

# PEDIATRIC MOOD DISORDERS

## Pediatric Depression

### *Description of Disorder and Symptoms*

It is normal for youths to experience periods of depressed mood as they navigate childhood and adolescence. Unlike these passing ups and downs, a pediatric depressive disorder is a persistent, abnormally depressed mood that interferes with a young person's life. While some depressed children will appear visibly sad (e.g., tearful), others may be noticeably more irritable and disruptive. Other common symptoms of pediatric depression include sleep difficulties (including excessive sleep or insomnia), appetite changes, and physical complaints, such as headaches, stomachaches, muscle pain, and tension. Loss of interest in favorite activities, reduced energy, poor concentration, and feelings of guilt and worthlessness are also symptoms of depression. One of the most serious symptoms of depression is the presence of thoughts of suicide. Children or adolescents who express these sorts of thoughts should be evaluated promptly by a health professional and closely monitored by caregivers.

Pediatric depressive disorders are differentiated by severity of symptoms and length of episode. A young person who manifests numerous symptoms and is depressed nearly all day for more days than not over the course of at least 2 weeks would be diagnosed with a Major Depressive Disorder. Those youth who experience fewer or less severe symptoms and are depressed for most of the day, more days than not, for at least a year would meet criteria for Persistent Depressive Disorder (Dysthymia).

### *Effects on the Sufferer and Those Close to the Sufferer*

Pediatric depression can have a dramatic effect on youth and their families. Depressed youth are likely to experience academic difficulties due to reduced motivation, fatigue, and poorer concentration. Self-isolation, irritability, frustration, low self-esteem, and other symptoms of low mood may contribute to greater problems getting along with both peers and family members. Other areas of life may also be impacted. A young person may be less interested in participating in their extracurricular activities or less likely to follow through on chores at home. If depression is left untreated, these daily challenges can snowball and take a further toll on a young person's self-esteem and mood.

Depression not only affects a young person but those around them as well. Since children often manifest more externalizing behaviors (short-temper, disruptive behaviors) as opposed to internalizing behaviors (crying, visible sadness) when depressed, it may be hard for a caregiver to determine what is really going on. For youth who exhibit these symptoms or who keep their feelings to themselves, it can be especially challenging for caregivers to understand and know how to respond.

### *Treatment Options*

Treatment options for children and adolescents with depression are expanding. As you search for treatment providers, it is important to seek out an intervention

## What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- A way of acting, like confronting our feared thoughts
- A way of feeling, like helping a person be less scared, less depressed, or less anxious
- A way of thinking, like evaluating the probability of an event occurring
- A way of dealing with physical or medical problems, like lessening back pain or helping a person stick to a doctor's suggestions.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

**HOW TO GET HELP:** If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or who comes up from a search of the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and training. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website ([www.abct.org](http://www.abct.org)) and click on "Find a CBT Therapist."

*The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.*

that is tailored to the developmental stage of your child. Some therapeutic interventions are designed for adolescents and others are intended for children. Cognitive Behavioral Therapy (CBT) has been found to be an effective treatment for children. This intervention, which can be delivered in an individual or group format, helps children improve problem-solving, strengthen social skills and communication, engage in more pleasant activities, challenge negative thoughts, and develop more realistic self-talk. Oftentimes, parents will be encouraged to participate in sessions in order to reinforce the skills children are learning.

CBT has also been found to be effective in treating adolescents with depression. These interventions typically coach youth to monitor their mood, schedule pleasant activities, improve communication and conflict resolution abilities, strengthen social skills, and challenge negative thinking patterns. Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) is an additional intervention that has been found to be effective in treating adolescents with depression. IPT-A focuses on various role transitions (e.g., graduating from high school) and life experiences (e.g., loss of loved one) that can impact a young person's interpersonal relationships. In therapy, youth develop a better understanding of how these transitions affect their mood and practice building skills to improve communication and strengthen important relationships in their lives.

Medications to treat pediatric depression are also available and can be tried alone or in combination with psychotherapy. There is some evidence that combined treatment (for example, CBT and an SSRI) can offer great benefit for moderate to severe depression in adolescents.

