

Glossary of Symptoms and Mental Illnesses Affecting Teenagers

EDUCATIONAL
SERIES



UPLIFT



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For More Information

For more information contact UPLIFT, contact information on front cover. UPLIFT has a lending library available with more information.

American Academy of Child & Adolescent Psychiatry
3615 Wisconsin Avenue NW, Washington, D.C. 20016
1-800-333-7636

National Association of Anorexia Nervosa & Associated Disorders
P.O. Box 7, Highland Park, IL 60035, (847) 831-3438

Anxiety Disorders Association of America
11900 Parklawn Drive, Rockville MD 20852
(301) 231-9350

ERIC Clearinghouse on Disabilities & Gifted Education, 1920 Association Drive, Reston, VA 20191
1-800-328-0272

National Alliance for the Mentally Ill
200 N. Glebe Road, Suite 1015, Arlington, VA 22203
1-800-950-6264

National Institute of Mental Health
5600 Fishers Lane, Rockville, MD 20857, (301) 443-4513

This brochure is intended for informational purposes only and not to replace professional evaluation and treatment.

Sexual Abuse

Teenage sexual abuse occurs when an adolescent is used for gratification of an adult's sexual needs or desires. Severity of sexual abuse can range from fondling to forcible rape. The most common forms of sexual abuse encountered by girls include: exhibitionism, fondling, genital contact, masturbation and vaginal, oral or anal intercourse. Boys may be sexually abused through fondling, mutual masturbation, fellatio or anal intercourse. Adolescents who have been sexually abused may also suffer from depression, anxiety, PTSD, feelings of worthlessness and helplessness, learning impairments and destructive behaviors.

Suicide

Suicide is the third leading cause of death (behind accidents and homicide) for teenagers. Each year more than 5,000 U.S. teenagers commit suicide. The warning signs and risk factors associated with teen suicide include: depression, previous suicide attempts, recent losses, frequent thought about death and the use of drugs or alcohol. A teenager planning to commit suicide may also give verbal hints such as "nothing matters," or "I won't be a problem for you any more." They may also give away favorite possessions or become suddenly cheerful after a long period of sadness.

Tourette's Syndrome

Tourette's Syndrome is characterized by multiple motor tics and at least one vocal tic. A tic is a sudden, rapid movement of some of the muscles in the body that occurs over and over and doesn't serve any purpose. The location, frequency and complexity of tics changes over time. Motor tics frequently involve the head, central body, legs and arms. They may result in simple movements such as eye blinking or more complex movements such as touching and squatting. Vocal tics can include sounds such as grunts, barks, sniffs, snorts, coughs and obscenities.

Tourette's Syndrome is always diagnosed before the age of 18—most commonly appearing around seven years of age. It occurs more often in males than females and symptoms are usually present for life. The severity of Tourette's varies a great deal over time, but improvements can occur during late adolescents and in adulthood. Teens with Tourette's Syndrome often have additional problems with obsessions,

Introduction

Being a teenager is not easy. Adolescents feel all kinds of pressures—to do well in school, to be popular with peers, to gain the approval of parents, to make the team, to be cool. In addition, many teenagers have other special problems. For example, they may worry about a parent being out of work or the family's financial problems. Adolescents may be hurt or confused by their parents divorce or they may have to learn how to live with a parent's alcoholism or mental illness. Despite these pressures, it is important to remember that most teenagers develop into healthy adults.

