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Dealing with grief and depression issues in schools

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Abstract

Grief is an obstacle that every child and adolescent experiences at some point. Grief can cause or worsen depressive states. The number of children and adolescents that experience grief related depression has been rising at an alarming rate for the past few decades. Studies show that the frequency of grief and associated depression increases progressively from preschool years through adolescence. Approximately 5% of all adolescents are affected by depression. Grief is not the only cause of depression; however, grief related depression is an issue that warrants notice. It is important that school staff members are aware of the signs and symptoms of grief and depression, and that they have the resources to help students deal with these issues effectively.

DEALING WITH GRIEF AND DEPRESSION ISSUES IN SCHOOLS

A Research Project

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Abstract

Grief is an obstacle that every child and adolescent experiences at some point. Grief can cause or worsen depressive states. The number of children and adolescents that experience grief related depression has been rising at an alarming rate for the past few decades. Studies show that the frequency of grief and associated depression increases progressively from preschool years through adolescence. Approximately 5% of all adolescents are affected by depression. Grief is not the only cause of depression, however, grief related depression is an issue that warrants notice. It is important that school staff members are aware of the signs and symptoms of grief and depression, and that they have the resources to help students deal with these issues effectively.

Dealing with Grief and Depression Issues in Schools

The rationale fueling this project is simple: many children and adolescents within a school struggle with grief and the depression that often accompanies grief. Depression is one of the most frequently occurring psychological disorders, with approximately 5% of all adolescents affected by the illness. Grief issues are sometimes associated with depression. Everyone will experience grief related to a loss of someone (or some thing) at some point in time, therefore it is important for the adults that deal closely with children and adolescents to be aware of the impact grief and depression issues can have.

Grief and depression issues have continued to rise at an alarming rate over the last few decades. Because of this, it is important that school staff members are given adequate information regarding depression so that they are able to deal with the ramifications of this issue effectively. Teachers especially need to be aware of the signs and symptoms of grief and depression, and have resources available to assist them in helping the student deal with the issues that are facing them.

Description of the Project

This project gathered information on child and adolescent grief and depression. The information was then used to construct a PowerPoint presentation of the information to use as part of a workshop for teachers and school staff members on how do deal with grief and depression issues within the school setting. The goals of the presentation was to give staff detailed information about the grief process and the associated depression, and also give

them some strategies and resources to use when faced with either or both of these issues in their classroom.

Literature Review

Grief is an issue that everyone has to deal with at some time. Children deal with grief in many different ways, and go through the grief process at different rates. It is important for adults in a child's life to be aware of the situation a child is dealing with and to be understanding of what the child is going through. (Kubler-Ross and Kessler, 2005). Teachers may need to give the children or adolescents they are involved with time to deal with their feelings and even talk about what happened in class (when appropriate).

A teacher should have resources available to them about death and grief and offer comfort to the child whenever possible. Keeping the lines of communication open with parents and school staff is important to provide a caring environment for the student affected by grief. It is also necessary to acknowledge the death, and encourage classroom discussions and expressions of grief, such as displays of poems, pictures, or drawings. (Kubler-Ross and Kessler, 2005).

Many times grief is accompanied by depression. Because of this, it is important to understand depression and be able to identify its signs and symptoms. The literature supports the idea that depression is a major issue that children and adolescents are faced with in our world today. Miller, DuPaul, and Lutz (2002) have stated that depression in adolescence and childhood frequently

goes unreported, therefore leaving those affected with the issue without treatment. This fact is alarming, because:

> Depression is a chronic and recurring disorder. Approximately half of individuals with a diagnosis of depression experience a recurrence within 2 years, more than 80% within 5-7 years, and individuals who have had more than three episodes of depression are particularly likely to have another recurrence (Hankin, 2006, p. 111).

Adolescents with depression have a tendency to continue having depressive cycles, and they are also more likely to develop other disorders not related to mood as they age (Lewinsohn, Rohde, Seeley, Klein, & Gotlib, 2003).