## Pediatric Bipolar Disorder

### *Description of Disorder and Symptoms*

Pediatric bipolar disorder is a serious psychiatric condition characterized by extreme shifts in mood. Children with bipolar disorder will typically experience extreme highs in mood, known as a manic episode, and extreme lows in mood, known as a depressive episode. The experience of at least one manic episode is the key feature that distinguishes pediatric bipolar disorder from depression. During a manic episode a child may act in an overly silly way, seem excessively joyful, or appear extremely irritable. During manic episodes, children may report that they are not tired even though they are sleeping less than usual, talk excessively, jump from one topic to the next, and have trouble concentrating. Children and adolescents in a manic state may also talk and think about sex more often than usual and behave in risky ways, such as driving recklessly or using drugs and alcohol. As noted above, during depressive episodes, children may feel very sad, feel overly guilty or worthless, and feel disinterested in their usual hobbies or activities. Regular sleeping and eating patterns may change. A common symptom associated with depressive episodes is suicidal thinking. Any sign of suicidal thinking in children with pediatric bipolar disorder should be taken very seriously. Children who show signs of suicidal thinking should be monitored by their caregivers closely and examined by a health care professional.

Children with bipolar disorder have distinct shifts between depressive and manic episodes, with each mood episode lasting about a week or two. During an episode, the symptoms last for most of the day or all day. Some

children with pediatric bipolar also have mixed episodes, which occur when children have both manic and depressive symptoms within one mood episode. It is important to know that, although children with bipolar disorder are sometimes very irritable, they show distinct changes in their mood episodes. Children who are constantly irritable, have frequent temper outbursts, and do not show obvious changes in their mood states may have Disruptive Mood Dysregulation Disorder (DMDD). It is sometimes difficult to accurately distinguish between pediatric bipolar disorder and DMDD, thus it is very important that children receive a comprehensive psychological assessment to ensure an accurate diagnosis.

#### *Effects on the Sufferer and Those Close to the Sufferer*

Symptoms of bipolar disorder can be very serious and are different from the normal changes in mood that everyone experiences from time to time. These intense and sometimes rapid changes in mood can make it difficult for children to do well in school, keep up with their hobbies and activities, maintain friendships, and get along with family members. Bipolar symptoms in children are also very stressful for caregivers and family members. Caregivers and families have to cope with intense mood changes and risky behavior that can strain their relationship with their child and feel exhausting.

#### *Treatment Options*

It is necessary that children with bipolar disorder receive medical treatment. Symptoms of bipolar disorder do not simply go away, and children do not grow out of the disorder. Medication and psychotherapy can help children and families manage symptoms of bipolar disorder. There are various medications that can be prescribed to help stabilize a child's mood.

While medication management is often the first-line intervention for pediatric bipolar disorder, psychotherapeutic interventions play an essential role in helping children and families better understand and manage the illness. Thus, it is recommended that pediatric bipolar disorder treatment integrate pharmacotherapy and psychotherapy. Psychosocial treatments for pediatric bipolar disorder place a great emphasis on family participation in recognizing the impact the disorder has on the entire family and the important roles parents and siblings play in supporting the child or adolescent with bipolar disorder.

Family psychoeducation and skill-building interventions provide information to both the child and family on symptoms, course, and treatment of bipolar disorder and teach skills to help manage the illness, such as problem solving and communication. This intervention is offered in single- or multiple-family group formats. Similarly, CBT provides important information to children and families about how to manage bipolar symptoms. Children and parents also learn how to monitor mood states, recognize and label their feelings and symptoms, and build skills to help cope with manic and depressive episodes. CBT also helps children change negative or irrational thinking patterns that may contribute to depressive and manic moods. Parents learn strategies to help soothe their child and better manage disruptive behaviors. In some cases, parents and other family members learn how to control their own negative reactions, which can help the child and the family as a whole function better. Dialectical behavior therapy (DBT) may also help children

learn how to manage bipolar symptoms. DBT teaches children to be mindful (or aware) of their feelings and surroundings so that they can better respond to changes in mood. DBT also teaches behavioral strategies to help children with bipolar disorder cope with difficult emotions, such as sadness, disappointment, or frustration. Interpersonal Social Rhythm Therapy (ISRT) is another intervention for children with bipolar disorder. ISRT teaches children about the relationship between their social routines and mood. Behavioral strategies are used to teach children how to keep up their usual social schedules and sleep patterns.

If you are a caregiver of a child with a suspected or diagnosed mood disorder, it is important to know there are treatments available that can help. You've already taken a critical first step to better understand the illness. If you are interested in learning more you can also access information from the Anxiety and Depression Association of America ([www.adaa.org](http://www.adaa.org)). Connecting with a provider who has experience treating pediatric mood disorders will also be an important step. You can also refer to ABCT's Find a CBT Therapist (<http://www.findcbt.org/xFAT/>) to assist in this search.

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***For more information or to find a therapist:***

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