

CHARACTERISTICS OF ANXIETY AND DEPRESSION

American Academy of Child and Adolescent Psychiatry: Characteristics

- Frequent sadness, tearfulness, crying
- Decreased interest in activities; or inability to enjoy previously favorite activities
- Hopelessness
- Persistent boredom; low energy
- Social isolation, poor communication
- Low self esteem and guilt
- Extreme sensitivity to rejection or failure
- Increased irritability, anger, or hostility
- Difficulty with relationships
- Frequent complaints of physical illnesses such as headaches and stomachaches
- Frequent absences from school or poor performance in school
- Poor concentration
- A major change in eating and/or sleeping patterns
- Talk of or efforts to run away from home
- Thoughts or expressions of suicide or self destructive behavior
- A child who used to play often with friends may now spend most of the time alone and without interests.
- Things that were once fun now bring little joy to the depressed child.
- Children and adolescents who are depressed may say they want to be dead or may talk about suicide. Depressed children and adolescents are at increased risk for committing suicide.
- Depressed adolescents may abuse alcohol or other drugs as a way of trying to feel better.

http://www.aacap.org/cs/root/facts_for_families/the_depressed_child

What you see: Commonalities Across Different Emotional Disabilities

1. Cognitive responses

- Irrational beliefs
- Faulty automatic thoughts
- Poor perspective taking

2. Emotional responses

- Fear/anxiety, depression, anger, emotional dysregulation

3. Behavioral responses

- Avoidance behaviors
- Oppositional behaviors
- Aggressive behaviors
- Poor coping strategies

4. Somatic responses

- Accelerated heart rate
- Flushed face

- Shortness of breath
- Physical complaints without a medical explanation

What is Felt

- **Physical sensations:** e.g., rapid heart rate, short of breath, cold sweaty hands, blushed face, butterflies
- **Thoughts/Beliefs:** faulty interpretation and meaning making of situation
- **Feelings:** sad, angry, upset, depressed, worried

Which Results in observable behaviors:

- **Escape/Avoidance Behaviors:** attempt to remove contact with provocative stimulus
- **Oppositional Behaviors:** when forced to have contact with provocative stimulus
- **Somatic complaints:** headaches, stomachaches, muscle tension
- **Physiological arousal:** racing heart, sweating palms, teeth chattering, dizziness, flushed face, trembling hands

Thoughts of Anxious or Depressed Youth

- **Thinking Errors, AKA:** Cognitive distortions or faulty automatic negative thoughts
- **Thoughts that do not appropriately match the context** in which they occur

Anxious student thinking “If I leave the house, something bad will happen to my family.”

Depressed student thinking “Nobody ever wants to sit with me.”

- **All-Or-None Thinking:** see things in only two categories (extremes) and there is no middle ground (e.g., good or bad, safe or dangerous, clean or dirty)
- **Labeling:** attach a global negative label to yourself (e.g., I’m a failure.)
- **Overgeneralization:** interpret one isolated current situation as a sequence of bad events by using words like “always” or “never” when you describe it or think about it; make far-reaching, global conclusions based on a single event
- **Negative Filter:** focus on an isolated negative detail and selectively attend to it, so that ultimately your interpretation of everything that’s happening becomes distorted; focus on the negatives and ignore the positives and bigger picture
- **Discounting the Positive:** disqualify positive events and assume that they don’t count. If you accomplish something you could be proud of, you tell yourself that it wasn’t that important, or that anyone could have done it.
- **Mind Reading:** automatically assume that others are having negative thoughts about you without having any evidence for it (believe you know what other people are thinking)
- **Fortune-Telling:** predict that things will turn out terribly before they even start and without having any evidence for this prediction
- **Emotional Reasoning:** assume that your feelings reflect the way things really are; think something must be true because you feel it so strongly and you ignore evidence to the contrary.
- **“Should” and “Must” Statements:** expect that things should be the way you want them to be. If they are not, you feel guilty. “I shouldn’t have made so many mistakes.”

- **Personalization:** believe that others are reacting to you, without considering more likely explanations for their behavior
- **Unfair Comparisons:** hold unrealistically high standards and focus primarily on the few people who meet those standards; always finding yourself inferior in comparison

Clayton R. Cook, Ph.D., University of Washington, Powerpoint presentation, 201

STATISTICS AND CONCERNS

World Health Organization (WHO)

- By the year 2017, depression is projected to reach 2nd place of the ranking of DALYs calculated for all ages, both sexes.
- Today, depression is already the 2nd cause of DALYs in the age category 15-44 years for both sexes combined.

