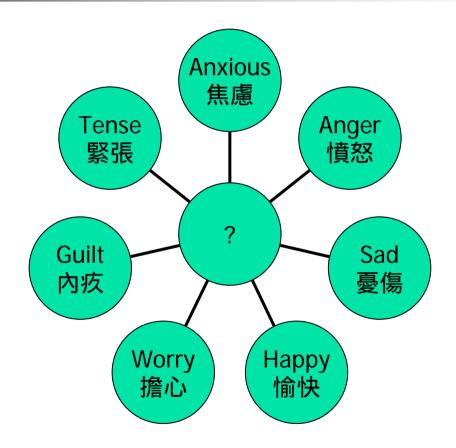
## Adolescent Health: Emotional & Mood Problems 青少年情緒問題

Dr. C. P. Tang 30th October 2004

### Emotions & Mood 情緒





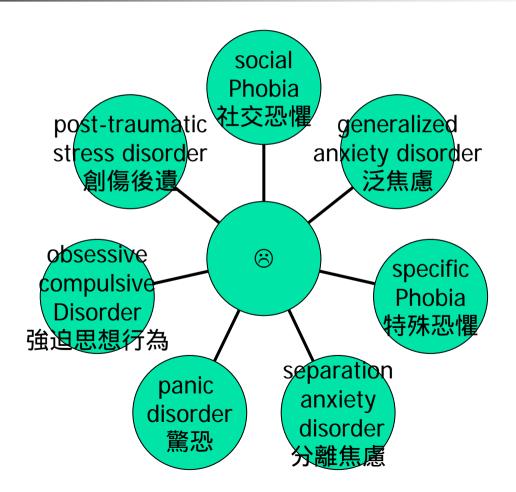


- Anxiety is sometimes helpful
  - e.g. heighten arousal & alertness
  - avoid potential dangers
- Excessive anxiety lead to decreased functioning & sufferings

## Observable changes of anxiety 焦慮帶來的轉變

- Mood 情緒
  - Afraid, worried, tense ...
- Behavior 行為
  - Irritable, cry, whine, ↓ sleep, ↓ appetite, nightmares ...
- Physiological changes 生理變化
   ^heart rate, ^ blood pressure, sweating ...

### Many kinds of Anxiety Disorders



## Specific Phobia 特殊恐懼症

 Illogical, real & intense fear of a certain object / situation 不合理、真實、強列的 對一些事物或處境的恐懼

- 2% (boys), 3% (girls)
- Sub-threshold cases
  - 13% (boys), 31% (girls)

## **Specific Phobia**

#### Commonly feared objects / situations

- Height 高處, small animals 小動物, dark 黑, doctors 醫生, dentists 牙醫, thunder 行雷…
- Presenting features
  - Behavior
    - Avoidance / escape 迴避 + fearful responses 恐懼反應
  - Thought
    - e.g. "it is harmful…"
  - Physiological changes
    - ↑ autonomic arousal 自主神經的刺激

# Specific Phobia

#### Related characteristics

- Cognition 認知
  - Negative, expects something dreadful, continuous "ready to fight" condition
- Peer 朋輩
  - Passive, solitary, non-assertive, timid
- Family 家庭
  - Malfunctioned pattern: overprotective, too strict/lax, inconsistent parenting, weak parent-child communication esp. about exchange of sharing of ideas & thoughts
- School 學校
  - Afraid of examinations, refuses school

Social Phobia 社交恐懼症

- Extreme anxiety about being judged 評 審 by others or behaving in a way that might cause embarrassment 尴介
- Anticipatory 預期的 anxiety
- Avoidance 迴避

### Social Phobia

- Common fear:
  - Public speaking, eats or performs task (e.g. write on blackboard) in the presence of others, gathering / party, goes to public toilet, speaks to authoritative figures ...