Unfortunately, some teenagers develop serious emotional problems requiring professional help. This glossary of brief definitions was developed to help teenagers, parents, teachers and others learn more about the major mental illnesses, symptoms and mental health issues which affect teenagers. If you or someone you know has a problem in one of these areas, you can get help by contacting UPLIFT, your mental health professional, or one of the organizations listed at the end of this brochure. *Please remember: All the problems described in this glossary are treatable and some can be prevented. In every case, the sooner the teenager gets help, the better.*

Alcohol & Drug Abuse

Use and abuse of drugs and alcohol by teens is very common and can have serious consequences. In the 15-24 year age range, 50% of deaths (from accidents, homicides, suicides) involve alcohol or drug abuse. Drugs and alcohol also contribute to physical and sexual aggression such as assault or rape. Possible stages of teenage experience with alcohol and drugs include abstinence (non-use), experimentation, regular use (both recreational and compensatory for other problems), abuse and dependency. Repeated and regular recreational use can lead to other problems like anxiety and depression. Some teenagers regularly use drugs or alcohol to compensate for anxiety, depression or a lack of positive social skills. Teen use of tobacco and alcohol should not be minimized because they can be "gateway drugs" for other drugs (marijuana, cocaine, hallucinogens, inhalants and heroin). The combination of teenagers' curiosity, risk taking behavior and social pressure make it very difficult to say no. This leads most teenagers to the question: "Will it hurt to try one?"

A teenager with a family history of alcohol or drug abuse and lack of pro-social skills can move rapidly from experimentation to patterns of serious abuse or dependency. Some other teenagers with no family

Obsessive Compulsive Disorder (OCD)

Teenagers with OCD have obsessions and/or compulsions. An *obsession* refers to recurrent and persistent thoughts, impulses or images that are intrusive and cause severe anxiety or distress. *Compulsions* refer to repetitive behaviors and rituals (like hand washing, hoarding, ordering, checking) or mental acts (like counting, repeating words silently, avoiding). The obsessions and compulsions also significantly interfere with the teen's normal routine, academic functioning, usual social activities or relationships.

Physical Abuse

Physical abuse occurs when a person responsible for a child or adolescent's welfare causes physical injury or harm to the child. Examples of abusive treatment of children include: hitting with an object, kicking, burning, scalding, punching and threatening or attacking with weapons. Children and adolescents who have been abused may suffer from depression, anxiety, low self-esteem, inability to build trusting relationships, alcohol and drug abuse, learning impairments and Conduct Disorder.

Post-Traumatic Stress Disorder (PTSD)

PTSD can occur when a teenager experiences a shocking, unexpected event that is outside the range of usual human experience. The trauma is usually so extreme that it can overwhelm their coping mechanisms and create intense feelings of fear and helplessness. The traumatic event may be experienced by the individual directly (e.g. physical or sexual abuse, assault, rape, kidnapping, threatened death), by observation (witness of trauma to another person), or by learning about a trauma affecting a close friend or relative. Whether teens develop PTSD depends on a combination of their previous history, the severity of the traumatic event and the amount of exposure.

Symptoms include:

- Recurrent, intrusive and distressing memories of the event
- Recurrent, distressing dreams of the event

- **Separation Anxiety Disorder:** Excessive anxiety concerning separation from home or from those to whom the child is attached. The youngster may develop excessive worrying to the point of being reluctant or refusing to go to school, being alone or sleeping alone. Repeated nightmares and complaints of physical symptoms (such as headaches, stomach aches, nausea or vomiting) may occur.
- **Generalized Anxiety Disorder:** Excessive anxiety and worry about events or activities such as school. The child or adolescent has difficulty controlling worries. There may also be restlessness, fatigue, difficulty concentrating, irritability, muscle tension and sleep difficulties.
- **Panic Disorder:** The presence of recurrent, unexpected panic attacks and persistent worries about having attacks. Panic Attack refers to the sudden onset of intense apprehension, fearfulness or terror, often associated with feelings of impending doom. There may also be shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations and fear of "going crazy" or losing control.
- **Phobias:** Persistent, irrational fears of a specific object, activity or situation (such as flying, heights, animals, receiving an injection, seeing blood). These intense fears cause the child or adolescent to avoid the object, activity or situation.