Depression can lead to an increase in the chance that an adolescent will attempt suicide and an increase in successful suicides. Lewinsohn, Pettit, Joiner, & Seeley (2003) found that 50% of adolescents that have been diagnosed with depression have had suicidal thoughts. This statistic makes depression an extremely important issue to take note of. Research by Bearman and Moody (2004), and Liu (2006), also found that the suicidal behavior of an adolescent's friends' plays a large role in the likelihood that a depressed adolescent will have suicidal behavior of their own.

Peer relationships are a specific area that has a direct impact on depressive states. There have been several studies done that have shown a link in depression to overall difficulties in peer relationships (Galambos, Leadbeater, & Barker, 2004). Some of the studies showed a relationship between having issues with peers and changes in symptoms of depression. Daley & Hammen

(2002) suggest that there be more research done to explore and identify specific patterns of behavior with peers in which an intervention could potentially be used to help lesson the effects of the depressive symptoms on the relationship.

Dysfunctional anger in depression can also take its toll on peer relationships. When anger is misdirected at peers, over time it tends to lead to negative or aversive interactions. According to researchers, the misdirected anger patterns could be due to "conflictual patterns of behavior that are learned within families and then replicated with peers" (Hammen & Brennan, 2001, p. 289).

It has been found that depressed children often have depressed or stressed parents as well. Genetics may play a role in child and adolescent depression, and environment may also contribute to the prevalence of a child or adolescent to experience depression (Galambos and Leadbeater, 2004; Masi, Favilla, Mucci, Poli, and Romano, 2001). Another issue within families that may affect a child is family history of drug use and antisocial personality disorder, which could potentially help in defining behavioral depressive subtypes (King et al., 2006).

The relationship between gender and depression has been under investigation for many years. According to some studies "depressed girls and boys generally experience similar prevalence and severity of ratings of depressive symptoms" (Bennett, Ambrosini, Kudes, Metz, and Rabinovich, 2005, p. 37). Some researchers have found that even though adolescent females and males have tendencies to have similar symptoms of depression, it is more likely

that females will have a major depressive disorder and experience recurring depression by the time they hit mid-puberty, than males (Matza, Revicki, Davidson, & Stewart, 2003; Spence, Sheffield, & Donovan, 2003). There is also evidence that the lifetime prevalence of affective disorders is twice as high in women as it is in men. Early adolescence, between the ages of 12 and 14, is generally when this difference begins to appear (Twenge and Nolen-Hoeksema, 2002; Bongers, Koot, Van der Ende, and Verhulst, 2003).

There seems to have been a steady increase in the number of children and adolescents experiencing depressive symptoms over the last few decades. Statistics have shown an increase in the number of antidepressant prescriptions given to children and adolescents over the last several years (Zito et al., 2003; Kilpatrick, Riggiero, Acierno, Saunders, Resnick, and Best, 2003). However, some researchers believe that there has not necessarily been an increase in the number of cases of depression, but simply an increase in the number of children and adolescents that are now being identified as have depressive disorders (Costello, Erkanli, and Angold, 2006).

Prevalence of depression in children and adolescents is high. Therefore, it is important that parents and adults that work closely with these children and adolescents, especially school personnel, are aware of depression, its symptoms, and resources to use for help in dealing with these issues. It is imperative that "school-based mental health personnel have been trained and supervised to effectively deliver manualized treatments for adolescent depression" (Mufson, Pollack Dorta, Olfson, Weissman, & Hoagwood, 2004, p.

256). The Social Anxiety Scale for Adolescents (SAS-A; La Greca & Lopez, 1998) is one instrument that has been designed to assist in assessing adolescents' subjective experiences in social anxiety caused by depression (Prinstein and Aikins, 2004) that is used in many schools to help determine depressive states.

Self-injury is one issue that may arise in some cases of child or adolescent depression. The definition of self-injury is a "volitional act to harm one's own body without the intent to cause death" (Alderman, 1997, p. 41). Self-injury in teens has reached epidemic proportions in the United States, with an estimated 1 out of 1,000 teens participating in self-injurious behavior.

