



The National Centre of Excellence
in Youth Mental Health



Evidence Summary

Working With Adolescents

Keeping romantic relationships in mind



Why should you think about romantic relationships when working with adolescents?

Anecdotal reports suggest that adolescents presenting to counseling/health/mental health services often identify difficulties in their past or current romantic relationships (e.g. repeated negative interactions with a partner(s), experiencing partner abuse, or very 'intense/stormy' relationships) or a recent break-up as the main trigger of their current symptoms or distress. These adolescents are often in significant distress and may present with severe depressive symptoms and suicidal risk. This resource was developed to support health professionals (e.g. school counselors, GPs, psychologists, social workers, psychiatrists) working with adolescents by summarising the latest research evidence on the impact of adolescents' heterosexual romantic experiences and relationships on their mental health, with a specific focus on examining their role in the onset of adolescent depression. Research specific to same-sex attracted youth is not covered in this resource as it warrants more attention than could be included in this brief summary (for more information on this topic please visit orygen.org.au). This resource appears in a two-part series, you may also be interested in reading

'Evidence Summary: Adolescent Romantic Relationships – Why are they important? And should they be encouraged or avoided?' (available from orygen.org.au).

Can engaging in romantic relationships in adolescence put adolescents at increased risk of experiencing mental health difficulties?

Romantic relationships in adolescence often involve intense emotions (1) conflict and high levels of stress (2), so it is not surprising that researchers are finding they can have a major impact on adolescents' mental health and wellbeing. Several studies have found that romantic attractions, activities and relationships are associated with increased risk of experiencing depressive symptoms in adolescence (3). This seems to be especially true for adolescent girls (3, 4). Some studies have surveyed adolescents and found that those who reported current or past romantic relationships reported more depressive symptoms than peers who didn't report current/past romantic relationships(5). Others have followed up adolescents over time and found that those reporting past or current involvement in romantic relationships at first assessment reported greater depressive symptoms 6-months or 1 year later (3-5). This research needs to be interpreted cautiously – there is no evidence that simply being in a romantic relationship can cause depression. It is very difficult to disentangle cause

and effect – it is very likely that adolescents who are experiencing depressive symptoms experience more difficulties in their relationships (including romantic ones) than their peers who are not (6).

A complex combination of risk factors seems to be at play (see (7)). Firstly, there may be 'shared' risk factors that increase vulnerability to experiencing both depressive symptoms and romantic relationship difficulties (e.g., unsupportive relationships with parents; e.g., (6)). Secondly, it is too simplistic just to think about whether or not an adolescent is involved in a relationship in determining vulnerability to depressive symptoms. It is important to explore the quality and intensity of the relationship, its impact on pre-existing friendships and relationships with parents and the amount of support a young person has available (8). Individual differences are also very important to keep in mind; the personality characteristics and relationship style of one or both individuals can play a role in the way romantic relationships impact one's life (see (8, 9)). Another major factor to consider is whether it is the experience of a relationship or the breakdown of a relationship that triggers depressive symptoms.

Are break-ups a predictor of depression in adolescents?

Adolescents who are only beginning to engage in romantic experiences can be particularly sensitive to rejection (2). The emotional impact of a break-up may be overwhelming, particularly if they have not yet developed the coping skills required for dealing with intense emotions. A landmark study involving 1,700 adolescents found that experiencing a relationship break-up within the previous year was the strongest predictor of experiencing a first-episode of depression over the course of the study (10). Almost half (46%) of adolescents who experienced a first episode of depression had experienced a break-up in the previous year. In contrast, only 24% of those who did not experience a break-up became depressed. Girls were significantly more likely to experience a first episode of depression following a break-up than boys, suggesting they may be more vulnerable. For those adolescents who experienced a break-up and then went on to develop a first episode of depression, there was on average an 8-month gap between the break-up and onset of a first depressive episode. So it seems that ongoing processes following a break-up contribute to the risk of developing a depressive episode (e.g. isolation, changes in behaviour patterns, conflict with family or friends, and the behaviour of the ex-partner). The degree of attachment to the former partner is an important factor to consider, as the loss of a relationship is only linked to depression if it was seen to be a core relationship by that person (10). Likewise, the circumstances of the break-up are likely to influence an adolescent's reactions to it (10).

Table 1: Some factors that may increase vulnerability to distress relating to developing or maintaining a romantic relationship in adolescence

Relationship history

- First romantic relationship – adolescents of all ages say that their first romantic relationship is stressful (4).
- Early or late onset in dating/romantic experiences compared to same aged peers – i.e. 'off the normative developmental path' (13, 14).
- A recent break-up, particularly for girls (4, 10).
- A history of very intense romantic relationships (e.g. a lot of time spent alone with partner or very 'stormy' relationships with extreme highs and lows; see (15)).
- Involvement in multiple 'casual' relationships over a relatively short period of time (e.g. in the past 18 months; (4, 13)).

