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**Head: Is My Teen Depressed or Just Being a Teenager?**

**Deck: A parent's guide to teenage depression.**

**by Dr. Gary Gregg**

As a clinical psychologist, one of the more difficult diagnoses to make is that of depression in a teenager. After all, what teenager isn't periodically irritable, moody or feeling hopeless? To determine if the signs and symptoms a teen is displaying are indicative of a diagnosis of clinical depression; several factors need to be present. The essential feature of major depression is "a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities" (Diagnostic and Statistical Manual Fifth Edition). In addition, *at least five* (or more) of the following symptoms have to be present during the same two-week period *and, represent a change from previous functioning.*

1. Depressed mood most of the day, nearly every day (e.g., feels sad, empty, and hopeless). However in children and adolescents, can be irritable mood.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than five percent body weight in a month), or decrease in appetite nearly every day.
4. Insomnia or hypersomnia nearly every day.

5. A physical agitation or retardation nearly every day.
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate shame nearly every day.
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
9. Recurrent thoughts of death (not just fear of dying), or recurrent thoughts of suicide.

In general, the symptoms cause significant distress or impairment in social, occupational, or other important areas of functioning like school for example. This is where we are all thinking that every teenager experiences sadness or loss of interest from time-to-time. It is important to point out that depression is different from those occasional feelings. *What differentiates clinical depression from typical teenage behavior is the duration of the symptoms and their impact on functioning.* If a teenager is shown to be struggling in multiple contexts (academically, socially) it is more likely that he or she is experiencing a clinical depression rather than typical teenage angst. A teacher or a coach may report that they have noticed a significant change in the teenager; that they are more irritable or have noticed that the teen displays a lack of interest in the classroom or on the athletic field. Furthermore, the change(s) are significant enough that they are observed by several people in their life. To further complicate the matter, what a depressed teen will often show parents is not sadness, but an “in-your-faceness.” This is when an unsuspecting adult may react and rage back or even withdraw thinking the teen is simply being disrespectful when he or she may actually be depressed.

Let’s look briefly at what are the “causes” of clinical depression. The etiology of depression involves both a genetic and environmental component. As all of us, including

teenagers, can be genetically predisposed to problems like heart disease or cancer, so can we be predisposed to problems like depression and anxiety. Family history is *very* important when determining teenage depression. If a family member has struggled with depression it is more likely that the teenager may develop a clinical depression. I call these genetic predispositions, “sticks of dynamite.”

Life or the environmental component, can “flick matches” at these “sticks of dynamite.” If a teen grows up in a relatively safe and “normal” environment; there are few stressors or life experiences that would trigger the manifestation of a clinical depression. However, when life gets “bigger”—stressors increase for the teenager e.g., academic pressures, peer pressures, family problems, the genetic predisposition or stick of dynamite is now lit and a clinical depression can develop. In addition, traumas like neglect, abuse, divorce, illness, or death of a family member quite obviously can contribute to depression as well.

### **A Spiritual Perspective vs. “Spiritualizing”**

As a psychologist who practices from a Christian world view, I have seen a lot of damage done to our young brothers and sisters in Christ when we “spiritualize” away someone who is suffering from depression. To suggest to a teenager who is clinically depressed that they “just need to trust God for their happiness and they will no longer be depressed” will not only exacerbate the depression, it will also produce shame. Shame makes us want to hide. We don’t want teenagers to hide how they are feeling as this can lead to a sense of hopelessness and thoughts of self-harm or suicide. A diagnosed, clinical depression is by definition a chemical imbalance. Areas of the brain that normally release chemicals that elevate our mood no longer function properly in a “depressed brain.” This

is a condition that is no more in the teenagers control than balancing ones blood sugar is in the control of a diabetic.

It is most helpful to offer the teen a spiritual perspective where we provide hope by helping them trust the Lord through the tough times in their life, and encouraging and praying for them to hold onto the truths of the Scriptures even when their feelings are betraying them (Prov. 3:5-6).

### **Treatment of Depression**

As I stated, a diagnosis of clinical depression is by definition a chemical imbalance. It is not unusual that treatment of “clinical depression” involves counseling *and* medication. A teen may report feeling better after their counseling session or after an encouraging time with a friend but they struggle to hold onto the things talked about. It resembles a bucket with holes in it—as long as something good is going in the bucket they can feel fine. When the everyday stresses of life occur they tend to allow the good experiences and feelings to leak out leaving them unable to hold on to anything useful. The function of the medicine (anti-depressant) is to close the holes in the bucket so that what is put in stays and can be utilized by the person to help cope with their depression!

### **How do we help?**

1. If the teen is displaying signs and symptoms of depression it is always best to have an evaluation done by their pediatrician, child and adolescent psychiatrist, or nurse practitioner.
2. Counseling can help the teen learn new ways of thinking, develop more adaptive behaviors and strategies to cope with the depression.
3. Provide hope through prayer, support, and encouragement.

4. Point them to Jesus—let them borrow your strength until it becomes their own again.
5. Help the teen develop and utilize a support system—depression is lonely!
6. Exercise—can help improve our mood by a natural release of the chemicals in the brain that elevate mood.
7. Eat a healthy diet and try to have regular/consistent sleep cycles.
8. Stay connected to your teenager! This is easier said than done, teens will often withhold personal information to parents as a function of their normal struggle to be independent. Don't give up; be intentional about looking for the signs and symptoms of depression.

In summary, raising teens can be a test of our faith without having to deal with the possibility of depression! Given a teenager's developmental stage to become independent, along with their tendency to offer one-word-answers to our "annoying" questions (we all have experienced this) as caretakers of these young people we have to be alert to the signs and symptoms of depression. With the rise of teenage suicide, we can't afford to ignore the signs. Stay connected to your teenager and his life! The good news is that teenage depression is very treatable. The bad news is that we don't do a very good job at seeing it.

Lastly, raising teenagers in today's world can be scary. Remember, teenagers are scared too, they won't tell you, but they are—it's a big new world they are trying to navigate. We need to be faithful to pray and ask for the Lord's protection. Oh, it's not a bad idea to ask for a whole lot of wisdom and discernment as well!

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