A large proportion of such fear occur at school

## Social Phobia

#### Related characteristics:

- Cognition
  - Over concern other's feeling or judgment on oneself
  - Unrealistic expectation on oneself, e.g. must obtain other's total approval or praise
  - Only see the "bad" side of a social interaction
  - Excessive self-blame if anything goes wrong in a social interaction
- Peer
  - Fail to build & keep a lasting friendship  $\rightarrow$  isolation
- Family
  - Anxiety problems in other family members is common

### Social Phobia

### • Prolonged social isolation $\Rightarrow$

- Depression 抑鬱
- Drug misuse 藥物濫用
- Alcohol misuse 酒精濫用

## Separation Anxiety Disorder 分離焦慮症

- Developmentally inappropriate & excessive unrealistic persistent fear of separation 分離 from attachment figure(s) 依附人物
- 2 4 % of children & adolescents
- No sex preponderance
- Mostly occur in pre-pubertal 青春期前 children

# Separation Anxiety Disorder

- Behavior
  - School refusal, refuses to sleep alone, refuses to stay outside overnight (e.g. camp), clingy to attachment figure, nightmare ...
- Cognition
  - "disaster" 災難 will occur upon separation
- When being forced to separate from attachment figure →
  - Tantrum 脾氣, somatic 身休性的 complaints, depressed, defiant 反叛 …

## Panic Disorder 驚恐症

- Acute sudden unexpected onset of intense anxiety/fear (panic attack)
- Palpitation, sweating, trembling, breathlessness, nausea, dizziness, choking sensation, flushes, feeling "going crazy" / "goes out of one's control" ...
- Symptoms reach the peak within 5 10 minutes & last for (usu.) minutes to hours
- Repeated panic attacks + anticipatory anxiety having another attack

## Panic Disorder

- Three possibilities:
  - Out of the blue
  - Occasionally triggered off by event(s)
  - Almost always triggered by specific event(s)
- Panic Disorder may be associated with
  - Specific Phobia
  - Social Phobia
  - Separation Anxiety Disorder
  - Post-traumatic Stress Disorder

### Panic Disorder

- Sometimes associated with agoraphobia 廣場焦慮症 (e.g. open space, inside a lift)
- Worries if panic attack occur, one cannot escape from the place
- In the most severe form  $\rightarrow$  homebound

Obsessive Compulsive Disorder 強迫思想行為症

- 1 3.6%
- Sub-clinical cases 4 19%
- More boys affected (3:2)
- Mean age of onset 10 years old (adult ~21 years old)

#### Obsessions

 Persistently <u>recurring</u> thoughts (impulses, or images) that are experienced as <u>intrusive</u>, <u>inappropriate</u> and <u>distressing</u>, which are not simply excessive worries about realistic problems

#### Compulsions

 Repetitive behaviors (or mental acts) that a person <u>feels driven</u> to perform according to a rigidly applied rule in order to reduce distress or to prevent some perceived dreadful outcome

# Obsessive Compulsive Symptoms

#### Obsessive

- Idea
- Doubt
- Thought
- Visual image
- Themes
  - Contamination
  - Harm to self/others
  - Symmetry
  - Aggressive
  - Religiosity
  - sexual

- Compulsive
  - Cleansing
  - Checking
  - Counting
  - Touching
  - Repeating
  - Ordering/arranging
  - hoarding

### Mild & transient obsessions and compulsions are common in normal children

 2/3 of pre-school children have obsessive concern about sameness, symmetry, "just right" phenomenon Obsessive Compulsive Disorder

### Often under-diagnosed

- Possible reasons:
  - Secretive 秘密 nature of symptoms
  - Lack of knowledge
  - Lack of insight

## Generalized Anxiety Disorder 泛焦慮症

 Characterized by excessive or unrealistic anxiety or worry over a wide variety of issues

So anxious that normal activities are affected, or personal sufferings being significant

# GAD symptoms

- Emotion
  - Tense, worried, irritable, sensitive to noise
- Cognition
  - Over-generalized, self-defeating ideas
- Somatic
  - Palpitation, breathlessness, sweating, tremor, tense/ache muscle (neck, head, back...), abdominal colic, frequency of urination, impotent...

