

Psychotherapy

There are many different approaches to helping children with serious emotional disabilities. *Psychotherapy* is a general term for many kinds of approaches. Usually this approach will consist of talking extensively with your child about his feelings and conflicts. Such therapy is likely to focus on counseling him to understand his current problems and learn how to have better relationships with those around them.

Behavior Therapy

Behavior Therapy, sometimes called behavior modification, focuses on your child's external behavior and tries to change those things that are inappropriate or that produce negative results. These approaches seek to provide rewards for positive behavior and reinforce areas of strength. Families are an important part of a behavior modification strategy that carries over into the child's entire environment.

Young children, usually under the age of eight, may also participate in Play Therapy. In this form of therapy, the child is asked to play with toys and dolls and through them, demonstrate what may be going on inside and talk about his/her needs and feelings.

Supportive Therapy

Supportive Therapy often involves a group of youngsters with similar problems and helps them to feel less isolated in their difficulties while providing a comfortable environment to talk about fears and problems. Families are sometimes part of this type of group therapy, especially when it is focused on reducing stress at home and

providing coping mechanisms.

Regardless of the form of therapy you and your supporting professionals choose, it is important that you establish a clear understanding with your child's therapist. As parents, you need to be informed and involved in your child's treatment. You will want to work with a therapist who respects your role and views your family not as a source of your child's problem, but as strength.

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. RECOVERY IS POSSIBLE!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI's Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI's Homefront course.
- ◆ Learn about your loved one's illness.

**SHOW YOU CARE.
WEAR A SILVER RIBBON.**



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

Let others know that there is hope and understanding. You can change the way the world sees mental health.

stigmafree



White Mountains

Program affiliate of NAMI Payson

Find Help. Find Hope.

Crisis Text Line – Text "NAMI" to 741-741

Crisis call lines:

Northern Arizona Crisis Line: 877-756-4090
Veterans Crisis Line: 1-800-273-8255, Press 1

For local classes and support call 928-298-1914

Visit us online at www.namiwmaz.org

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What are depressive disorders in children and adolescents?

If you suspect that your child or adolescent suffers from a depressive disorder, you should know that there are two types: Major Depression (or unipolar depression) and Manic Depression (or bipolar disorder). In the past, children and adolescents were not believed to suffer from depressive disorders.

Now, however, doctors seek to recognize these disorders in both children and adolescents. For the most part, children and adolescents exhibit the same symptoms as adults. Approximately 2% of children and 5% of adolescents are affected. Correct diagnosis requires at least two weeks of nearly constant depressed mood plus four additional symptoms, or three additional symptoms for children under age six.

Major Depression

Major depression is a serious medical problem and should not be confused with normal ups and downs of children and adolescents. An untreated episode lasts an average of seven months. Forty percent of children affected experience a relapse within 2 years. About one of every three children with depression develops psychotic symptoms such as hallucinations, delusions, or paranoia. Even after recovery, most children show significant social impairment. Adolescents with depression are at significant risk for suicide and often display antisocial behavior, drug and alcohol abuse, and difficult interpersonal relationships.

Symptoms of Depression

- ◆ Change in appetite or weight (either increased or decreased); in children, a failure to make age appropriate weight gain.
- ◆ Change in sleep (e.g., insomnia or sleeping too much) nearly every day.
- ◆ Agitated or slowed behavior
- ◆ Loss of interest or pleasure
- ◆ Loss of energy (e.g., fatigue nearly every day)
- ◆ Feelings of worthlessness or inappropriate guilt
- ◆ Difficulty concentrating, indecision
- ◆ Loud, obnoxious, anti-social behavior
- ◆ Violent outbursts and trouble with self-control
- ◆ Skipping school, dropping out of clubs and sports
- ◆ Recurrent thoughts of death, suicidal thoughts or gestures

Bipolar Disorder

If a child with major depression also has manic symptoms, the correct diagnosis is bipolar or manic depressive disorder. This disorder is characterized by both (a) major depressive symptoms and (b) manic symptoms. Mania is marked by a mood of gaiety or irritability, extraordinary mental and physical energy, and boundless self-confidence. Manic activities are unfocused, impulsive and senseless, often producing great hardship and disruption.

An example might be a child who consistently refuses to sleep; insists on engaging in strenuous activities late at night; talks endlessly, compulsively and grandiosely; and/or refuses to listen or obey authority.

About 1 of every 100 individuals in the population has this disorder. Approximately 25% of affected individuals suffer their first attack as adolescents. For many, the disorder lasts a lifetime with frequently recurring episodes of mania and depression.

What are the causes of depressive disorders?

They are biological disorders characterized by a disrupted neurotransmitter system in the brain. Scientific studies show biological differences in depressed children and adolescents compared to normal groups. Genetic factors are extremely important in the development of these disorders. The most severe cases of bipolar disorder may, in fact, appear in children and adolescents of families with a strong genetic predisposition to the illness.

What treatments are useful for depressive disorders?

Depressive disorder should be treated by a child psychiatrist with substantial clinical expertise in this area. Therapy consists mainly of medication, psychotherapy and family education.

Medication

Appropriate medication can have a profound effect on the natural biological course of both disorders. Expanding research about the biological basis of childhood mental disorders has made doctors increasingly inclined to prescribe psychiatric medication.

Such decisions should be made carefully by doctors in collaboration with parents. The doctor should fully explain the reasons for prescribing such medication, the benefits it should provide, possible side-effects and alternatives. Certain medications do have a good track record in managing acute and long-term symptoms of mental disorders in children.

For depression, both unipolar and the depressive phase of bipolar, recommended medications generally include the major tricyclic antidepressants, the newer serotonergic agents such as fluoxetine and bupropion, lithium, and monoamine oxidase (MAO) inhibitors.

For bipolar patients, lithium is often the most successful; others that may help include anticonvulsants, thyroid hormones, and calcium blockers. Neuroleptic (anti-psychotic) drugs are often used to control agitation and psychosis. The use of lithium and/or neuroleptics is effective in approximately 80% of bipolar patients. One study has shown that bipolar adolescents treated with lithium have a significantly lower risk for relapse.