

# **YASAR UNIVERSITY**



## **ENGLISH FOR ACADEMIC PURPOSES SOFL 1102**

### **SAMPLE MID-TERM EXAM(2)**

**TIME ALLOWED: 90 minutes**

#### **QUOTING / PARAPHRASING / SUMMARIZING / REFERENCING**

#### **SOURCE EXTRACTS FOR USE IN PART A**

**&**

#### **SOURCE INFORMATION FOR USE IN PART B**

- 1) **Source Extract 1** - Summarize the extract and add it to the section marked in PART A below.

Nevertheless, whether or not adolescents are more likely to suffer depression in the current era, a growth in youth suicide has predictably alarmed health professionals and the public, further enhancing recognition of the need to address its causes. In response, there has been considerable interest in developing programmes to prevent and address early-onset depression, with most focusing on prevention within high-risk groups (e.g. those exposed to sexual abuse, bullying and discordant families; those abusing drugs and alcohol).

#### **Source information:**

Type of the source: Article

Name of Author: B. Birmaher, D. Ryan, D.E. Williamson

Date of Publication: 1996

Title: Childhood and adolescent depression: a review of the past 10 years.

Title of the Journal: Journal of the American Academy of Child and Adolescent Psychiatry

Volume: 35

Page range: 1427–1439

DOI: <http://dx.doi.org/10.1016/j.socnj.2011.11.001>

**2) Source Extract 2 – Directly quote the extract and add it to the section marked in PART A below.**

...features of adolescent depression do not differ distinctly from those of adult depression.  
(taken from page 743)

Source information:

Type of the source: Article  
Name of Author: G.C. Patton and C. Coffey  
Date: 2000  
Title: Adolescent depressive disorder: A population-based study of ICD-10 symptoms.  
Title of the Journal: Australian and New Zealand Journal of Psychiatry  
Volume: 34  
Page range: 741–747

**3) Source Extract 3 - Paraphrase the extract and add it to the section marked in PART A below.**

Children of parents with panic or agoraphobia have been identified as having higher rates of anxiety and depressive disorders. Thus, parental anxiety and depression appear to increase the risk of both conditions in children.

Source information:

Type of the source: Website  
Name of Author: Not known  
Copyright date: Undated  
Title: Children of parents with panic disorder and agoraphobia  
Paragraph: 3  
Site Name: University of Colorado  
Website: [www.colorado.edu/cspv/panic\\_disorder/](http://www.colorado.edu/cspv/panic_disorder/)

**4) Source Extract 4 - Paraphrase the extract and add it to the section marked in PART A below.**

Chaotic family environments, such as the mother living with a partner other than the biological father or serious family conflict, have been suggested as non-specific problems that trigger depression in susceptible children. The role of the mother is regarded as particularly influential in the child's earlier years, while fathers may have greater impact when the child reaches adolescence.

Source information:

Type of the source: Book  
Name of Author: G. Parker  
Date of publication: 1983  
Book title: Parental overprotection: A risk factor in psychosocial development.  
Publisher's name: Grune and Stratton

## PART A (4x12=48 MARKS)

- 1) Complete the given article below using the source extracts above. Use each method of borrowing ideas (*paraphrasing, summarizing, quoting*). Do not forget to give reference to the authors.

### Adolescent Depression: A Review

A detailed review of childhood and adolescent depression shows two important statements about individuals born in the later part of the 20th century. First, that their chance of becoming depressed in adolescence has increased and, second, that first-onset depression is occurring at a younger age than observed previously. However, it is important to note that this apparent increase in adolescent depression may not in fact be a real increase but a result of destigmatization, increased training of practitioners, ‘depression awareness’ strategies and a range of sociocultural factors which have positively influenced reporting and preparedness to seek treatment.

Summarize  
Source Extract 1

\_\_\_\_\_. (\_\_\_\_\_.). The literature base is expanding rapidly, providing an opportunity for preventative strategies to be developed and treatments to be implemented on a more rational basis.

Quote  
Source Extract 2

In addressing the topic, we have included depression in children and adolescents, as well as early-onset and first-onset depression. Rather than consider each as separate areas, we attempt to meld them and focus on depression in adolescence. There are a huge number of studies in this field and there is a common preoccupation as to whether depression in adolescence and adulthood is different or corresponds. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ that \_\_\_\_\_

\_\_\_\_\_. (\_\_\_\_\_.). The authors judged that loss of pleasure, fatigue, sleep disturbance, diminished concentration and suicidal thoughts were of particular value in identifying ‘depression’ (as a disorder), while guilt, self-reproach, and appetite and weight change were useful markers of a more severe depression.