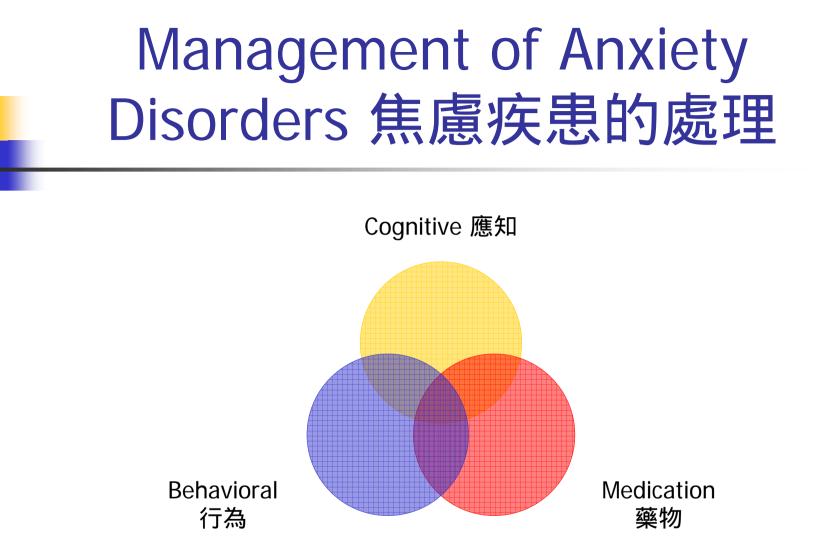
## Post-traumatic Stress Disorder 創傷後遺症

#### Followed traumatic experiences

- e.g. rape, sexual abuse, accident, natural disaster, war ...
- Symptoms onset usually within a few weeks (may gap for months)
  - Nightmares, flashback
  - Social withdrawal
  - Sudden anger explosion
  - Heightened autonomic arousal ...

## Selective Mutism 選擇性綱密

- Consistent failure to speak in specific social settings (e.g. school) which interfere with normal learning & social development BUT speaks normally in other situations (e.g. home)
- Usually begins in young children & may extend into adolescence



### Cognitive-behavioral intervention for anxiety disorders

- O Systematic desensitization 系統性減除敏感
  - Taught relaxation exercise 放鬆練習
  - Generate a list 列表 of feared object/situation in order of increasing severity of fear/avoidance
  - Expose 暴露 to object/situation (real / imaginative) which is the least feared of
  - Response prevention 反應防止 + relaxation
  - Goes up the severity list one by one after having overcome the previous feared object/situation

### ■ ❷ Flooding 洪水的暴露

Expose to the most fearful object / situation + response prevention

### ■ ❸ Modeling 示範

- Demonstrate to the client how to approach a fearful object (e.g. a dog) or to perform in a fearful situation (e.g. speak in front of a class) without the "expected" adverse consequences which the client used to believe
- Optimal effect if the demonstration is done by a similar-aged child or adolescent

#### ④ Self instruction 自我指導

- Therapist says out aloud (to demonstrate) how he is going to cope with a task/situation
- Client follows what exactly therapist says & does
- Therapist says out softly (instead of aloud)
- Client follows
- Therapist just says in his mind
- Client follows & practices

### ■ 6 Cognitive restructuring 應知改做

- Identify maladaptive anxiety-provoking thoughts/assumptions (together with the client)
- Challenge the evidence behind these thoughts
- Generate alternative adaptive, evidence-based, realistic thoughts
- Practice to replace previous maladaptive by new positive thoughts

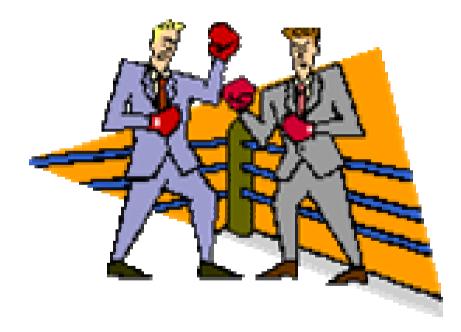
#### ■ 6 Thought stopping 思想停止

- Therapist demonstrate how to start off using the loud spoken word "stop' to halt the ongoing maladaptive idea / thought at that particular moment, in order to allow client to redirect his attention to other areas.
- Progressively use a softer voice to say the word "stop", ultimately just think about the word "stop" instead of speaking it out

- ⑦ Contingency management 行為條件的處理
  - Explore & identify factors (a) preceding, (b) occurring together with & (c) subsequent to the particular abnormal behavior or phenomenon in question
  - Work out the possible relationship between the above and the problem in question
  - Devise strategies to overcome the problem by altering these factors

Medication treatment for anxiety disorders 藥物治療

- Serotonin reuptake inhibitors
- Benzodiazepines
- Beta-blockers
- Tri-cyclic antidepressants



