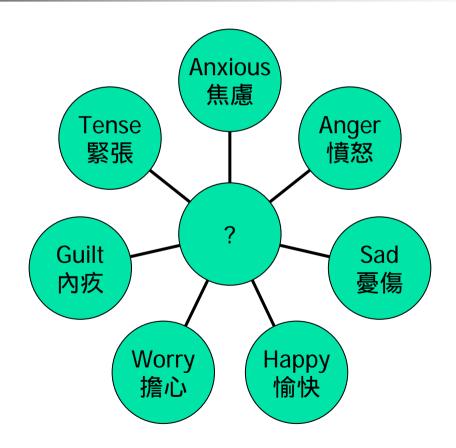
Adolescent Health: Emotional & Mood Problems 青少年情緒問題

Dr. C. P. Tang 30th October 2004

Emotions & Mood 情緒





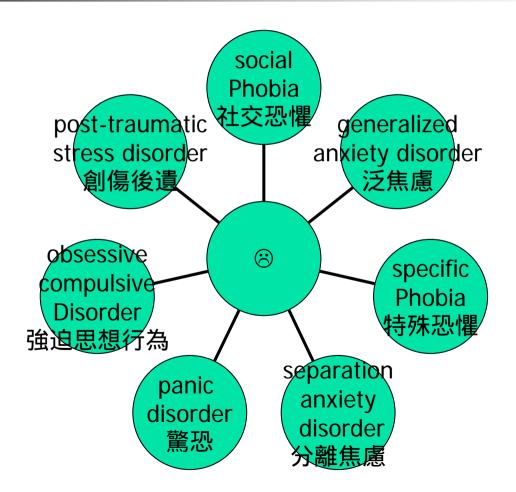


- Anxiety is sometimes helpful
 - e.g. heighten arousal & alertness
 - avoid potential dangers
- Excessive anxiety lead to decreased functioning & sufferings

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...

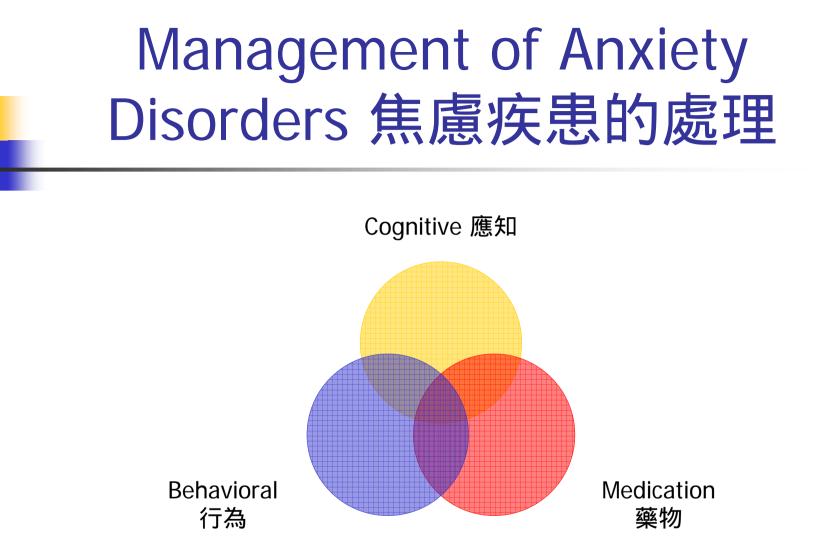
Post-traumatic Stress Disorder 創傷後遺症

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

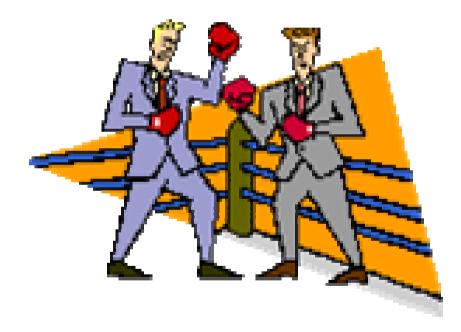
■ 6 Thought stopping 思想停止

- 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

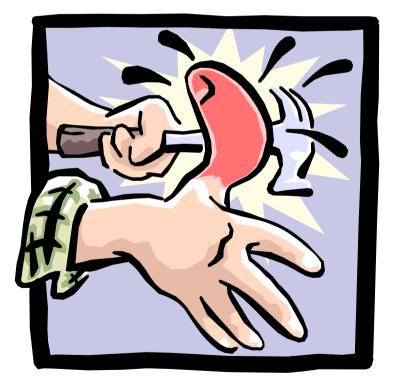
 e.g. breathing, imagery, slowly repeat calming words

