Adolescents

When it Hurts to be a Teenager

InCrisis!

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We enter this new millennium confronting extraordinary problems of how to nourish, support, educate, and prepare our children emotionally and intellectually during adolescence to become responsible and well functioning adults. Adolescents are faced with challenges and opportunities hitherto unimaginable by their parents and grandparents. Adolescents experience demands for coping skills and adaptations to an unprecedented rate of social change and are beset by multiple pressures, temptations, and perceived barriers to which they are compelled to respond and simultaneously to maintain a sense of self with intact boundaries and an emerging sense of presence and focus in the adult environment. Adolescence has always been a difficult and frequently stormy transition predicated on generational differences providing a potential for conflict and rebellion. These generational differences are now exacerbated without any commensurate increase in adolescent skills and within a climate of parental time constraints and often without mediation by an intact and extended family.

As professional caregivers we enter this new millennium with cumbersome and imperfect tools for assessment, intervention, and evaluation of adolescent mental health status. We have made many attempts to employ systems of care for adolescents within a managed care context with inordinate constraints on available professional time and financing. For increasing numbers of these clients either no services are obtained or the services from mental health facilities and professions are inadequate and ineffective. Lower class parents feel abandoned and ignored by the mental health system. Multicultural parents frequently feel their cultural identities are misunderstood, disrespected, and disparaged by managed care systems. Middle class parents are forced to assume financial and emotional responsibility for services often in the absence of adequate involvement, cooperation, facilitation, and support by professionals. Many managed care systems espouse a “one size fits all” philosophy that ignores individual differences by reducing available intervention options and minimizing their potential efficacy in favor of cost containment.

The internet has been perceived by some professionals as a potential resource for ameliorating some of these deficiencies in providing adequate services for adolescents. Nonetheless, for approximately 20 years, awareness of this increasingly available resource by professionals has

witnessed a plethora of serious problems resulting in both cautious and careless use of the internet as a vehicle for providing direct mental health services. During this same time period, InCrisis was developed to address these problems from an alternative perspective employing new assumptions, a reconstituted definition of bona fide screening services, and a novel internet service delivery process to increase consumer awareness as well as to facilitate availability, immediacy, and responsiveness by families as well as professional audiences to these services in an informed, responsible, and proactive manner.

Depression in students is more than mere teenage angst and requires more than patience and understanding to cure.

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by RALPH E. CASH

October 2003

Ralph E. Cash is a school psychologist in Orlando, FL, and a cochair of the National Association of School Psychologists' Government and Professional Relations Committee and Health Care Initiative.changing the way he or she feels, thinks, and acts. A depressive disorder, sometimes referred to as clinical depression, is generally defined as a persistent sad or irritable mood as well as "anhedonia," a loss of the ability to experience pleasure in nearly all activities. It is more than just feeling down or having a bad day, and it is different from normal, healthy feelings of grief that usually follow a significant loss, such as a divorce, a break up with a boyfriend or girlfriend, or the death of a loved one.

How Does It Differ From Moodiness?

Depressed teens can experience a range of symptoms including change in appetite, disrupted sleep patterns, increased or diminished activity level, impaired concentration, and decreased feelings of self-worth. Adolescents are often more defiant and oppositional than depressed adults. Symptoms can manifest themselves in school as behavior problems, lack of attention in class, an unexplained drop in grades, cutting class, dropping out of activities, or fights with or withdrawal from friends. These behaviors are distinguished from normal teenage behavior by their duration, intensity, and the degree of dysfunction they cause. Symptoms or behaviors that last longer than two weeks, are markedly out of proportion to an event or situation, and impair a student's academic or social performance are cause for professional evaluation. Although episodes of clinical depression are sometimes self-limiting (meaning that a student may appear to get better), depressed teens cannot just "snap out of it" on their own and are likely to experience further episodes in the future.

What Characterizes Depression and Other Mood Disorders?

Depression, like adolescents themselves, comes in all shapes and sizes. Teens can suffer from a variety of depressive disorders, sometimes called mood disorders. These can include:

- **Adjustment disorder**—an extremely intense reaction to life stressors that is in excess of what would ordinarily be expected and can be dangerous, but usually does not become chronic; dysthymic disorder or mild, chronic depression—a few or milder symptoms occurring either continuously or most of the time for a year or more, but with relatively good functioning
- **Major depressive disorder**—a severe, serious condition characterized by extreme depressive symptoms including hopelessness, lethargy, feelings of worthlessness or unrealistic guilt, and recurrent thoughts of death suicidal plans or suicidal attempts
- **Bipolar disorder**—severe moods swings from depressive depths to unrealistic and uncharacteristic elation, grandiosity, behavioral excesses, verbosity, or belligerence. Teens who exhibit symptoms of a depressive disorder should be referred for a mental health evaluation. They should not be left alone if they are suspected of being suicidal. Depression in teens may also be masked by other problems or behaviors, such as anxiety disorder, frustration over learning problems, sexual promiscuity, and substance abuse. Depressed adolescents often self-medicate or seek thrills to alleviate their pain. Some seek relief through self-injury, such as cutting or extreme physical risk-taking. Students who are identified as engaging in these behaviors should be referred for depression screening at once.

What Are the Risk Factors?

Depression does not discriminate, but there are certain risk factors that predispose adolescents to depressive disorders. Clinical depression usually has a genetic component, and those who have a family history of depression, particularly among close relatives, are more vulnerable. More than half the teens who are diagnosed with a depressive disorder have one or more coexisting mental disorders, so those who already have emotional or behavior problems are at greater risk. Other risk factors include poverty; being female; low self-esteem; uncertainty about sexual orientation; poor academic functioning; poor physical health; ineffective coping skills; substance abuse; and frequent conflicts with family, friends, and teachers. In addition, students who have experienced significant trauma or abuse, are bullied, or do not feel welcome or accepted at school are much more susceptible to depression.