



Emotional growth

Helping children and families 'bounce back'



BACKGROUND Depression is becoming increasingly prevalent in young people and is occurring earlier. General practitioners are prescribing antidepressants more frequently for this group, yet they are usually not the answer to the problem.

OBJECTIVE This article examines the increase in prevalence rates of childhood and adolescent depression. We draw on recent research into resilience and positive psychology to suggest guidelines for the GP in helping young people and their parents develop better coping skills in the short term, and greater resilience in the long term.

DISCUSSION Resilience is the ability to bounce back after encountering difficulties, negative events, hard times or adversity and to be able to return to the original level of emotional wellbeing. It is the capacity to maintain a healthy and fulfilling life despite adversity. Young people who have the skills to be resilient have a lower likelihood of becoming depressed or suicidal and a higher likelihood of maintaining emotional wellbeing. Self efficacy, optimistic and helpful thinking, and maintaining a success orientation are all important skills in being resilient.

Childhood and adolescent depression was uncommonly recognised in the past. Fifty years ago the average age for the onset of a depressive episode was 29.5 years of age. Now the average age is 14.5 years.¹ The World Health Organisation predicts that depression will be the world's leading cause of disability by 2020. Seligman and Reivich² report that 9% of students are currently likely to experience a depressive episode by the start of secondary school and 15–20% by the end of secondary school. Once young people have experienced one depressive episode, they are then more likely to experience future episodes. Although depression is linked to poor academic outcomes, conduct problems, substance abuse and youth suicide, a high percentage of depressed adolescents never receive medical or psychological treatment.

General practitioners are seeing a significant increase in the number of young people with indicators of depression. This is reflected in the increase in prescriptions for antidepressants, with a quarter of a million being prescribed for children and adolescents in 2003, an increase of 30 000 from the preceding year.³ However, antidepressants are not going to solve the problem of childhood depression.

Resilience

The relatively new research construct of 'resilience' offers promising guidelines on the coping skills of children who, despite encountering many life stressors, survive and thrive.⁴ Resilience can be defined as the ability to 'bounce back' after encountering difficulties, negative events, hard times or adversity and return to the original level of emotional wellbeing. It is the capacity to maintain a healthy and fulfilling life despite adversity.⁵ Young people who have the skills to be resilient have a lower likelihood of becoming depressed or suicidal and a higher likelihood of maintaining emotional wellbeing.

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Resilience skills

Key coping skills associated with resilience are self efficacy and a success orientation, a capacity to think optimistically and helpfully about situations, and being able to regulate one's emotions.

Self efficacy and success orientation

Over the past 2 decades, both parents and teachers have worked on bolstering children's self esteem by making them feel good about themselves. This

sounds harmless enough, but the way they do it paradoxically often erodes the children's sense of self worth. Seligman⁶ states: 'By emphasising how a child feels, at the expense of what a child does – mastery, persistence, overcoming frustration and boredom and meeting a challenge – parents and teachers are making this generation of children more vulnerable to depression'.

If young people are convinced that they are 'special' and 'entitled' and should always 'feel good,' then they can emotionally overreact and cope badly when they experience disappointments or setbacks in life. Some parents' concerns for their child's emotional wellbeing allow them to fall into the 'happiness trap'. Instead of helping their child learn effective solutions to their problems, these parents overprotect their child. This overprotection can mean inappropriate intervention by attempting to solve their child's problems for them (eg. ringing the school principal or the parent of the friend they have just fallen out with) or offering their child distractions so they won't be 'unhappy'. Such interventions promote learned helplessness. In contrast, parents who help their child learn effective problem solving skills facilitate the development of their child's sense of competence and mastery.

A child who has confidence in their ability to solve problems in different situations has strong self efficacy. They will set higher goals, be less afraid of failure and be flexible in their thinking.⁷ Helping young people develop a realistic, evidence based understanding of their relative strengths and limitations will help them feel more in control of events in their life. Successful problem solving builds children's self efficacy and their sense of optimism that they can repeat the process.

The new field of positive psychology is underpinned

Table 1. Explanatory styles

Pessimistic

All me

I'm not a cool person and I can't make friends. Everybody hates me because I'm ugly and stupid. That's why they pick on me all the time

This will last forever

No one will ever want to be my friend because they'll never stop giving me a hard time. This sort of thing always happens to me

Everything is ruined

I hate it that I'm being bullied. Everything is going wrong in my life. I have a bad life

Optimistic

Not just me

Maybe I've kept it to myself for too long and I need to talk to someone about it. But the kids who pick on me are mean and they'll always find someone to give a hard time. I remember my cousin had trouble with bullies like them when he started in year 7 too

This is temporary

Things will probably improve for me if I talk to my year level coordinator about what's going on. She's helped other people who have been bullied. She's one teacher who takes bullying seriously

Not everything is ruined

I wish things were better at school, but at least I've made some good friends in my tennis club and I'm doing well in my schoolwork

Table 2. The BOUNCE BACK acronym⁵

Bad times don't last. Things always get better. Stay optimistic

Other people can help if you talk to them. Get a reality check

Unhelpful thinking makes you feel more upset

Nobody is perfect – not you and not others

Concentrate on the positives (no matter how small) and use laughter

Everybody experiences sadness, hurt, failure, rejection and setbacks sometimes, not just you. They're normal, don't personalise them

Blame fairly – how much was due to you, to others, and to bad luck?