## An aggressive adolescent 暴力

- Under-controlled type
  - Impulsive
  - Irritable
  - Over responsive to threat
  - Revengeful
  - Blame others for their own mistakes
  - Oppositional
  - Argue a lot
  - Hostile
  - paranoid

- Over-controlled
  - May be anxious or depressed
  - Usually very angry
  - Never seems to be a trouble or threat until one day they blow

## To help an angry adolescent

- Rapport establishment
- Address to the underlying emotional needs (vs. merely the observable behavior)
- Set clear, precise behavioral limits
- Consider using specific techniques

First of all get to know the various different kinds of emotions

- Able to name it (to facilitate communication)
- What is its features
  - e.g. muscle tense up, flush, palpitation, increase respiratory rate, holding a fist means you are probably feeling the emotion of angry

### Relaxation training

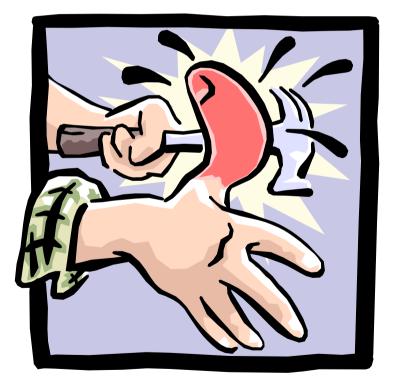
 e.g. breathing, imagery, slowly repeat calming words

### Cognitive restructuring

- e.g. 'Oh, it is awful. It is terrible. Everything is ruined ...' > 'It's frustrating & it is understandable that I am upset about it. But it is not the end of the world & getting angry is not going to help anyway...'
- e.g. 'I must have  $\dots$ ' > 'I 'd like to have  $\dots$ '

#### Problem solving training

- Identify the problem
- Generate several solutions
- Weigh pros & cons of each solutions
- Choose one & implement
- Evaluate
- Better communication
- Use humor
- Change the environment
- Sometimes the problem lie within the family instead of the adolescent



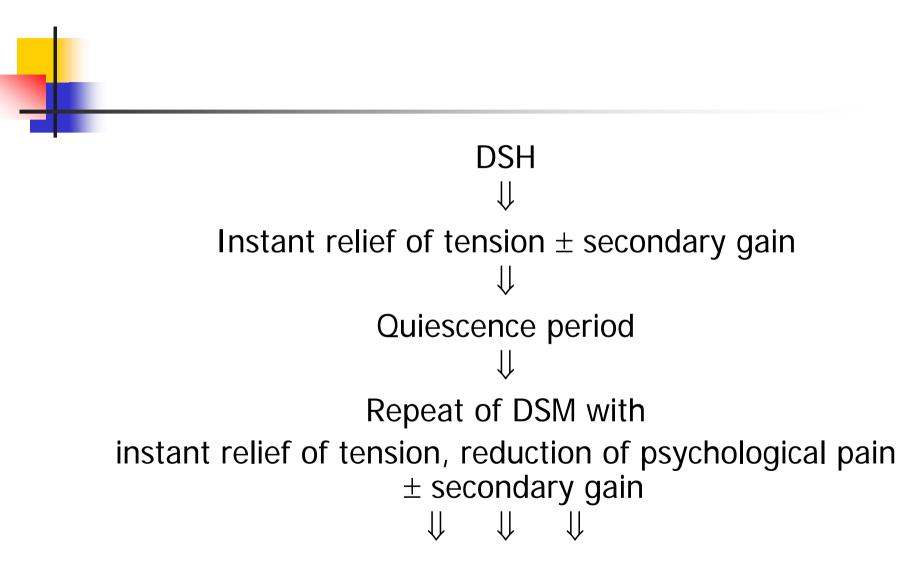
## Deliberate Self Harm 自殘

- Characteristics:
  - Harm done to the body
  - Intentional
  - Not mean to end one's life
  - Not accepted by the society

- Examples
  - Slashing
  - Piercing
  - Burn e.g. cigarette
  - Crave on body / limbs
  - Drug overdose
  - Hitting

### Upon being asked for a reason, many adolescents will initially say "they don't know"

```
Failure to instantly fulfill one's emotional needs
               e.g. intimate relationship with someone
                   Support / attention from others
                Psychological pain (fleeting)
    Escalation of emotional tension & psychological pain
                               +
Unable to effectively get these negative emotions ventilated
       Perplexed, feel as if it is none of his business
                     Feel an urge to DSH
```