Relationship quality

- Negative interactions (e.g., (5, 16, 17)) and perceived imbalances of power and/or emotional resources – i.e. one partner feeling they are more committed/emotionally involved than the other or like they have less control in making decisions (16, 18).
- Low perceived levels of intimacy with partner (19), lower levels of emotional support and higher levels of stress (20).
- Experiencing controlling behaviour, dating/partner violence (e.g., (21-23)).
- Current involvement in a very intense romantic relationship (see above).

Individual characteristics/personality traits

- Self-silencing behaviours in a romantic relationship and the feeling of presenting a 'false-self' to the romantic partner (i.e. the feeling that the image your partner has of you does not fit with how you see yourself or that you don't feel you are being yourself around him/her; e.g., (24)).
- An insecure attachment style and rejection sensitivity (i.e. a tendency to be quick to interpret events/a person's behaviour as rejecting and to become very anxious, upset or humiliated as a result. This relationship style is most common in individuals with a history of disrupted caregiving or poor bonding with parents/caregivers in infancy and childhood (e.g. caregivers who were unavailable – either emotionally or physically) and with a history of childhood neglect or abuse (e.g., (25, 26)).

Coping strategies

- For girls, co-rumination – i.e. excessive discussion about problems with friends (27).

Difficulties in other relationships

- Conflict with parents (especially in girls) and/or deterioration in relationship with parents (4).
- A history of unstable or unsupportive parent-child relationships in childhood and/or early adolescence (see (8)).
- Parents who are currently emotionally unavailable (28).
- Deterioration or conflict with close friends (e.g. resulting from jealousy, having less in common, spending less time together etc.; (29)).
- A history of frequent negative interactions in or exclusion from close friendships or peer groups (17).

It is also unclear if a recent break up is an independent trigger for a depressive episode or whether an underlying vulnerability puts adolescents at risk of both experiencing a break-up and a depressive episode (e.g. difficulty managing strong emotions, a tendency to become dependent on other people, conflictual/distant relationships with parents; (10)).

It is important to note that the majority of adolescents who experience a break-up will not go on to experience a depressive episode, rather a recent break-up appears to be an important risk factor that can make some adolescents more vulnerable to experiencing a first episode of depression (10). Likewise, while a recent break-up has been identified as one (of many) risk factors in youth suicide (11, 12), most adolescents will not experience suicidal ideation as a result of a break-up and far fewer will go on to attempt or complete suicide.

So how can we identify adolescents who are vulnerable to experiencing significant distress relating to their romantic experiences?

The limited research to date suggests that certain factors may make some adolescents more vulnerable to experiencing stress and/or emotional/behavioural difficulties related to romantic relationships. Much more research is needed before we can establish a definitive set of risk factors, in particular, research including adolescent boys (as the majority of studies have included mostly adolescent girls). Most of the factors listed in Table 1 have only been identified in a few studies, with the notable exception of the experience of childhood or partner abuse. However all are potentially important to consider when working with adolescents:

What about risks associated with experiencing victimisation in romantic relationships?

Young people (i.e., those under age 25) are at higher risk of experiencing violence (i.e., physical, emotional, or sexual abuse) at the hands of their partners than any other age-group (30). This violence often goes unreported and undetected (31). Parents, health practitioners and those working with young people (e.g., teachers, youth workers, school welfare counsellors) are ideally positioned to detect and intervene when relationship abuse is suspected. This is a critical window of opportunity for intervention, as dating violence typically becomes more ingrained or 'deep-rooted' the longer it goes on, it often carries over into future romantic relationships creating a vicious cycle that can be very destructive (see (22, 32)). In addition to serious safety risks, exposure to

dating violence in adolescence is associated with a diverse range of negative outcomes including anxiety, depression, suicidal ideation, post-traumatic stress symptoms and poor quality of life (see (31, 33)). Exposure to certain risk factors make some young people more vulnerable to experiencing dating violence than others (e.g. those with a history of childhood abuse, exposure to peer violence – such as gang activity and/or bullying – see (34) for a review) but it is important to remember that anyone can experience dating violence regardless of their gender or background.

Specific therapies to consider when working with a young person experiencing mental health problems related to their romantic relationships

It can be difficult to know where to start if you suspect that a young person you are working with is experiencing significant emotional/behavioural difficulties relating to their current and/or past experiences in romantic relationships or to a recent break-up. Simple psycho-education about healthy and unhealthy romantic relationships can be a good starting point (see 'Helpful Resources' on the next page). Through psycho-education you can begin to explore problems in current and/or past romantic relationships and concerns over aspirations for future ones. No research studies have specifically tested different therapies for working with adolescents whose mental health difficulties seem to have been triggered by difficulties in their romantic relationships or a break-up. However, research on what works for treating adolescent depression suggests that the following therapies are useful to consider: Interpersonal Therapy for Adolescents (IPT-A), Cognitive Behavioural Therapy and Problem Solving Therapy (see (35) for an overview of the evidence for each therapy). Intuitively, IPT-A is the therapy of choice for working with this client group given that it is designed to target problems in personal relationships, and aims to build skills to deal with these problems. In the absence of having an IPT-A trained therapist available, Problem Solving Therapy (PST) should be considered. Elements of CBT are also well suited to working with adolescents experiencing difficulties relating to romantic relationships or break ups (e.g. targeting cognitive distortions, unrealistic expectations, rigid thinking and specific problems related to romantic relationships).

