

# Lightening The Mood: Tackling Teenage Depression

By [Dan Gordon '85](#)

Published Apr 1, 2014 8:00 AM

UCLA MAGAZINE

<http://magazine.ucla.edu/depts/lifesigns/lightening-the-mood-tackling-teenage-depression/?s=email>



**Illustration by: Owen Freeman**

The moody teen is a cliché that parents of adolescents know all too well. But when do normal teenage doldrums cross the line to real depression requiring professional care? Joan Asarnow, director of the UCLA Youth Stress and Mood Program, can help work it all out.

You say your teenage son or daughter is moody? Acting out in ways that make you uncomfortable? Quick to react in anger, yet slow to reveal what dark thoughts might lurk beneath that brooding exterior? Tell that to a room full of parents of adolescents and you're likely to be met with knowing nods or a shrug that says, "So what else is new?" But normal teenage doldrums are one thing; depression is quite another. According to the National Comorbidity Survey commissioned by the National Institutes of Health, 11–20 percent of children will suffer at least one episode of clinical depression by the time they're 18, and most will go untreated. The effect can be devastating — a downward spiral of dysfunction ranging from poor academic performance and struggles with family and peers to substance abuse, self-harm and suicide.

"Parents need to be very alert to the signs of distress, find the most effective approaches to intervening, and consult with their family physician or a mental health professional when their best efforts aren't yielding real improvements," says Dr. Joan Asarnow, director of the [UCLA Youth Stress and Mood Program](#), a research and clinical center that offers evaluation and treatment services for depression, and suicide prevention in children and adolescents. But knowing when typical adolescent sullenness crosses the line to a mood disorder that should be addressed isn't always easy — particularly when many children grunt their way through adolescence, pulling away from even the most well-intentioned parents. Asarnow offers the following advice to those who aren't sure what to do about their child's persistent sadness:

## **Busting the "Everyone Gets Depressed" Myth**

One of the most common misconceptions Asarnow encounters is that "everyone gets depressed." While it's true that we all have times when we feel blue, only a subgroup of children and adults experience the impairing cluster of symptoms that qualify for a depressive disorder diagnosis. "If your child is showing persistent depression and impairment, that isn't normal, and you can't just wait for him or her to grow out of it," Asarnow says.

## **Not All Depression Looks Alike**

Studies in the 1970s and early 1980s concluded that depression in teens is often masked by other symptoms. "You might see a picture of anger and rage, but when you ask, you find out the child is miserable and sad," Asarnow says. Indeed, depression can look different in teens than in adults. While a depressed adult tends to be withdrawn and lethargic, depressed teens are more likely to be irritable and crabby, making the problem easier to miss. Sleep problems can be a sign of depressive disorder, but are often overlooked because so many adolescents struggle with school hours that conflict with their natural sleep-cycle tendencies.

If your teen often talks about being bored, it could be a sign of anhedonia — an inability to experience pleasure in anything, which could signal depression.

## **A Handy Guide**

Asarnow recommends a mnemonic device for helping to separate normal teen doldrums from depression; it's called DUMPS. Does the child display a depressed mood? Is he or she unmotivated? With morbid preoccupations, including ruminations about self-harm or suicide? Is the child pessimistic? Does he or she frequently have somatic complaints, or physical symptoms with no apparent medical cause?

Something resembling this combination, along with a deterioration in functioning — declining grades, problems with peer and family relationships— should prompt an immediate evaluation, Asarnow says.

## **Don't Hesitate to Ask**

Any sign of a problem shouldn't be taken lightly. "It never hurts to ask what's going on," Asarnow says. "You want to catch the problem as early as you can." Make it clear that you're not going to leave your teen in an unbearable situation — that the family is going to work together toward a solution, and that solving problems makes both the individual and the family unit stronger. Given the stigma that

continues to prevent many children and adults from seeking health care related to the emotions, Asarnow adds, parents would do well to convey the belief that there is no shame in getting professional help.

### **Don't Probe — Listen**

Parents often struggle with how to get their child to open up about their feelings. Asarnow cautions against insisting that the child tell you everything. "What's important is that they know you're there for them," she says. "Tell them what you've noticed — that they're not going out as much, that they seem to be struggling — and let them know you're on their side." If and when your child does reveal something about what's going on, Asarnow notes, "you don't have to ask a million questions. If you listen, your child will tell you more, particularly if he or she feels validated and supported."

### **Your Child Is Not Alone — Nor Are You**

It's also important to remember that you're not alone as a parent — there may be other people, such as friends, relatives, teachers or the child's doctor, with whom the child would be more willing to open up. "Try to mobilize the healthy supports in your child's life," Asarnow suggests.

### **Learn from History**

About half of teens who have previously struggled with depression will experience a recurrence. It pays to be vigilant in responding to the early signs of a problem and to provide a strong support system during especially stressful times, such as transition to a new school or to college.

### **Treatment Works**

The good news is that nearly all children will come out of their depression, many without relapse. Not surprisingly, the best results come when the problem is addressed early with effective treatment such as psychotherapy, medication or a combination. "We know so much more now [than in the past]," Asarnow says. "We can provide behavioral, problem-solving and communication strategies that will enhance the support structure. We have medications that have proven effective in many depressed children." Parents should feel hopeful that when they get their depressed child to a center providing evidence-based treatments, he or she is going to get better.