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Dealing with grief and depression issues in schools

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Dealing with grief and depression issues in schools

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

Presented to

The Department of Educational Leadership, Counseling,

and Postsecondary Education

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

by

Nykole L. Conrad

May 2007

This Research Paper by: Nykole L Conrad

Entitled: DEALING WITH GRIEF AND DEPRESSION ISSUES IN SCHOOLS

has been approved as meeting the research paper requirements for the Degree of Master of Arts in Education.

Linda Nebbe

Advisor/Director of Research Paper

Michael D. Waggoner

Head, Department of Educational Leadership, Counseling, and Postsecondary Education

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. 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.

Dealing with Grief and Depression Issues in Schools

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

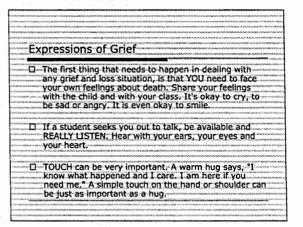
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Staff will have an awareness of how students perceive
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Staff will gain a better knowledge base of how to handle
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Staff will gain knowledge of resources they can use to
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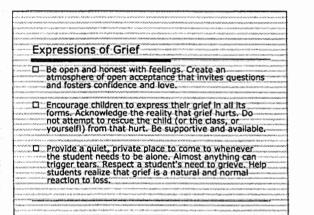
Objectives
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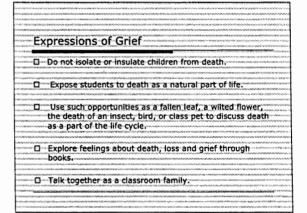
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	Their school work may be affected due to this.
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Grief in the Classroom
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<ul> <li>Become a part of a caring team by establishing lines of communication with the parents. Keep each other informed about the student's progress.</li> </ul>
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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 I 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.

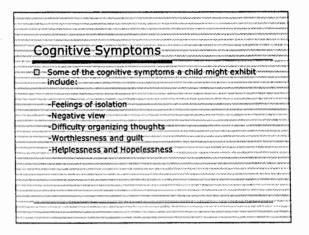
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Depression in children and
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recent years.
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childhood are relatively the same.
During adolescence, about twice as many girls as boys are
diagnosed with depression.
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depression within seven years.
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Children diagnosed with Major Depression also have an increased
Children diagnosed with Major Depression also have an increased
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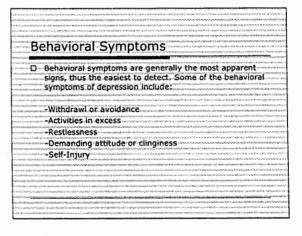
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Signs and	Symptoms
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There are four	r main categories of warning signs of
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depression:	anotaggi pagganaggi ana ana ang kanang kanang
······································	notional
	ognitive
	hysical
	ehavioral
CC	
Although the	e are four different categories, not all
children will e	experience or demonstrate every symptom
	Application of Control of State Control Providence
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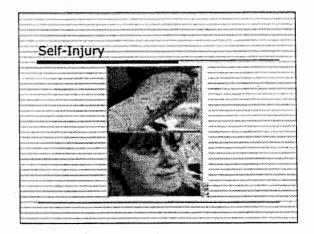
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Em	otional Symptome
	notional Symptoms
CONTRACTOR OF THE OWNER	
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	Some of the emotional symptoms a child may exhibit
	on the enterior symptoms of enterine received
C	could be:
A. AND THE BUDDED	
	Sadness (crying, feelings of hopelessness)
·····	Loss of pleasure or interest (complaints of being
	bored, refusal of participation in activities they have always enjoyed)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	bored, relocation participation in activities they have
-	always enjoyed)
	Anxiety (acting tense or becoming panic stricken)
	Turmoil (acting irritable and frustrated)

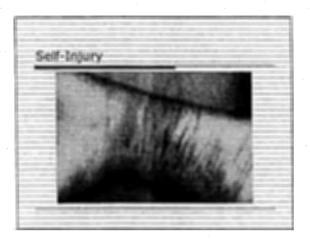


Physical Symptoms
Physical Symptoms
Depression affects the body as well as the mind. Some
Depression affects the body as well as the mind. Some
<ul> <li>Depression affects the body as well as the mind. Some of the physical symptoms of depression may include:</li> </ul>
-Agitation
-Sleep disturbances
-Changes in appetite or weight
Shaajahaaaa
-Sluggishness
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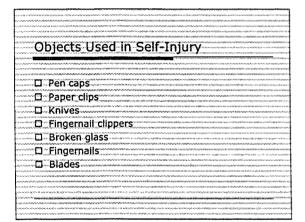


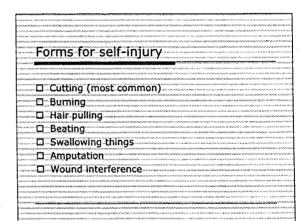
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Armonia and a second	
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	elf-Injury
N-set-rentra	
	Self-injury is defined as:
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ne-moj./un 60au	"volitional act to harm one's own body without the intent
	to cause death."
~~~~~	
· • ••••••••••••••••••••••••••••••••••	Self injury in teens has reached epidemic proportions in
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
*****	-the United States
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·····	It is estimated that 1 out of every 1000 teens self-injure
	This means roughly three million teens are dealing with
	this issue
	4113 13344



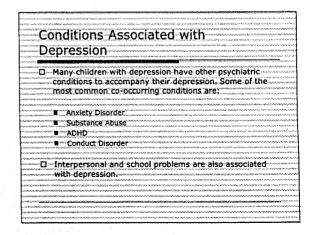


Signs of Self-Injury Wear long sleeve or very baggy clothes, even in hot weather Wanting extreme privacy Unwilling to change clothes around others May show signs of depression, low self-esteerm, low self- worth, or extreme anger	
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May show signs of depression, low self-esteem, low self-	and a second
May show signs of depression, low self-esteem, low self-	Unwilling to change clothes around others
worth, or extreme anger	May show signs of depression, low self-esteem, low self-
	worth or extreme ander
	wordt, of extreme anger



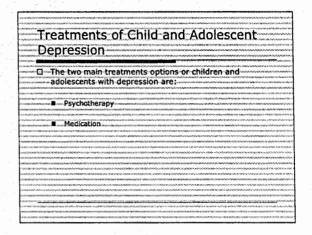


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Why Self-Injure?	
Depression causes adolescents to feel things they are unable to control or understand. Self-Injurers use these methods for many of the following reasons:	
 Outlet for strong negative emotions, especially anger and shame. 	
Represents anger towards someone else Relieves tension or anxiety	
Releves tension of anxiety Triggers body's biochemical response to pain	
Stops dissociative episodes	
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Conditions Associated with
Depression
Depression
Other issues correlated with depression include:
D Other issues correlated with depression include:
Suicidal behavior
 Violent thoughts
Early pregnancy
 Tobacco and drug abuse
Alcohof abuse

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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:
2
-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
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