Teen depression is more common than you might think. Here's how parents can recognize the signs.

By KIM ARBUS

NE Sunday afternoon, Steve, 14, had a fight with his parents about not cleaning his room, stormed up to his bedroom and slammed the door. He screamed all the way to his room and when he got there, flung a book at his wall.

He didn't emerge from his room for three hours, and when he finally did, he got on the phone and refused to talk to his parents the rest of the night. The next day, he went to school but skipped two of his classes. He ignored his parents when he got home that night and spent the night in his room.

Steve was clearly angry, but was there more to this story?

The kind of behaviour that Steve exhibited is certainly a common experience for many families with a teenager. But with many kids, this could be a sign that there is something else going on.

Steve's parents sought help as this behaviour was quite unusual for him. Normally, when he got mad, he would be upset for a short time but would get over it relatively quickly. He usually didn't throw things and rarely skipped classes, and by the next day his parents were able to talk to him about what had happened. This time, Steve was not willing to talk to them about it.

Overall, Steve's reaction to this argument about cleaning his room was quite excessive, especially compared to how he would normally react. This change in

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behaviour is the most important fact for parents to look for when questioning depression in children and adolescents.

Depression can be recognized in many ways in adults. However, children and adolescents do not always have the words to express exactly what is wrong. It is unlikely that a child will say to their parent "I'm depressed". Rather, you might notice physical who would attend their funeral and can extend to thoughts of suicide. If a parent suspects a child is suicidal they should go directly to the emergency room at their local hospital.

As depression is an internalizing disorder, there are times when it is very difficult for a parent to notice such subtle changes. Unfortunately, in these cases a child may still act as

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changes, behavioural differences, emotional or cognitive/thought changes.

It is important to note that a diagnosis of depression is only made when multiple symptoms are present for a child or adolescent. Possible physical changes might include weight loss or gain, sleep changes, acting sluggish or agitated. Behavioural changes include your child somehow acting different than normal. This might include being more irritable, angry, crying more often, going to their room more than normal, talking less about their friends, socializing more (or less), and acting more fidgety or restless than normal.

Additionally, cognitive changes are likely and might include difficulty organizing their thoughts, making little sense, or difficulty organizing their room or homework, and changes in grades or school performance. Also, it is common for depressed children and adolescents to think more about death. This might include thinking about though they are okay but their underlying self-esteem may not be where it once was. These children might back away from doing things they may have previously enjoyed, e.g. playing sports or getting involved in social activities.

Any notable change in a child's behaviour or mood is worth talking to your doctor about or seeking professional help. Additionally, doctors can first rule out a medical cause for any behavioural changes.

It is important to understand that depression is not a personal weakness, a character flaw or a mood that a child can simply "snap out of." Depression is different from feelings of grief or sorrow that follow a major loss, such as a death in the family. It is a common mental health problem that affects people of all ages.

Fortunately, depression is very treatable. If a diagnosis of depression is made, there are a variety of treatment options available. Evidence based research suggests that a combination of medication and therapy works best to help alleviate depression. Clinical psychologists are trained to identify, diagnose and treat depression, and a variety of other mental health disorders. Psychologists do not prescribe medication at this time and if a parent has medication related questions they should talk to their pediatrician or family doctor.

Psychologists determine treatment based on what the clinical evidence suggests. This indicates that parents can trust in the treatment being used, as it is heavily researched and investigated on many children and adolescents. Currently, Cognitive-Behavioural Therapy (CBT) is an empirically validated treatment that has had great success with children.

Parents are typically involved in the treatment process, especially with younger children. The CBT approach is based on the notion that our thoughts, feelings and behaviours are intricately connected. In order to change a child's feelings and behaviours, we must first work on changing their negative thoughts. A child or adolescent and parent are taken on a journey of understanding how to begin catching negative self-defeating thoughts and begin to work on strategies to challenge these thoughts.

When negative thinking patterns are identified, the child is taught to become a detective of their own thoughts by searching for clues and cues to fight against negative thinking patterns. Through a variety of creative strategies, children are able to see that when they think differently, they feel better.

The goals of therapy are symptom improvement and ultimately recovery. Seeking therapy is beneficial for children and adolescents and solutions can typically be found. When families get their children the help they need, they are often amazed at the change in their outlook.

To find a psychologist who can help in your area, visit the College of Psychologists of Ontario website, www.cpo.on.ca.

• Dr. Kim Arbus, a clinical psychologist, works at her private practice in Vaughan, Ontario with Dr. Suzy Weidenfelder. They are located at 9983 Keele St., Suite 105 and can be reached at 416-801-8889.