Background

- Often masked by other problems or seen as a symptom of other problems, such as anxiety, aggressiveness, somatic complaints, substance use, poor peer relationships, poor school performance, school phobia, etc.
- Therefore, in past, seen as:
  - *Adolescent Turmoil* (normal to adolescent development: see Psychodynamic Literature)
  - *Masked Depression* – not really depression because is associated with other problems

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Child and Adolescent Depression: Background

- Thus, diagnosis has historically been difficult.
- Research only in the last 15-20 years identifies Child and Adolescent Depression as a problem.
- And the best research on adolescent depression is only very recent (e.g., Kovacs & Devlin, 1998; Lewinsohn, Rohde, & Seeley, 1998).
- Depression (all types) is seen in 2%-5% of Children and up to 30% of Adolescents.
- By the age of 18, 1 in 5 young people experience a major depressive episode.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Etiology (Where does Depression come from??)

- Most Common Models:
  - Biological
  - Behavioral
  - Cognitive
  - Psychodynamic (not reviewed)
  - Family Systems (not reviewed)

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Etiology: Biological Models

- Genetic Factors:
  - Linked to depression risk (Kovacs & Devlin, 1998).
  - E.g.: Children of depressed parents 3x more likely to have a major depressive episode at some point in their life (Garber & Robinson, 1997).
  - Clearer genetic links in Bipolar disorders.
- Biochemical Factors:
  - Problems with neurotransmitter action (between synaptic nerve endings) in the brain.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Etiology: Behavioral Models

- Due to significant loss and inadequate reinforcement (e.g.: Lewinsohn's Social Learning Theory). Depression comes from:
  - Lack of positive reinforcement for engaging in positive activities (and then the loss of the reinforcement from the activity itself).
  - Having a limited number of activities available in the environment.
  - The individual's limited ability to elicit reinforcement from others.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Etiology: Cognitive Models

- Emotion emerges from our Cognitions--our understanding and interpretation of events.
  - Depressed individuals tend to perceive events as negative and self-devaluative (Beck, et al, 1979).
  - Inaccurate cognitions (or interpretations) lead to inappropriate emotional responses.
  - Seligman's Learned Helplessness Model is one example.

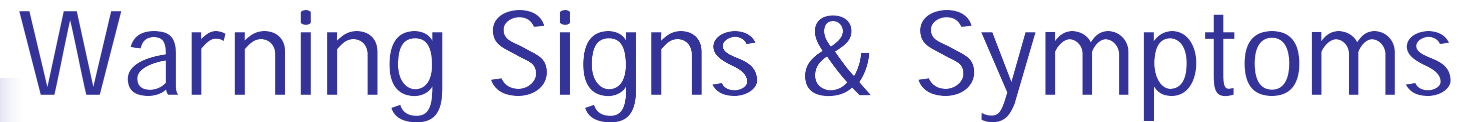
© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Cognitive Models cont…

- Seligman's Learned Helplessness Model:
  - Depression emerges in people who perceive no control over their environment, and
  - People develop self-defeating attributions early on that persists:

Failure attributions		**Success attributions**
internal	–	external
stable	–	unstable
global	–	specific

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

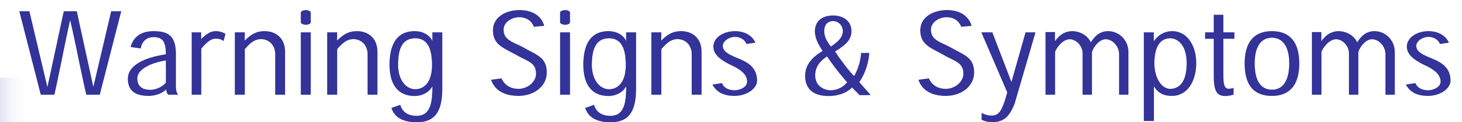


Warning Signs & Symptoms

- Persistent sad mood (irritable mood in children)
- Loss of interest or pleasure in activities
- Sleep disturbances (hypersomnia in adolescents)
- Changes in appetite
- Fatigue, decreased energy, psychomotor retardation

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Warning Signs & Symptoms



- Thoughts of death or suicide (children & adolescents)
- Difficulty concentrating and remembering
- Somatic: physical symptoms that don't get better
- Seen with disruptive behaviors in children
- With disruptive bx, sub use, eating dx in adolescents

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Diagnosis

- *Diagnostic and Statistical Manual of Mental Disorders (DSM – IVTR)* differentiates child and adolescent depression from adult depression.
- Includes considerations of the age specific warning signs just mentioned (e.g., instead of depressed mood, irritable mood in children).
- Rates of Depression pretty equal between boys and girls.
- By adolescence, depression rates approach what is found in adult populations: Girls over boys 2:1.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