Attention-Deficit /Hyperactivity Disorder

ADHD is usually first diagnosed during the elementary school years. In some cases, symptoms continue into adolescence. A teenager with Attention Deficit/Hyperactivity Disorder has problems with paying attention and concentration and/or with hyperactive and impulsive behavior. Despite good intentions, a teenager may be unable to listen well, organize work and follow directions. Cooperating in sports and games may be difficult. Acting before thinking can cause problems with parents, teachers and friends. These teens may be restless, fidgety and unable to sit still.

Attention Deficit/Hyperactive Disorder occurs more commonly in boys and symptoms are always present before the age of seven. Problems related to ADHD appear in multiple areas of a youngster's life and can be very upsetting to the teen, his/her family and people at school. Symptoms of ADHD frequently become less severe during the late teen years and in young adulthood, perhaps due to learned coping skills.

Bipolar Disorder

Bipolar Disorder is a type of disorder with marked changes in mood between extreme elation or happiness and severe depression. The periods of elation are termed mania. During this phase, the teenager has an expansive or irritable mood, can become hyperactive and agitated, can get by with very little or no sleep, becomes excessively involved in multiple projects and activities and has impaired judgment. A teenager may indulge in risk taking behaviors, such as sexual promiscuity and anti-social behaviors. Some teenagers in a manic phase may develop psychotic symptoms (grandiose delusions and hallucinations). For a description of the depressive phase, see Depression. Bipolar generally occurs before the age of 30 years and may first develop during adolescence.

Bulimia Nervosa (Bulimia)

Bulimia Nervosa occurs when an adolescent has repeated episodes of binge eating and purging. Binges are characterized by eating large quantities of food in a discrete period of time. The teen also has feelings of being unable to stop eating and loss of control over the amount of food being eaten. Usually, after binge eating, they attempt to prevent weight gain by self-induced vomiting, laxative use, diuretics, enemas, medications, fasting or excessive exercise. These teen's self-esteem is strongly affected by weight and body shape. Serious medical problems can occur with Bulimia Nervosa (e.g. esophageal or gastric rupture, cardiac arrhythmias, kidney failure and seizures). Other psychological problems such as depression, intense moods and low self esteem are common. Early diagnosis and treatment can improve outcome and decrease the risk of worsening depression, shame and harmful weight fluctuations.

Conduct Disorder

Teenager's with Conduct Disorder have a repetitive and persistent pattern of behavior in which they violate the rights of others or violate norms or rules that are appropriate to their age. Their conduct is more serious than the ordinary mischief and pranks of children and adolescents. Difficulty at home, in school and in the community is common and frequently there is very early sexual activity. Self-esteem is usually low, although the adolescent may project an image of "toughness." Teenagers with this disorder have also been described as "delinquent" or "anti-social." some teenagers with Conduct Disorder may also have symptoms of other psychiatric disorders (see ADHD, Depression, Alcohol & Drug Abuse).

Depression

Though the term "depression" can describe a normal human emotion, it can also refer to a psychiatric disorder. Depressive illness in children and adolescents includes a cluster of symptoms which have been present for at least two weeks. In addition to feelings of sadness and/or irritability, a depressive illness includes several of the following:

- Change of appetite with either significant weight loss (when not dieting) or weight gain
- Change in sleeping patterns (such as trouble falling asleep, waking up in the middle of the night, early morning awakening or sleeping too much)
- Loss of interest in activities formerly enjoyed
- Loss of energy, fatigue, feeling slowed down for no reason, "burned out"
- Feelings of guilt and self blame for things that are not one's fault
- Inability to concentrate and indecisiveness
- Feelings of hopelessness and helplessness
- Recurring thoughts of death and suicide, wishing to die or attempting suicide

Children and adolescents with depression may also have symptoms of irritability, grumpiness and boredom. They may have vague, non-specific physical complaints (stomach aches, headaches, etc.). There is an increased incidence of depressive illness of the children of parents with significant depression.

