CCYP HAPPENINGS



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HAPPY HALLOWEEN!

In this month's newsletter...

- October is National ADHD Month.
- Childhood vs adult depression article
- ADHD symptoms and diagnosis
- Safety concerns with ADHD
- Crisis numbers



Childhood depression vs Adult depression by CCYP psychiatrist Dr Lawrence

Depression can be hard to identify in children for several reasons. Children often don't express their emotions with words like sadness or hopelessness. They can complain about "not feeling good" with headaches, stomach aches, tiredness, lack of energy to do their normal activities, which often leads to visits to the pediatrician's office. They may not seem as interested in things they used to enjoy, leading parents to think they're just "going through a phase". Their school work can suffer, which can be seen as laziness or being negative. They can be irritable or angry, which certainly doesn't make most people think of depression as a source. Childhood depression can be hard to figure out, and the fact that each child presents a little differently from each other child doesn't help. Many of the signs of depression in children can be confused with normal development or reactions to normal childhood stresses.

Anyone can be sad, have a bad day, deal with a loss. Most of us cope with these things regularly and they clear up fairly quickly. However, if the sad or overwhelmed or hopeless moods continue for weeks or months, or if they start to interfere with normal functioning in school, social activities, home life, this can be a sign that something more than normal ups and downs is happening. Depression is an illness, and it can lead to disabilities and even death. It's important to be aware of it and to seek help to treat it if it is damaging the child's ability to live their normal life.

Depression can be a very serious illness in children and can even be life-threatening. Most people don't realize that even young children can be suicidal. Self-harm, in the form of cutting themselves or hitting themselves hard enough to bruise, is common, particularly in teenagers. Suicide is the third leading cause of death in children 5-12 years of age (after cancer and motor vehicle accidents). It is important to look for the signs of depression and of suicidal thoughts in young people.

In adults, depression often presents a sad mood, hopelessness, difficulty sleeping, poor appetite and slowing of movements and reactions. In children, the signs can be different. In young children, physical complaints, such as headaches, stomach aches are very common. They can be restless, agitated, unable to settle; or they can be slowed down, just laying around, not interested in anything. Children commonly also have significant anxiety along with depression and may show more upset about being away from their family (separation anxiety). They can even develop new phobias (fears of specific things or situations). Children often don't have the words to explain their feelings well and can have a very hard time telling their family what they're experiencing. They just feel bad or wrong and can't be more specific. It's important to look for non-verbal clues – sad face, slumped or withdrawn posture. They can have less energy than usual, withdraw from contact with family or friends, cry more, refuse to eat, or have trouble sleeping. Alternatively, they can be agitated, clingy, angry, hungry all the time, or sleep all the time. Any combination is possible. The family may notice that they're more irritable, moody, whiny, not interested in things they used to enjoy. They may not know about other things that the children haven't told them about, such as having trouble sleeping, feeling sad, wanting to die. Children will often hide these feelings, not wanting to bother their family, or feeling that these things are shameful. They may also begin to talk about themselves in negative ways such as "I'm stupid", "I'm bad", "No one could ever care about me", "I wish I wasn't born". When they are depressed, every action and every thought takes so much effort. It can be overwhelming to do the school work that used to be easy, and too much effort to try to carry on a conversation with their friends. They start pulling out of social occasions. They may even feel that they don't deserve to have good things or to be happy.

As they get into adolescence, it's common to see irritability or even aggression. They withdraw from their family and friends. Drug use is common in depressed teens, as a way to feel better for a little while. They can talk about not being understood or wanting to leave home. School work frequently worsens, even in children who previously did very well in school. They can have slow movements, slow thoughts, as though they're having to make great effort to even stand or make a decision. They become disappointed in themselves, feeling like nothing they do is ever

good enough. Self-harm or suicidal thoughts are common in adolescents and suicide attempts are a very real danger. They can become hopeless, feeling that things can never change.

There are different types of depression. Brief, reactive depression is the sad period after something bad happens in someone's life. This doesn't usually affect sleep, energy level, appetite and clears up fairly quickly. Alternatively, biological depression tends to run in families (but not necessarily in every generation) and doesn't require a stressor. It can come "out of nowhere" and often affects sleep (needing more sleep or not being able to sleep), appetite (no appetite or wanting to eat all the time), energy level (low or agitated). These physical signs suggest a biochemical problem. This is the type of depression that is often treated with biochemical treatments (medication) as well as therapy. Therapy helps the child build skills in coping with life's stresses and in "talking back" to the negative messages that depression gives us. Family therapy can also help the child and family learn to communicate better, to share ideas more easily and support each other better.

Child Mind Institute's Complete Guide To ADHD

Child Mind Institute's ADHD guide offers parents the information you need to understand the behaviors associated with the attention disorder to help you make effective decisions for your child about symptoms, diagnosis and treatment.