- Consider the Whole Ecology
- Individual Counseling
  - Pharmacological Treatment
- Family Counseling
  - Parenting Strategies
- School
- Community

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Child and Adolescent **Bipolar Disorder**

- Also known as “Early-onset” Bipolar Disorder
- Not previously thought to exist in childhood – and different from adult bipolar, so hard to diagnose.
- Commonly misdiagnosed: e.g., ADHD. **Critical:** Meds for ADHD make bipolar children worse.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Child and Adolescent **Bipolar Disorder**

- Rate of Bipolar unclear because of misdiagnosis, but estimated that 1/3 or more kids diagnosed with ADHD are actually Bipolar (over 1 million kids).
- Estimated: 1% to 1.5% of kids Bipolar
- Still misdiagnosed, but now getting better attention.
- Greater biological/genetic causes than depression.

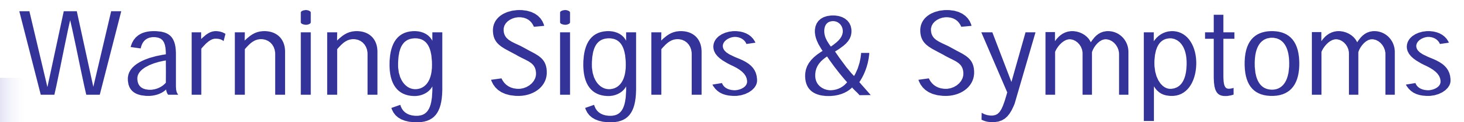
© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Warning Signs & Symptoms

- Inappropriate Elation – Extreme Sillyness
- Hyperactivity
- Violent Outbursts - “Raging”
- Inappropriate Social Behavior – Problems with Peers
- Craving for Carbohydrates and Sweets

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Warning Signs & Symptoms



- Gastrointestinal Disruptions
- Night Terrors / Unpredictable Sleep / Fear of Death
- Fussiness in Infancy
- Rapid Cycling (high to low to high to low)

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Diagnosis

- Mood Disorder: Meet criteria for depression, then:
- Meet criteria, and symptom list, for manic episode:
  - A distinct period of abnormality and persistently elevated, expansive, or irritable mood, lasting at least a week, etc. *(DSM IV)*
  - Symptoms: Need less sleep, flight of ideas, inflated self-esteem, more talkative, etc.
- But Child Bipolar, while in *DSM*, manifests differently:
  - Bipolar kids have more irritable moods with explosive outbursts. Their cycles of mania, hypomania, depression are much more rapid.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Famous People with Bipolar

- Demonstrating symptoms of Bipolar:
  - Winston Churchill
  - Abraham Lincoln
  - Theodore Roosevelt
  - Virginia Woolf
  - Ernest Hemingway
- Had severe and debilitating mood swings:
  - Ludwig von Beethoven
  - Isaac Newton
  - Charles Dickens

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Interventions

- Ecological Considerations:
  - **Them:** Always attend to multiple layers of the child's Ecology: Family, School, Peers, Community, Public Policy, Treatment Resources, etc.
  - **You:** are part of the greater intervention whole—remember your part, don't forget the other parts.
- Individual Counseling and Pharmacological Treatment
- Family Counseling and Parenting Strategies
- School and Community Considerations

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Focusing the Interview

- Client (self)
- Main theme/problem
- Others
- Family
- Mutual/group/"we"
- Interviewer
- Cultural/environmental/contextual

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

- Many Interventions
- E.g., “Interpersonal Psychotherapy” helpful
- Interventions proven to be effective over time:
  - Cognitive Therapy for Adolescents
  - Behavioral Therapy for Children
  - These two are always linked
- With youth, always include Family Counseling
- Example: Cognitive Therapy (Beck, et al., 1979): goal to challenge faulty cognitions, negative assumptions and replace them with healthier cognitions/behavior.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Cognitive Therapy

- Start by changing Behavior (to increase potentially rewarding activities):
  - e.g.: schedule pleasant activities, social skills training, behavioral rehearsal.
  - Track: e.g., the Pleasant Events Schedule helps track pleasant activities so they can be increased.
- Then use Cognitive Strategies to modify cognitive distortions and irrational beliefs. Irrational beliefs and distortions must be challenged.
- Example Cognitive Strategies:

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Cognitive Therapy

- Example Cognitive Strategies:
  - Recognizing the connections among cognition, affect, and behavior;
  - Monitoring negative automatic thoughts;
  - Examining evidence related to distorted thinking;
  - Substituting more realistic interpretations;
  - Learning to identify and modify irrational beliefs;
  - Changing selective attention;
  - Impulse control