A noted feature of adolescent depression is irritability and anger. Twin and adoption study evidence suggest that genetic factors account for some 50% of the variance in the transmission of mood disorders, with an additional impact also coming from the childhood family environment – and which can vary due to individual members being treated differently by parents. In family studies, higher rates of psychiatric disorders among the children of parents with depression have been identified, which increased further when both parents have had episodes of major depression. Other studies have identified depression prevalence rates of 20–46% in first-degree relatives of depressed children and adolescents, with the highest prevalence being observed in relatives of those with early onset (< 20 years old) depression.

Paraphrase  
Source Extract 3

Depression in adolescence (and childhood) is more likely if the parent themselves had experienced early onset or recurrent depression. The risk of both anxiety and depression is higher when both a parent and a grandparent have experienced depression. It has also been noted that \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_. (\_\_\_\_\_).

An adverse family environment has an impact on increasing the risk of depression, suicidal thoughts and suicide attempts in adolescents. Depressed adolescents tend to perceive their families as being more conflictual, rejecting, non-supportive and abusive, with those in families with greater conflict experiencing higher rates of recurrence of depression. However, such correlation should not necessarily be taken as causation. Clearly, family conflict may be created in an otherwise normally functioning family by a depressed adolescent, while family conflict may also be the result of parents attempting to control a child's disruptive behaviour.

Key parental contributions include behaviours and attitudes that increase insecurity in the child (and thus increase the chance of anxiety disorders) and promote a low self-esteem in the child (Parker, 1983).

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Paraphrase  
Source Extract 4

(\_\_\_\_\_.). Other indicative family factors that may increase risk of adolescent depression include lack of perceived social support, parental divorce, larger family size and older siblings with drug or alcohol dependency. Those who have been sexually abused are at increased risk of depression (in adolescence and in adulthood), although Rohde (1990) argues that any association may as much emerge from general dysfunctional characteristics of the family as from abuse per se.

**PART B (4x3=12 MARKS)**

**1) Check the source information in part A and choose the correct reference given for each extract.**

**References**

**Source Extract 1**

- a) B., Birmaher, D., Ryan, & D.E., Williamson. (1996). Childhood and adolescent depression: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427–1439. <http://dx.doi.org/10.1016/j.socj.2011.11.001>
- b) Birmaher, B., Ryan, D., & Williamson, D.E. (1996). Childhood and adolescent depression: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427–1439. <http://dx.doi.org/10.1016/j.socj.2011.11.001>
- c) Birmaher, B., Ryan, D., & Williamson, D.E. (1996). Childhood and adolescent depression. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427–1439. <http://dx.doi.org/10.1016/j.socj.2011.11.001>

**Source Extract 2**

- a) Patton, G.C., & Coffey, C. (2000). Adolescent depressive disorder: A population-based study of ICD-10 symptoms. *Australian and New Zealand Journal of Psychiatry*, 741–747.
- b) Patton, G.C., & Coffey, C. (2000). Adolescent depressive disorder: A population-based study of ICD-10 symptoms. *Australian and New Zealand Journal of Psychiatry*, 34, 741–747.
- c) Patton, G.C., & Coffey, C. (2000). Adolescent depressive disorder: A population-based study of ICD-10 symptoms. *Australian and New Zealand Journal of Psychiatry*, 741–747, 34.

**Source Extract 3**

- a) *Children of parents with panic disorder and agoraphobia*. (n.d.). University of Colorado. [www.colorado.edu/cspv/panic\\_disorder/](http://www.colorado.edu/cspv/panic_disorder/)
- b) University of Colorado. (n.d.). *Children of parents with panic disorder and agoraphobia*. [www.colorado.edu/cspv/panic\\_disorder/](http://www.colorado.edu/cspv/panic_disorder/)
- c) *Children of parents with panic disorder and agoraphobia*. (no date). University of Colorado. [www.colorado.edu/cspv/panic\\_disorder/](http://www.colorado.edu/cspv/panic_disorder/)

**Source Extract 4**

- a) Parker, G. (1983). *Parental overprotection: A risk factor in psychosocial development*. Publisher: Grune and Stratton.
- b) Parker, G. (1983). *parental overprotection: a risk factor in psychosocial development*. Grune and Stratton.
- c) Parker, G. (1983). *Parental overprotection: A risk factor in psychosocial development*. Grune and Stratton.