First, what is ADHD? Attention-deficit hyperactivity disorder, or ADHD, is a condition that makes it unusually difficult for children to concentrate, to pay attention, to sit still, to follow directions, and to control impulsive behavior.

Symptoms of ADHD are divided into two groups:

inattentive behaviors and hyperactive and impulsive behaviors.

- Inattentive behaviors include:
 - Makes careless mistakes
 - Is easily distracted
 - Doesn't seem to be listening when spoken to directly
 - Has difficulty following instructions
- Hyperactive and impulsive behaviors
 - Fidgeting or squirming, trouble staying in one place or waiting his turn
 - o Always seems to be "on the go" or "driven by a motor"
 - Excessive talking or interrupting, blurting out answers





It's important to note that some children have inattentive symptoms and others exhibit hyperactive and impulsive behaviors. But the majority have a combination of both which can make it difficult to

concentrate in school and can create conflict at home.

When is ADHD diagnosed? Because the symptoms of ADHD can also be the result of other issues, such as anxiety, depression, or trauma, a professional diagnosing your child should carefully rule out other possible reasons for his behavior. A child should receive an ADHD diagnosis only if he exhibits a variety of inattentive or impulsive behaviors.

What is the most effective ADHD treatment? Research shows that a combined approach of medication and <u>behavioral therapy</u> is the most effective treatment. Behavior therapies do not eliminate the core symptoms of ADHD, but they can be very helpful in teaching children to



manage them better. There's also a kind of behavior therapy for ADHD called **parent training** that can help reduce behavior problems that stem from ADHD in children. Parent-child interaction therapy and other forms of parent training teach parents how to work with their kids to cultivate good behaviors while minimizing impulsive or inattentive ones. When a child is old enough, cognitive behavioral therapy can

help teach her to control her behaviors by understanding how her thoughts and feelings influence them.

For more on behavioral therapy for kids with ADHD <u>click here.</u>
For more information on adolescents with ADHD, <u>click here.</u>

Safety Concerns with ADHD

Mental Help says Children with ADHD generally sustain more accidents and injuries than the average child. Reduced awareness or inattention, impulsivity, and poor decision-making often leads to rushing into situations without thinking.

Pay close attention to safety precautions to reduce the risk of injuries. Parents must establish



safety rules such as avoiding cell phone use during driving, or wearing a helmet when riding a

bike, and insist on adherence. Develop training programs for use with the specific needs of each ADHD child.

The following techniques can be used to reduce the likelihood of injury for children with ADHD:

- When riding a bike, skates or a skateboard, make sure to wear a safety helmet and other recommended gear (i.e., knee pads).
- Review safety rules each time before the child goes out or on a regular basis to help the child develop good safety habits. Consider enrolling the child in a bicycle safety class.
- Monitor the amount of time the child can engage in higher-risk behaviors, such as swimming, and check-in during those times to see that the rules are being followed.

How can people with ADHD eat healthier?

<u>ADHD Awareness Month</u> says people with ADHD eat unhealthier foods, despite their knowledge about the risks. Because they are more influenced by advertising, a possible intervention may be to increase the attractiveness and the convenience of healthy foods.

What other diagnoses are seen with ADHD?

ADHD goes along with other diagnoses over the lifespan. In childhood, oppositional defiant disorder or conduct disorder are e.g. frequently occurring with ADHD. In adulthood, mood and anxiety disorders, but also substance use disorders are found most often.

Get Immediate Help in a Crisis

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

National Suicide Prevention Lifeline

Call 1-800-273-TALK (8255); En español 1-888-628-9454

Use Lifeline Chat on the web

The Lifeline is a free, confidential crisis service that is available to everyone 24 hours a day, seven days a week. The Lifeline connects people to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.



Crisis Text Line

Text "HELLO" to 741741

The Crisis Text hotline is available 24 hours a day, seven days a week throughout the U.S. The Crisis Text Line serves anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

Veterans Crisis Line

Call 1-800-273-TALK (8255) and press 1 or text to 838255

Use Veterans Crisis Chat on the web

The Veterans Crisis Line is a free, confidential resource that connects veterans 24 hours a day, seven days a week with a trained responder. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

Disaster Distress Helpline

Call or text 1-800-985-5990

The disaster distress helpline provides immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. The helpline is free, multilingual, confidential, and available 24 hours a day, seven days a week.

Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency.

View the NIMH 5 action steps for helping someone in emotional pain infographic to see how you can help those in distress.

Courtesy of https://www.nimh.nih.gov/health/find-help

 $\hbox{@}$ Center for Child and Youth Psychiatry - A program managed by New Alternatives Inc.