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Pharmacological Treatment

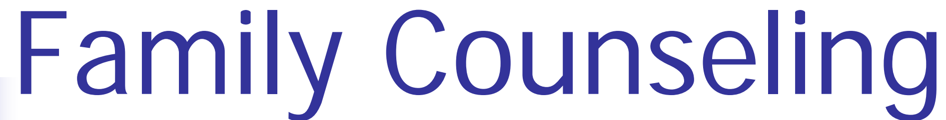
- In Depression can be helpful in some cases.
- In Bipolar Disorder often required and useful.
- Depression: Use of Selective Seratonin Reuptake Inhibitors (SSRIs): e.g., Fluoxene.
- Meds change the behavior of neurotransmitters in the brain, often restoring person to sense of normalcy.
- In adolescents, use for Depression when counseling is not very effective (Birmaher, 1998).
- Long-term effects of child and adolescent drug treatment not fully known.

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

More on Meds…

- Bipolar Disorder: Change behavior and cognition patterns early so they don't become entrenched.
- Evidence of biological factors contributing to Bipolar Disorder, suggests meds may be indicated.
- Always consider and evaluate the side effects.
- **Mood Stabilizers**
  - Examples: *Lithium, Depakote, Tegretol*
- **Antipsychotics**
  - Examples: *Thorazine, Prolixen, Haldol, Abilify, Seroquel*

© 2007 Thomson Brooks/Cole, a division of Thomson Learning



Family Counseling

- **Crucial** to successful treatment of child and adolescent depression and bipolar disorders.
- Individual approaches alone probably doomed to fail.
- Family communication contributes to child/adolescent depression: Remember need for “pleasant activities” and for “reinforcement of positive behaviors.”
- One or both parents likely has a mood disorder as well (especially in cases of a bipolar child).
- Family Therapy needed anyway—child depression is sometimes just a symptom of family dysfunction.

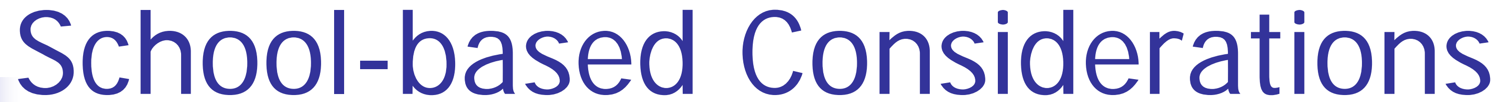
© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Parenting Strategies

- Parent Training best used with counseling.
- Can be used alone as a **prevention** measure.
- Parenting workshops are cost effective. Include:
  - Communication skills
  - Enhancing positive family interactions/activities
  - Sharing information (e.g., signs of drug use)
  - Behavior modification/other parenting strategies
  - In severe families: Need therapeutic programs dealing with child abuse, family violence, etc.
  - A "referent group" for support

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

School-based Considerations



- Schools are a contributing stressor
- Early **prevention** through counseling curriculum
- In large and small groups develop skills, such as:
  - Problem solving and decision-making skills
  - Self-acceptance
  - Social interaction and interpersonal relationship
- Examples:
  - REBT in schools (Vernon, 1989)
  - Adolescent Coping with Depression (in clinics & detention) (Lewinsohn, Clarke, Rohde, 1994)

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Treatment Conditions

- Good Outcome Factors
  - Competent medical care
  - Early daignosis/tx
  - Adherence to tx/meds
  - Flexible, low-stress environments
  - Supportive Network of family & friends
- Bad Outcome Factors
  - Lack of med access
  - Time lag: dx to tx
  - Not taking meds
  - Stressful/inflexible environments
  - Co-morbidity (co-occurrence of other conditions/diagnoses
  - Other illicit drug use

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Community Resources

- Inter-professional communication critical: school personnel, therapists, family physicians, psychiatrists-- given confusing diagnostics (especially bipolar), need for early intervention, and disorder severity.
- Parents negotiate this communication.
- You may need to help train parents/kids to do this.
- Check local support networks for families.
- Seek out information: Websites exist, e.g.:

  http://www.bipolarchild.com

  http://www.bpkids.org

© 2007 Thomson Brooks/Cole, a division of Thomson Learning

Summary of Points

- Child and Adolescent Depression
  - Background and Etiology
  - Characteristics, warning signs, symptoms
  - Diagnosing Depression
- Child Bipolar Disorder (Early Onset Bipolar)
  - Background and Etiology
  - Characteristics, warning signs, symptoms
  - Diagnosing Bipolar Disorder
- Interventions/Ecological Considerations

© 2007 Thomson Brooks/Cole, a division of Thomson Learning