Accept what can't be changed (but try to change what you can change first)

Catastrophising exaggerates your worries. Don't believe the worst possible picture

Keep things in perspective. It's only one part of your life

Reproduced with permission. BOUNCE BACK! A classroom resiliency program. The teacher's handbook. Sydney: Pearson Education, 2004

by a strengths based approach. Human strengths can be character strengths such as courage, optimism, future mindedness, kindness, gratitude or intellectual strengths.⁸ Children can complete online inventories of strengths to identify their signature or top strengths.⁹ Harvard psychologist Howard Gardner¹⁰ identified eight intellectual strengths: linguistic, logical-mathematical, spatial-visual, musical, kinaesthetic, naturalist, interpersonal and intrapersonal. Helping children to first identify, and second engage, their strengths in their schoolwork and out of school time is seen as a buffer to mental illness and depression.¹¹ Building children's self efficacy through a strengths based approach also builds their optimism.

Thinking optimistically

Being optimistic is a belief that setbacks are normal and can be moderated by our own actions. Humour is also an aspect of optimism. Being able to find a funny side to a negative situation throws a little light onto what can seem like a bleak situation. An important component of children's optimistic thinking is their explanatory style, ie. the way they explain to themselves why events have happened to them. A person's explanatory style determines how energised/optimistic or how helpless/pessimistic they become when they encounter every day setbacks as well as momentous defeats. The pessimistic explanatory style for adversity is when a young person thinks a setback is due to 'all me', it will go on 'forever' and it affects 'everything'. In contrast the child who thinks optimistically about setbacks thinks 'it's not just me', it's only 'temporary', and 'it doesn't affect everything'. *Table 1* illustrates two year 7 students' different explanatory styles to the same situation of being bullied at their new high school.

One's explanatory style becomes habitual and automatic by late childhood and acts as a filter where the person selects information that fits with their explanatory style and filters out information that doesn't fit.² Teaching children to think optimistically involves helping them to first recognise the pessimistic or catastrophic thoughts they have when bad events strike and then to dispute them by generating alternative beliefs, while being more flexible and accurate in their thinking. Encouraging children to 'positive track' can also be helpful. Positive tracking means finding any positive aspects in a situation, however small, and identifying how things could have been worse.

Thinking helpfully and regulating emotions

Whereas irrational and overemotional thinking creates

Case study – Aaron

When Aaron learned that he had coeliac disease and would be severely restricted in what he could eat, he became very distressed. These tactics were used.

Concentrating on the positives in his situation: Aaron was invited to consider that he would have fewer problems with putting on weight in the future and that there are far more gluten free foods available now than in the past.

Doing a reality check: Aaron was encouraged to look for more information so that he could make sure he wasn't jumping to conclusions about what he could and couldn't eat. He was encouraged to access internet sites and email organisations for material. He was asked to consider joining a self help group.

Keeping things in perspective: Aaron was able to recognise that despite this change in his lifestyle he could still enjoy playing football, he could still visit friends and stay overnight or go on school camps; and that the condition didn't affect his participation in school activities in any way and would not affect his future aspirations.

Case study – Hannah

When Hannah was diagnosed with diabetes, she was devastated because she'd never heard of anyone else with this problem. She was convinced that everyone at school would think she was a freak because she would have to inject herself. These tactics were used.

Everyone experiences difficulties: Hannah was able to recognise that many classmates had things about them that were different in some way and that she didn't think less of them for that. Why would they think less of her because of her diabetes?

Concentrating on the positives: After discussion Hannah was able to acknowledge that she was good at making and keeping friends, and that she had many loyal friends in her social circle. She was also reminded that her treatment would help her feel a lot better and have more energy to take part in things.

Other people can help to get a reality check: Hannah was encouraged to join a self help group of similarly aged young people with diabetes.

Accepting what can't be changed, but changing what can be changed: Hannah was helped to realise that she could not magically make her diabetes go away but that she had a great deal of control over how well she managed her condition.

anxiety and hopelessness, helpful thinking can assist a young person to calm down and pay more attention to solving their problem. Helpful thinking refers to skills in finding evidence based on facts and information instead of jumping to conclusions. It reminds young people that if they want to 'feel better' they have to 'think better'. Another helpful skill is to use balanced causation. Balanced causation means accepting that most negative things that happen to you are a result of a combination of factors such as your own actions, others' actions, as well as bad luck or random factors. Those who overblame themselves quickly become depressed. Those who overblame others can become angry and uncooperative. Young people can be helped to concentrate on any parts of a situation over which they do have some control

rather than becoming overwhelmed by the things that are outside their control.

The BOUNCE BACK acronym (*Table 2*) was developed to teach young people coping skills. The skills are based on cognitive behaviour therapy and core counselling principles such as normalising and using self disclosure (see *Case studies*)

Conclusion

Although some of the coping skills outlined in this article may well be familiar to many GPs, the purpose of this article is to offer a practical and systematic framework for counselling children and young people in relation to these skills to increase their capacity to 'bounce back' and to develop long term resilience.

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