

Preteen problems need greater attention

By Richard E. Gill
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They are angry, depressed and even suicidal. They suffer from low self-esteem and a sense of hopelessness. Too, they experience bouts of hyperactivity, bad conduct and sudden bursts of energy.

If the picture conjured up by this description is that of a troubled teenager or a disturbed young adult, then that perception is uniquely and decidedly mistaken.

It's erroneous because Theodore Millon, Ph.D., D.Sc., is describing children in their preteen years, 7-, 8- and 9-year-old youths who have a strong sense of inadequacy, a sense of being unloved and uncared for, feelings so intense they will sometime contemplate the ultimate forfeit, suicide.

Millon, dean and scientific director of the Institute of Advanced Studies in Personology and Psychopathology in Coral Gables, Fla., identifies a whole range of difficulties, among them ADDH, oppositional disorders and depression.

Children caught in the grips of attention-deficit disorders often suffer sustained bouts of hyperactivity and challenging conduct. Attention-deficit disorder is a popular designation today, Millon said. At one time it was referred to as a learning disability and before that minimally brain damaged.

Oppositional disorders unlock a different set of behavioral problems. These children are resistant to authority, negative and disruptive, and as much as Millon dislikes the description, they are frequently troublemakers.

"They seem to be mad at the world. They bully other children and are difficult to deal with in school."

There are many different reasons why a child becomes depressed to the point of being suicidal, he said. Some professionals believe the cause comes from a biological root—the son shoulders the sins of the father.

But it's indisputable, Millon argued, that depression also springs from feelings of children not being loved by their parents and not being accepted by their peers. "So they say, 'I want to get myself away from all this. Nobody loves me. Life is not worth living.' This can be pretty devastating, so very intense that the child thinks about suicide," Millon added.

Millon, past president of the International Society for the Study of Personality Disorders, admits this occurs



Millon

more often in a youngster's teen years, but, unfortunately, it also plays a role in the life of preteen children.

"Often these children move back and forth from one symptom to another. But by the time they reach the age of 7, 8, or 9 you can see a beginning of a personality," said Millon, author of 30 books, including his 2004 magnum opus, *Masters of the Mind*.

"One thing we are beginning to understand is that preteen children are already complex beings. Emerging from this jumble of issues is a consensus that we must understand the youngster as a person as well as a problem."

The two are inexorably entwined, he insists. "If we can understand the behavior, we can understand the person, his or her feelings, attitudes, actions."

Is there a need for specialists in the field?

"Undoubtedly," Millon stated, "the field has very good clinicians and scientists, but a need remains for more skillful and qualified psychologists."

"There is always a need for better trained people and I'll tell you why."

"More kids are having problems now than ever before in this country. Years ago we didn't have many psychological or emotional problems. The number has grown tremendously in the last two or three decades," Millon said.

"People have hypothesized as to why this is the case and there are many different reasons. I suppose I wouldn't call it an epidemic, but there has been a very sharp increase in the number of youths and children who are having problems."

"As you move up the age ladder, there are more adolescents, 13-, 14- and 15-year-olds that have more problems than existed before. More kids are depressed, more of them acting out, belligerent and so on, even into the college years."

"College counseling centers are finding that many youngsters coming to campus have strong emotional problems or react to the college experience in a very problematic way."

So what is occurring, Millon stressed, is that a much younger population has strong emotional problems and

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Serious problems striking earlier

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ailments than ever before.

"This is just one of the many reasons we need a lot more people around to be helpful. But we can't just throw anybody into the pot to do therapy. And that's a real issue.

"The need was so great that a lot of people got involved in this area that were not trained to truly understand how to approach these youngsters or how to deal with them.

"That's why I'm stressing a much greater need for more qualified and better trained people. We really need to educate people who are going to become professionals, who want to get involved in this field, to get thoughtful and good training, not just a quickie course."

Too often, said Millon, the problem is handled with too little concern. "Here's the job: Take care of these youngsters. In a residential home ... keep them tied up or in straight jackets or what have you." That, Millon stressed, is not the way to do it.

"We must get professionals to understand that these kids are not only different from one another but must be treated differently. Some kids act out because

they're angry or belligerent or difficult. Others act out because they're sad and feel unloved.

"So you really have to understand these kids and what's going on in order to approach them and treat them more effectively."

Unfortunately, early warning signs of a troubled child are ignored and are only brought to a psychologist's attention when a specific behavior intensifies.

Why has the problem become more prevalent?

"I think there are many reasons. A loss of respect for authority is one," Millon said. "Sounds crude in a way, but youngsters going to school don't tend to respect teachers like they used to years ago. They don't tend to think of authority figures, priests, rabbis, ministers, teachers and parents as people who they should respect or listen to."

One probable reason, Millon suggested, is that parents are spending more time trying to live up to the Joneses or just trying to make a living. Therefore, he added, parents have less time to spend with their children, the way they did years ago.

"Sounds a little archaic and old fashioned. But when mom was home to spend

time with them, instead of coming back at six o'clock after a hard day's work, children got more attention."

Another reason, Millon speculated, is television. "The average kid spends more time in front of a television than he does talking with his parents. So the television becomes the teacher of what life is all about."

Too bad, Millon said, but too often television is used as a nanny to control a troublesome child.

"If you watch what a kid sees on television in a half an hour or an hour what you'll find is violent things going on, a lot of meanness, a lot of irresponsibility that capture a kid's attention.

"So a kid looks at the world and his conception of it is what he sees on television. Television is producing a problematic mix of how people relate to one another. Kids mimic or mirror what they see on television."

Also, Millon pointed out, more children are being medicated and, therefore, they tend to think of themselves as being a problem.

A study published in the *Journal of the American Medical Association* in 2000 showed an alarming growth in the use of mood-altering drugs such as Paxil, Risperdal, Prozac and Ritalin among preschoolers which later studies in several states confirmed was becoming increasingly common in state-adminis-

tered child welfare programs.

To help psychologists better understand and diagnose problem children, Millon and child and clinical psychologist Robert Tringone, Ph.D., have designed a self-reporting inventory for the comprehensive psychological assessment of 9- to 12-year-old children.

Called the M-PACI test, Millon said it's designed to help assess both pre-adolescent personality patterns and their associated clinical signs, such as anxiety, attention-deficit and depressive moods. The questionnaire takes youngsters about 15 to 20 minutes to complete.

"On the basis of research on 300 youngsters, we were able to differentiate several problems and learn very quickly what the child's specific problems are. Surprisingly," Millon added, "it works very well and it's very simple in its format."

Its greatest asset, Millon said, is that it allows practitioners to learn very quickly what the child's difficulties are. The test quickly analyzes and discerns personality traits, allowing the psychologist more time to treat and less time to spend in diagnosis.

Millon stressed that untreated childhood difficulties often continue into adulthood, ultimately resulting in high personal, familial and social costs. CE