## PARAPHRASING / SUMMARIZING / PLAGIARISM

### PART A (20 MARKS)

**Read the following text for questions 1 and 2.**

A detailed review of childhood and adolescent depression shows two important statements about individuals born in the later part of the 20th century. First, that their chance of becoming depressed in adolescence has increased and, second, that first-onset depression is occurring at a younger age than observed previously.

Birmaher, B., Ryan, D., & Williamson, D.E. (1996). Childhood and adolescent depression: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427–1439. <http://dx.doi.org/10.1016/j.socj.2011.11.001>

**1. Read the following paraphrase / quote in comparison with the original text above and decide if they are acceptable (✓) or not acceptable (X)?**

a) A detailed study on the subject of childhood and teenage depression reveals two significant statements about people born in the second half of the last century. Firstly, such individuals are now more likely to feel depressed in their adolescence, and second, first-onset depression occurs earlier than seen previously (Birmaher et al., 1996).

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b) According to Birmaher et al. (1996), “first-onset depression is occurring at a younger age than observed previously” (p.1434).

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**2. Each of the following paraphrases / quotes has a mistake. Find and write the mistake underneath each excerpt.**

a) A comprehensive analysis of depression in children and teenagers demonstrates two key facts about people born in the second half of the last century. The first is that such individuals have more likelihood of feeling depressed in their adolescence, and the second is that the first wave of depression hits at an earlier age than seen before (Birmaher et al., 1996).

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b) According to a comprehensive study conducted by Birmaher et al. (1996) on the subject of depression in adolescence and childhood, depression has started to hit people born in the second half of the last century earlier than in previous generations. In addition, adults have a greater chance of suffering depression.

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c) Individuals born in the second half of the last century are more likely to feel depressed in adolescence, and the first wave of depression hits people earlier now, according to the outcomes of a comprehensive analysis of depression in childhood and adolescence, reported by (Birmaher, Ryan et al., 1996).

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d) We now know, thanks to a detailed review of childhood and adolescent depression, not only that first-onset depression is happening at an earlier age than previously observed, but also that the likelihood of becoming depressed in adolescence has increased for people born in the later part of the 20<sup>th</sup> century (Birmaher et al., 1996).

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<b>PART B (20 MARKS)</b>	
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**Read the following text for questions 1 and 2.**

An adverse family environment has an impact on increasing the risk of depression, suicidal thoughts and suicide attempts in adolescents. Depressed adolescents tend to perceive their families as being more conflictual, rejecting, non-supportive and abusive, with those in families with greater conflict experiencing higher rates of recurrence of depression. However, such correlation should not necessarily be taken as causation. Clearly, family conflict may be created in an otherwise normally functioning family by a depressed adolescent, while family conflict may also be the result of parents attempting to control a child's disruptive behaviour.

Birmaher, B., Ryan, D., & Williamson, D.E. (1996). Childhood and adolescent depression: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 1427–1439. <http://dx.doi.org/10.1016/j.socj.2011.11.001>

**1. Read the following summaries of the original text above and decide if they are acceptable (✓) or not acceptable (X). (2x2=4 pts)**

- a) Although it cannot necessarily be assumed to be the cause of depressive illnesses, there is a link between disadvantageous home environments and psychiatric problems amongst children and teenagers (Birmaher et al., 1996).
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- b) A negative family situation is correlated with young people's psychological problems, though it can be hard to establish causation. For example, a teenager may believe their family is unsupportive or hostile because they are suffering from psychiatric problems (Birmaher et al., 1996).
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**2. Each of the following summaries has a mistake. Find and identify the mistake underneath each excerpt. (4x4=16 pts)**

- a) Birmaher et al. (1996) report that young people's psychological problems are affected by disadvantageous home environments, though it is also important not to underestimate the role social media takes in the mental health of adolescents.
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- b) The risk of a child or young adult suffering depressive illnesses is affected by any negative home environment in which they grow up, though whether this causes the problem is not necessarily clear. Family arguments could easily be caused by an adolescent with psychiatric problems, or be the result of parents trying to control their unruly child (Birmaher et al., 1996).
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- c) While correlation and causation are not necessarily the same thing, the mental health of young people is impacted by negative family environments (Birmaher & Ryan, 1996).
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- d) As noted by Birmaher et al. (1996), psychological problems suffered by children and teenagers are caused by negative family situations on the account of the conflicts they tend to experience.
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