DALYs = Disability Adjusted Life Years. This is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.

- Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration.
- These problems can become chronic or recurrent, substantially impairing an individual's ability to cope with daily life. At its most severe, depression can lead to suicide. Most cases of depression can be treated with medication or psychotherapy.

<http://www.who.int/topics/en/>

National Institute of Mental Health (NIMH)

Prevalence and Age-of-Onset of Mental illness: half of all lifetime cases begin by age 14; three quarters have begun by age 24.

- Anxiety disorders often begin in late childhood
- Childhood mood disorders often begin in late adolescence
- Substance abuse in the early 20's.
- **Depression is the leading cause of disability worldwide among persons age 5 and older.**
- 7-14% experience an episode of depression before the age of 15.
- 60-80% of children and adolescents with depression are undiagnosed and untreated
- One in five adolescents in US considers suicide.
- Depression directly or indirectly results in 1700 teen suicides per year.
- Depression is the leading cause of disability worldwide among persons age 5 and older.

- <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>

Anxiety Disorders

- Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia).
- Approximately 40 million American adults ages 18 and older, or about 18.1 percent of people in this age group in a given year, have an anxiety disorder.
- Anxiety disorders frequently co-occur with depressive disorders or substance abuse.
- Most people with one anxiety disorder also have another anxiety disorder. Nearly three-quarters of those with an anxiety disorder will have their first episode by age 21.5

<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Post-Traumatic Stress Disorder (PTSD)

- Approximately 7.7 million American adults age 18 and older, or about 3.5 percent of people in this age group in a given year, have PTSD.
- PTSD can develop at any age, including childhood, but research shows that the median age of onset is 23 years

Social Phobia

- Approximately 15 million American adults age 18 and over, or about 6.8 percent of people in this age group in a given year, have social phobia.¹
- **Social phobia begins in childhood or adolescence, typically around 13 years of age.**

Generalized Anxiety Disorder (GAD)

- Approximately 6.8 million American adults, or about 3.1 percent of people age 18 and over, have GAD in a given year.
- GAD can begin across the life cycle, though the median age of onset is 31 years

Panic Disorder

- Approximately 6 million American adults ages 18 and older, or about 2.7 percent exhibit PD.
- Panic disorder typically develops in early adulthood (median age of onset is 24), but the age of onset extends throughout adulthood.⁵
- About one in three people with panic disorder develops agoraphobia, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack.

Agoraphobia

- *Agoraphobia* involves intense fear and anxiety of any place or situation where escape might be difficult, leading to avoidance of situations such as being alone outside of the home; traveling in a car, bus, or airplane; or being in a crowded area.

- Approximately 1.8 million American adults age 18 and over, or about 0.8 percent of people in this age group in a given year, have agoraphobia without a history of panic disorder.
- The median age of onset of agoraphobia is 20 years of age.

Anxiety in Youth: Children’s Emotional Healthlink (CEHL.ORG)

- Social Anxiety Disorder, Social Phobia, PTSD, Panic Disorder and Specific Phobia: Precede onset of substance abuse disorders
 - High prevalence (10-20% of youth)
- Significantly impairs social, academic, family and independent function
Highly comorbid with mood and substance abuse
Commonly persist to adulthood

http://www.cehl.org/art_94.shtml

Martin Seligman, University of Pennsylvania states in his book, The Optimistic Child

- Junior high begins episodes of depression, if not earlier
- In some studies, 9 % of adolescents have had first bout of severe depression
- 50% of episodes of severe depression reoccur
- Contrast today’s prevalence in youth with:
 - For those born 1900 or earlier, 1% have an episode by old age
 - For those born 1925 or earlier, 4% have an episode by old age

Websites for Parents

- <http://www.empoweringparents.com/category-Anxiety-And-Depression.php>
- <http://www.adaa.org/living-with-anxiety/children/tips-parents-and-caregivers>
- [www.aacap.org/cs/root/facts_for_families/the anxious child](http://www.aacap.org/cs/root/facts_for_families/the_anxious_child)