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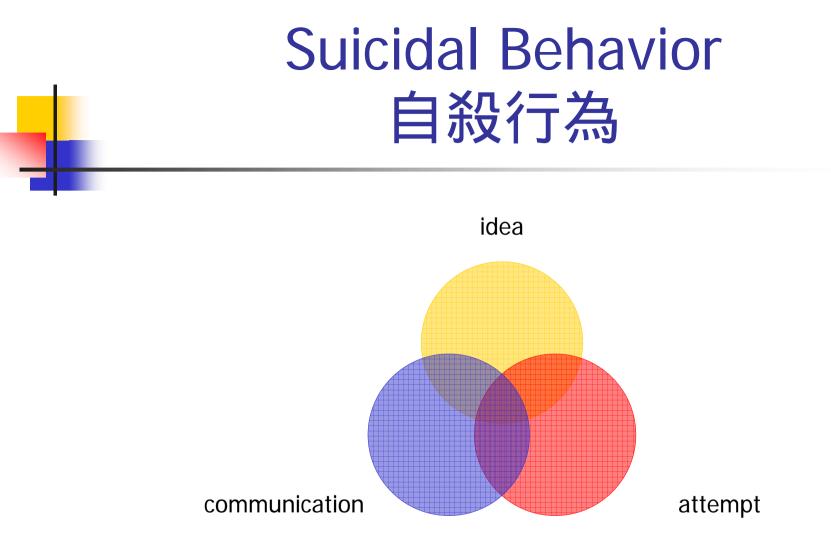
The cycle disappointed repeats with reduction of psy pain ± secondary gain (striving for Survive) repeatedly

the carers

rejected by others

increasingly distant oneself from others

Accidental death during one of these DSH



### Suicidal ideations are common among adolescents

 4,000,000 adolescents attempt suicide each year worldwide

### Completed Suicide is a rare phenomenon

- Among the local 10 to 19-year-old
  - 2/100,000 per year during 60s 80s
  - 3.5/100,000 per year in the 90s

Assess Suicidal Risk in Adolescents 評估自殺風險

- Interview
  - Referrer
  - Significant others (e.g. parents, teachers, health care workers)
  - The adolescent
    - Needs to take extra consideration of
      - Language ability
      - Time concept

- Directly ask adolescents about suicidal thoughts does not trigger suicide but instead may help to relieve their frustration because they learn that at least somebody else really care about them
- Surprisingly often they are willing to reveal their suicidal thoughts when being asked

## Important to know

- How long have the suicidal thoughts been present (fleeting or persistent?)
- What made these thoughts worse / better
- Any active suicidal plan made, what is it about (well planned? any preparation done?)
- What may trigger the idea into action
- What has so far stopped the adolescent from acting on such suicidal idea/plan (e.g. unaccomplished wish, feel missing somebody) ...

- Any suicidal communication
- Any last will/act or suicidal notes
- Availability of dangerous suicide method
- Is there any idea of hopelessness, how severe is it
- Any distorted cognition/perception e.g. delusion, hallucination
- Any psychiatric disorder e.g. depression
- Any adverse social factors
  - e.g. academic failure, disciplinary/legal trouble, drug abuse, impulsive temperament
- Any protective factors
  - e.g. supportive family, rewarding school life

Features suggestive of high suicidal intent after making an attempt

- High lethality of method chosen
- Well-planned
- Precaution made against discovery
- Last will / suicidal notes
- Lack of regret after being saved

What do we know about the cause of suicide (completed)

 Reason(s) of suicide in a particular individual can be complex & multi-factorial

Risk factors

 Genetic
 Personality
 Psychopathology
 Triggering event(s)

Protective factors coping style family cohesion social support

## Suicide (completed)

90%

### suffer from one or more psychiatric disorder(s) at the time of the completed suicide

Suicide (completed) associated psychopathology

- Depression
  - suicide risk by 20 folds
- Previous suicide attempt
  - 1 suicide risk by 30 folds (boys)
    - **3** folds (girls)
  - 1/4 to 1/3 of youth suicide victims have made a previous attempt