Learning Disorders

Learning disorders occur when the child or adolescent's reading, math or writing skills are substantially below that expected for age, schooling and level of intelligence. Approximately 5% of students in public schools in the United States are identified as having a learning disorder. Students with learning disorders may become so frustrated with their performance in school that by adolescence they may feel like failures and want to drop out of school or may develop behavior problems. Special testing is always required to make the diagnosis of a learning disorder and to develop appropriate remedial interventions. Learning disorders should be identified as early as possible during school years.

history of abuse who experiment may also progress to abuse or dependency. Therefore, there is a good chance that “one” will hurt you. Teenagers with a family history of alcohol or drug abuse are particularly advised to abstain and not experiment, No one can predict for sure who will abuse or become dependent on drugs except to say the non-user never will. Warning signs of teenage drug or alcohol may include: (1) a drop in school performance, (2) a change in groups of friends, (3) delinquent behavior, and (4) deterioration in family relationships.

There may also be physical signs such as red eyes, a persistent cough and change in eating and sleeping habits. Alcohol or drug dependency may include blackouts, withdrawal symptoms and further problems in functioning at home, school or work.

Anorexia Nervosa

Anorexia Nervosa occurs when an adolescent refuses to maintain body weight at or above the minimal normal weight for age and height. The weight loss is usually self imposed and is usually less than 85% of expected weight. The condition occurs most frequently in females, however, it can occur in males. Generally, the teenager has an intense fear of gaining weight or becoming fat even though underweight. Self evaluation of body weight and shape may be distorted and there may be denial of the potential health hazard caused by the low body weight.

Physical symptoms which can occur with Anorexia Nervosa include: (1) absence of regular menstrual cycles, (2) dry skin, (3) low pulse rate, and (4) low blood pressure.

Behavioral changes such as: (1) social withdrawal, (2) irritability, (3) moodiness, and (4) depression commonly occur.

Without treatment, this disorder can become chronic and with severe starvation, some teenagers may die.

Anxiety

Anxiety is the fearful anticipation of further danger or problems accompanied by an intense unpleasant feeling (dysphoria) or physical symptoms. Anxiety is not uncommon in children and adolescents. Anxiety in children may present as:

Acting or feeling as if the traumatic event were recurring

- Intense psychological distress when exposed to reminders of the traumatic event and consequent avoidance of those stimuli
- Numbing of general responsiveness (detachment, estrangement from others, decreased interest in significant activities)
- Persistent symptoms of increased arousal (irritability, sleep disturbances, poor concentration, hyper-vigilance, anxiety).

Psychosis

Psychotic disorders include severe mental disorders which are characterized by extreme impairment of a person’s ability to think clearly, respond emotionally, communicate effectively, understand reality and behave appropriately. Psychotic symptoms can be seen in teenagers with a number of serious mental illnesses, such as depression, Bipolar Disorder (manic depression), Schizophrenia and with some forms of drug and alcohol abuse. Psychotic symptoms include delusions and hallucinations.

Delusion: A false, fixed, odd or unusual belief firmly held by the person. The belief is not ordinarily accepted by other members of the person’s culture or subculture. There are delusions of paranoia (others are plotting against them), grandiose delusions (exaggerated ideas of one’s importance or identity) and somatic delusions (a healthy person believing that he/she has terminal illness).

Hallucination: A sensory perception (seeing, hearing feeling and smelling) in the absence of outside stimulus. For example, with auditory hallucinations, the person hears voices when there is no one talking.

Schizophrenia

A psychotic disorder characterized by severe problems with a person’s thoughts, feelings, behavior and use of words or language. Psychotic symptoms often include delusions and/or hallucinations. These delusions in schizophrenia are often paranoid and persecutory in nature. Hallucinations are usually auditory and may include hearing voices speaking in the third person, as well as to each other, commenting on the patients’ deeds and actions. Schizophrenia does not mean “split personality”. Most people develop Schizophrenia before 30 years of age with some having their first episode in the teenage years.