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



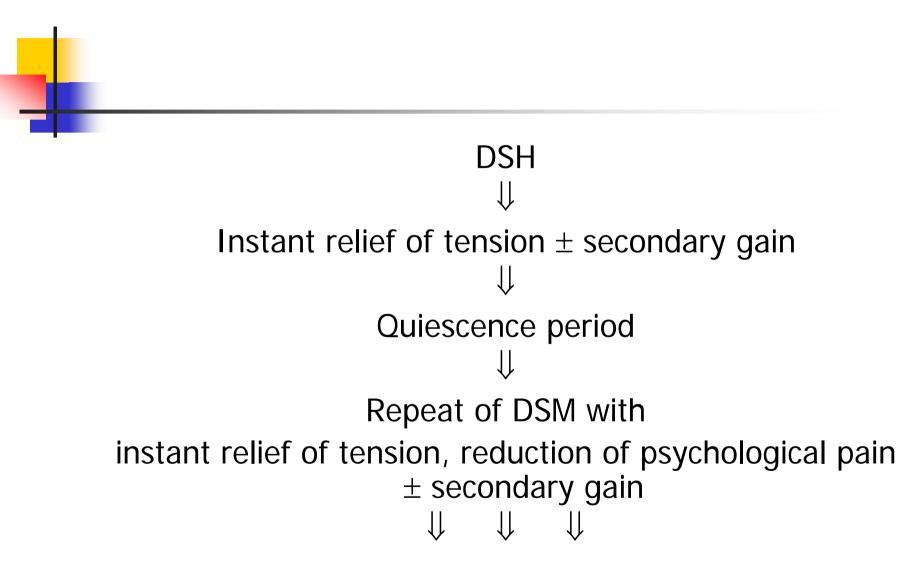
Deliberate Self Harm 自殘

- 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"

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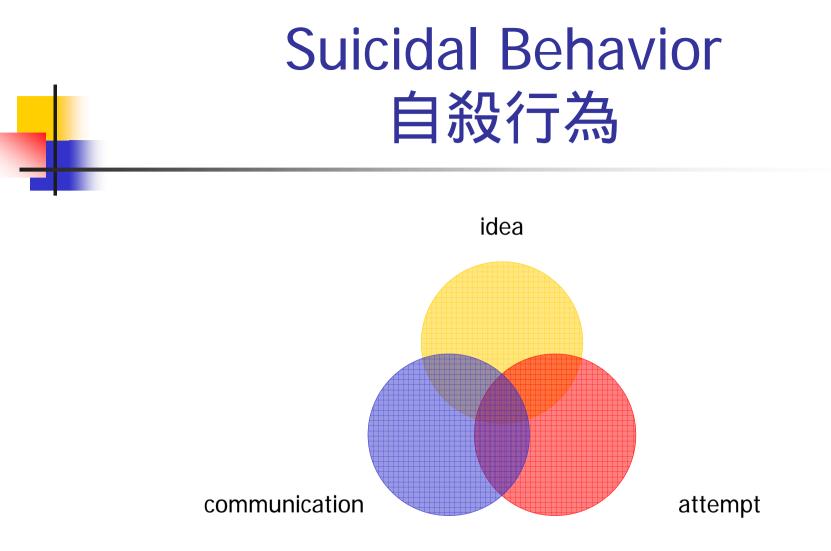
The cycle disappointed repeats with reduction of psy pain ± secondary gain (striving for Survive) repeatedly

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