# Suicide (completed) associated psychopathology

- Substance abuse
- Disruptive behavioral disorders
- Negative view about one's competence & hopelessness idea
- Impulsive temperament
- Poor interpersonal relationship skill

Suicide (completed) associated psychopathology

Parental psychopathology
 esp. depression, substance abuse

Poor parent-child communication

## Role of life (stressful) events

 e.g. relationship problems, disciplinary crisis, academic or work failure

 Often precede suicidal attempts but they are *rarely* a sufficient cause of suicide To manage an adolescent judged to have high suicidal risk

- Decide what is the most appropriate management setting
- Decide whether the adolescent should continue to attend school
- Suicidal precaution
- Treat any underlying or co-existing psychiatric disorder
- Deal with other factors which would increase suicidal risk e.g. crisis, drug abuse

Intervention at school 在學校的處理

- If the decision were to encourage the adolescent to continue to go to school, the usual rationale is:
  - Benefits obtained from continuous schooling outweighs the immediate suicidal risk
- Good liaison with school personnel & family is important

### Intervention at school

- Clear & precise behavioral limit towards challenging or risk taking behavior, fully aware by the relevant school staffs & the adolescent (& family)
- School social worker / student guidance officer / class teacher are often the key persons making coordination & offer professional counseling
- Rewarding experiences through extra-curricular activities, academic subjects ...
- Social support from friendship at school

Among those who have committed suicide, over 90% were found suffered from one or more psychiatric disorders

Depression 抑鬱症 is the most common in this group

## What is depression

A psychiatric disorder Characterized by depressed mood &/or loss of enjoyment + Depressive thinking + Biological symptoms

Causing significant personal suffering &/or functional impairment

# Does depression exist in youth ?

### Before 1970s, widely accepted that

- Children are unable to experience depression
- 'adolescent turmoil' is regarded as normal

#### In 1970s & early 80s

 Psychiatric diagnosis of 'Depression' is made in youth using adult diagnostic criteria

# Depression (symptoms)

Mood (depressed, irritable, anhedonia)

Biological (sleep, appetite, weight constipation, fatigue, libido, menses...) Others (agitated, retarded, stupor, withdrawal, somatic c/o, poor concentration, refuses school, psychotic symptoms)

Cognition (pessimistic, guilt, worthless hopeless, suicidal ,homicidal)

## Management of Depression

- Medication
- Cognitive treatment
- Behavioral treatment
- Others
  - Family therapy
  - Social skill training
  - Remedial support
  - Restructuring of daily activities
  - Electroconvulsive therapy 腦電盪

## Managing a depressed adolescent in the community



To know what are the possible presenting features

- Symptoms are not excuses but good understanding reduces misinterpretation
- To know the treatment
  - Side effects of drug
  - Drug should be taken continuously unless specifically stated otherwise

To provide a stress-free environment ?

- No such thing
- Stress is part of our normal living
- Sympathetic listening often very helpful (vs. attempt to convince)
- Some readjustment on our expectation often needed
- Watch out for depressed adolescents' self fulfilling prophecy

Depression is a treatable psychiatric illness

• Depression  $\neq$  weak or bad personality

- Relapse can occur & so maintenance treatment is often needed
- In some cases the patient may turn into another extreme of mood state ...

## Mania 躁狂症



# Mania (symptoms)

- Mood
  - Elated, irritable, 'top of the world'
- Behavior
  - Over-friendly, disinhibited, extravagant, reckless, little sleep yet very energetic, overactive ...
- Cognition
  - grandiose 自大 idea or delusion

### Mania

When manic episodes occur in alternation with depressive episodes...

Bipolar Affective Disorder

## Treatment of acute mania

- Medication
- Judicious use of distraction technique to avoid going into argument with a manic individual
- Hospital intervention is often needed especially for newly suspected cases

# Treatment of bipolar affective disorder

### Medication

 Mood stabilizer e.g. lithium carbonate, sodium valproate, carbamazapine

### Psychological treatment

- May not work if insight or judgment is poor
- Relapse prevention
  - Education, maintenance treatment

## Summary

- Adolescent emotional & mood disorders is a heterogeneous group of disorders
- Early identification & intervention important
- Specific treatment for individual type of disorder available but tailor made intervention is crucial to good treatment outcome

### Discussions