Many different objects are used in self-injury including: pen caps, paper clips, knives, fingernail clippers, broken glass, fingernails, and razor blades (Alderman, 1997). Some forms of self-injury are: cutting (this is the most common form), burning, hair pulling, beating, swallowing things, amputation, and wound interference (Alderman, 1997). There are many signs that a child or adolescent may be doing self-injury. Some of the signs indicative of self-injury may include the following:

- wearing long sleeves of very baggy clothes all the time, even in hot weather
- wanting extreme privacy
- unwilling to change clothes around others
- low-self-esteem, low-self worth, or extreme anger

Depression causes adolescents to feel things they are unable to control or understand. Self-injurers use these methods for many of the following reasons:

- an outlet for strong negative emotions, especially anger and shame
- represents anger towards someone else
- relieves tension or anxiety
- triggers the body's biochemical response to pain
- stops dissociative episodes

Self-injury is a serious issue and should be dealt with by professionals (Alderman, 1997).

PowerPoint Presentation

The PowerPoint presentation that was developed for use in portraying the information gained from the above literature has much more in-depth information and statistics included within it. Its intended purpose was to get the most important information regarding grief and depression found within the literature to the audience. The PowerPoint was written in a manner so that it would be understandable by a person with any level of knowledge about grief and/or depression.

The PowerPoint begins by stating the objectives for the presentation, and then describes some of the most prevalent signs of grief, which include withdrawal, panic, anger, fear, aggressiveness, anxiety, guilt, and regression. It then discusses some of the symptoms and side affects that grief can cause in relation to how a child or adolescent views them self, and issues grief can cause in school situations.

Every child and adolescent is unique; therefore the way each perceives death will be different. The PowerPoint talks about perceptions of death and then moves into descriptions of expressions of grief, including grief in the classroom. Suggestions and strategies are given to help school personnel deal effectively with grief in their school environment. Acknowledgement of the death is another aspect that is very important in the grief process, and is discussed in detail as well.

Depression often accompanies grief; therefore it is necessary to supply information about each topic together, in relation to the issue for each to be dealt with effectively. The PowerPoint describes depression in children and adolescents and some of the statistics related to depression. It then speaks about the signs and symptoms of child and adolescent depression in detail.

Considering the idea that self-injury has become a serious issue in relation to grief and depression, the PowerPoint defines self-injury and discusses signs of self-injury, objects used in participating in self-injurious behavior, and different forms common in self-injury. There are many reasons for self-injury, and a few of the main reasons are discussed here as well.

There are other conditions associated with grief and depression that the PowerPoint discusses also, such as anxiety disorder, substance abuse, ADHD, conduct disorder, suicidal behavior, early pregnancy, and violent thoughts, along with the interpersonal and school problems discussed previously. The PowerPoint concludes by discussing the two main types of treatment for depression, which are Psychotherapy and medication, and by giving some

resources within the community that can be used in helping children and adolescents deal with grief and depression issues.

There are no citations used throughout this PowerPoint presentation, as it was felt that adding citations throughout would cause the information being presented to be less precise. However, during a presentation of this PowerPoint the presenter would provide all attendees with handouts of the PowerPoint presentation and a copy of the reference pages of this literature review for further investigation of the topics as desired.

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Dealing with Grief and Depression Issues in a School

Teacher Workshop

Presented by:
Nykki Conrad
School Counselor

In-Service Schedule

- 10:00-10:15- In-service begins. Introduction to topic and rational for its importance.
- 10:15-11:00- PowerPoint presentation of information.
- 11:00-11:30- Small group activity and discussion.
- 11:30-11:45- Final question and answer session.
- 11:45-12:00- Wrap up and closing statements.

Objectives

- Staff will have a better under standing of the grief process students go through
- Staff will have an awareness of how students perceive death and the death process
- Staff will gain a better knowledge base of how to handle a student dealing with grief and loss issues
- Staff will gain knowledge of resources they can use to help them deal effectively with the grief and loss process.