So what does this all mean?

It is important to remember that while romantic relationships can bring new challenges and risks to adolescents' lives, they are a normal and healthy part of adolescent development (see 'Adolescent Romantic Relationships – Why are they important? And should they be encouraged or avoided?'). Focusing solely on the risks involved provides a biased and inaccurate picture of the impact that romantic relationships have on adolescents' overall development (8). The focus should be on encouraging adolescents to develop healthy relationships and maximize their potential benefits while equipping them with the skills and support to recognise and deal with the challenges that they might bring.

Brief tips for working with young people

Assessment and engagement phase:

- Always ask about romantic relationship history
- Avoid assumptions about the significance of a relationship or the impact of a break-up
- Screen for a history of dating violence/partner abuse (see Table 2: 'Framework' on the next page for how to respond to disclosure)

Treatment or intervention phase:

- Work preventatively to minimise disruption to family and friendships that may arise from involvement in romantic relationships
- Don't dismiss distress resulting from a relationship break-up – young people may be at increased risk of developing a depressive episode following a break-up
- Consider how past or current family and friendship relationships might contribute to current difficulties (e.g., poor attachment or social exclusion)
- Focus on building adaptive coping strategies in response to relationship difficulties and the associated emotions

Skill building in areas such as assertiveness, conflict resolution and negotiation, interpersonal skills and self-esteem may be helpful.

Helpful Resources

www.lovegoodbadugly.com information for young people on romantic relationships.

Other helpful websites include:

www.headspace.org.au,
www.reachout.com.au and
www.somazone.com.au.

'the line' – 24/7 helpline for people experiencing relationship difficulties
(Ph: 1800 200 526 or visit www.theline.gov.au)

The 'Supporting families through changes that occur in a family dynamic during adolescence' factsheet may be helpful to professionals working with adolescents - www.aifs.gov.au/afrc/pubs/briefing/briefing1.html

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Table 2: Framework for working with young people and relationship issues

Make sure you

- Ask about their romantic relationship history. If inexperience is a source of anxiety for the young person, it may be helpful to normalize being single and/or having limited/no sexual experience.
- Don't make assumptions about how significant a relationship was/is based on duration or age – instead ask them about their perceptions of how serious it is, what kind of impact it's having on their life etc.
- Screen for a history of dating violence/partner abuse (including emotional abuse) – it is more common among adolescents than most of us think.

...If romantic relationship difficulties or a break-up/break-ups appear to be causing or underlying their distress/presenting problem

- Be sensitive to the ways in which a romantic relationship may affect existing friendships and/or family relationships and work preventatively to minimise disruption to these support networks.
- Be mindful that adolescents who are struggling to cope with a break-up may be at increased risk of developing a first depressive episode in the following months and (in extreme cases) to both attempting and completing suicide. Do not dismiss their distress or assume they will simply 'get over it in time'. They may be feeling embarrassed or ashamed about seeking help for a problem they think they should be able to deal with alone – if your reaction reinforces this belief it can be very damaging.
- Consider how past/current relationships with caregivers (e.g., a history of parental unavailability, rejection, or poor bonding), and prior friendships (e.g., difficulty maintaining friendships, exclusion, bullying) might be contributing to current difficulties, this may inform your treatment plan.
- Focusing on building adaptive coping strategies for managing difficult aspects of relationships and to discuss acceptable and unacceptable ways of coping with difficult emotions (e.g., stalking behaviour, cyber-bullying) may be helpful.
- Skill building in areas such as assertiveness, conflict resolution and negotiation, interpersonal skills and self-esteem may be helpful in building resilience and managing loss effectively. Anger management may also be appropriate.
- Refer them to useful resources (see previous page).

...If you suspect a young person is experiencing abuse in a romantic relationship

- Approach them about your concerns – but before doing so ensure you know how to respond appropriately if they do disclose abuse.
- If you have no training in this area discuss this with your manager and consider consulting with local domestic violence support services for training and support. Make sure you know what support services are available locally and how to refer to them.
- Ensure the young person's immediate safety as a priority and that he/she is aware of violence support services and emergency phone numbers.

Reducing the use and abuse of alcohol and other substances is also important as substance use may increase vulnerability to further dating violence (31).

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