Objectives

- Staff will have an understanding of childhood and adolescent depression.
- Staff will understand and be able to identify some of the symptoms of depression in students.
- Staff will become familiar with some of the family issues involved with depression
- Staff will gain knowledge of resources they can use to help them deal with depression in the classroom

The Grief of Children and Adolescents

- Children tend to express grief in their ways of behaving. They act out their feelings and emotions. We cannot always know what they are thinking or feeling, therefore we need to take cues from their behavior.
- Remember that all children react differently. Some of the signs of grief are:
  - withdrawal
  - panic
  - anger
  - fear
  - aggressiveness
  - anxiety
  - guilt
  - regression
- The most important thing we can do is to be patient and understanding

The Grief of Children and Adolescents

- When children are grieving, they have shortened attention spans and may have trouble concentrating. Their school work may be affected due to this.
- A child may attempt to deny feelings of anger, hurt, and fear by repressing them. Eventually, grief takes over and their feelings leak out. It may be months or even years before a child displays signs of the full impact of a family death or other significant loss.
- Bereaved children must reestablish a self-identity. "Who am I?" becomes a major concern. As members of their daily lives, we need to help them in their search

Perceptions of Death

- A child's perceptions of death changes with age and experience.
  - -The preschool and kindergarten age child may see death as temporary.
  - -The 6-to-10-year-old becomes aware of the reality and finality of death. The may be curious about death and burial rituals.
  - -By 11 a child begins to perceive death on an adult level.

Expressions of Grief

- The first thing that needs to happen in dealing with any grief and loss situation, is that YOU need to face your own feelings about death. Share your feelings with the child and with your class. It's okay to cry, to be sad or angry. It is even okay to smile.
- If a student seeks you out to talk, be available and REALLY LISTEN. Hear with your ears, your eyes and your heart.
- TOUCH can be very important. A warm hug says, "I know what happened and I care. I am here if you need me." A simple touch on the hand or shoulder can be just as important as a hug.

Expressions of Grief

- Be open and honest with feelings. Create an atmosphere of open acceptance that invites questions and fosters confidence and love.
- Encourage children to express their grief in all its forms. Acknowledge the reality that grief hurts. Do not attempt to rescue the child (or the class, or yourself!) from that hurt. Be supportive and available.
- Provide a quiet, private place to come to whenever the student needs to be alone. Almost anything can trigger tears. Respect a student's need to grieve. Help students realize that grief is a natural and normal reaction to loss.

Expressions of Grief

- Do not isolate or insulate children from death.
- Expose students to death as a natural part of life.
- Use such opportunities as a fallen leaf, a wilted flower, the death of an insect, bird, or class pet to discuss death as a part of the life cycle.
- Explore feelings about death, loss and grief through books.
- Talk together as a classroom family.

Grief in the Classroom

- Remember, the class functions as a group, and sharing grief may benefit the entire class. Thus students can be exposed to death in a safe and caring atmosphere, where the grieving child finds people who care and are supportive. By sharing grief, we help eliminate the compounding problem of school and social isolation the bereaved often experience.
- Try not to single out the grieving child for special privileges or compensations. He or she still needs to feel a part of their peer group and should be expected to function accordingly. Temper your expectations with kindness and understanding, but continue to expect them to function.

Grief in the Classroom

- If possible, meet with a few of the bereaved student's friends to help them cope and explore how to be supportive. Friends may be uncomfortable and awkward in their attempts to make contact.
- Help the student find a supportive peer group. Perhaps there are other students in the school who are coping with similar losses. An invitation to share with each other might be welcome.
- Have resources available in the library about death and grief. You might offer to read a book with the child.
- Become a part of a caring team by establishing lines of communication with the parents. Keep each other informed about the student's progress.

Acknowledgment of the Death

- It is important and appropriate for the school community to acknowledge the death of a student. Encourage classroom discussions and expressions of grief, such as a display of poems, pictures or drawings. Make a scrapbook, hold an assembly, plant a tree. Do something to acknowledge the death, thus giving students permission to do the same.
- Children and young people will continue to deal with the death of a family member as they grow and mature. Continue to be available to support that student. Continue to reach out and CARE, just as you do now.

Acknowledgment of the Death

- It is important to know the story of what happened and what you can let the students know. Children will imagine what happened and will imagine the worst things they can think of if not told the truth about what happened.
- Each developmental step that the child takes will cause them to address the issue of their loss again. Each time this occurs they will approach the issue at a new level of understanding.

Acknowledgment of the Death

- After a death it is important for parents and guardians to talk with their children about what happened.
- Talk with them about their fears, and discuss what would happen if the parent(s) died.
- Make sure that children know they will continue to be taken care of and who will be taking care of them if something were to happen.

Depression in children and adolescents

- Childhood and adolescent depression has increased significantly in recent years.
- The numbers of girls and boys affected by depression during childhood are relatively the same.
- During adolescence, about twice as many girls as boys are diagnosed with depression.
- Over half of depressed adolescents will have another episode of depression within seven years.
- Children diagnosed with Major Depression also have an increased chance of having another case of Major Depression, and the possibility of Bipolar Disorder increases as well.

Depression in children and adolescents

- Depression in childhood may be biologically based.
- Children with parents or relatives that experience depression may be more susceptible to have depressive tendencies.
- Since children sometimes feel that adults control their world, it is important for adults close to the children to be able to detect the warning signs of a problem and help the child seek out the appropriate help to cope with the issues.

Signs and Symptoms

- There are four main categories of warning signs of depression:
  - emotional
  - cognitive
  - physical
  - behavioral
- Although there are four different categories, not all children will experience or demonstrate every symptom

Emotional Symptoms

- Some of the emotional symptoms a child may exhibit could be:
  - -Sadness (crying, feelings of hopelessness)
  - -Loss of pleasure or interest (complaints of being bored, refusal of participation in activities they have always enjoyed)
  - -Anxiety (acting tense or becoming panic stricken)
  - -Turmoil (acting irritable and frustrated)

Cognitive Symptoms

- Some of the cognitive symptoms a child might exhibit include:
  - -Feelings of isolation
  - -Negative view
  - -Difficulty organizing thoughts
  - -Worthlessness and guilt
  - -Helplessness and Hopelessness

Physical Symptoms

- Depression affects the body as well as the mind. Some of the physical symptoms of depression may include:
  - -Agitation
  - -Sleep disturbances
  - -Changes in appetite or weight
  - -Sluggishness

Behavioral Symptoms

- Behavioral symptoms are generally the most apparent signs, thus the easiest to detect. Some of the behavioral symptoms of depression include:
  - -Withdrawl or avoidance
  - -Activities in excess
  - -Restlessness
  - -Demanding attitude or clinginess
  - -Self-Injury

Self-Injury

- Self-injury is defined as:
  - "volitional act to harm one's own body without the intent to cause death."
- Self injury in teens has reached epidemic proportions in the United States
- It is estimated that 1 out of every 1000 teens self-injure
- This means roughly three million teens are dealing with this issue

Self-Injury

Self-Injury

Signs of Self-Injury

- Wear long sleeve or very baggy clothes, even in hot weather
- Wanting extreme privacy
- Unwilling to change clothes around others
- May show signs of depression, low self-esteem, low self-worth, or extreme anger

Objects Used in Self-Injury

- Pen caps
- Paper clips
- Knives
- Fingernail clippers
- Broken glass
- Fingernails
- Blades

Forms for self-injury

- Cutting (most common)
- Burning
- Hair pulling
- Beating
- Swallowing things
- Amputation
- Wound interference

Why Self-Injure?

Depression causes adolescents to feel things they are unable to control or understand. Self-Injurers use these methods for many of the following reasons:

- Outlet for strong negative emotions, especially anger and shame
- Represents anger towards someone else
- Relieves tension or anxiety
- Triggers body's biochemical response to pain
- Stops dissociative episodes

Conditions Associated with Depression

- Many children with depression have other psychiatric conditions to accompany their depression. Some of the most common co-occurring conditions are:
  - Anxiety Disorder
  - Substance Abuse
  - ADHD
  - Conduct Disorder
- Interpersonal and school problems are also associated with depression.

Conditions Associated with Depression

- Other issues correlated with depression include:
  - Suicidal behavior
  - Violent thoughts
  - Early pregnancy
  - Tobacco and drug abuse
  - Alcohol abuse

Treatments of Child and Adolescent Depression

- The two main treatments options or children and adolescents with depression are;
  - Psychotherapy
  - Medication

Resources to Use

- There are many resources available within the community for your use in dealing with grief and depression. The following is a list of some of those agencies that deal with grief and depression, and can assist you in doing so as well:

-Cedar Valley Hospice	(319)272-2002
-Child Care Resource and Referral	(319)233-0804
-Black Hawk Grundy Mental Health Center	(319)234-2893
-Covenant Clinic	(319)272-8922
-Lutheran Family Services of Iowa	(800)373-3001

Thank You!