

Appendix C

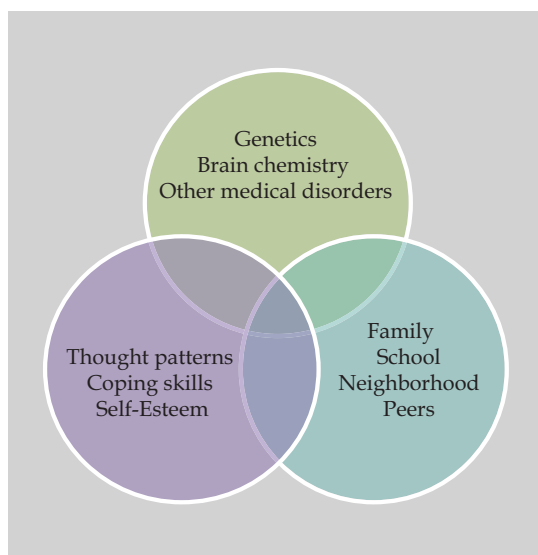
Discussion Questions for Student Debriefing: Module 3

Frequently Asked Questions (And Responses!)

Q: What is the role of biological factors in the development of depression?

A: Clinical depression is a medical illness that involves abnormal functioning of the brain's chemicals. Depression can result from an interaction of factors that include a biological component, social factors, and psychological factors. Adolescents who experience clinical depression cannot simply "get over it". The symptoms often persist for months or years, and may even worsen if treatment is not sought. Clinical depression often runs in families, which suggests that it may have genetic (inherited) origin and/or it may be learned. Depression may be accompanied by - and even aggravated by - other conditions or circumstances (e.g., substance abuse, learning disabilities, attention-deficit, hyperactivity disorder, anxiety, and trauma).

Research indicates that there is a genetic component to the development of depression in adolescents. Children of parents with a history of depression are twice as likely than other children to develop depression. However, it is important to note that increased risk does not mean a child will inevitably develop depression, which results from a combination of biological, psychological, and/or social risk factors (see diagram below).



This model helps to explain the different factors that influence the development of depression in individuals. However, everyone's experience with depression is different – there is no particular "formula" that can predict the influence that each factor has in the development of the illness. Therefore, while certain general modalities of treatment (e.g., cognitive behavioral therapy) have been shown to be effective with adolescents, treatment should additionally be individualized to address the specific risk factors and stressors for each person.

Q: How do I know if I'm just sad, or whether I might be struggling with a mood disorder?

A: Normal sad moods typically occur in response to a temporary stressor or distress. For example, you might experience a sad mood when you have had a fight with your best friend, or you might feel overwhelmed and sad because things are not going well in a particular class. When you are just experiencing a temporary change in your mood, you will know because your mood will improve once the stressful situation is resolved - for example, after you make up with your friend, or when you begin to do better in your class. You will also know because you can resume regular functioning, you still enjoy things that you typically like to do, and you are doing well in other areas of your life.

When a person is experiencing significant distress, which is indicated by severe symptoms that occur without a break for at least two weeks, and during which his/her functioning is impaired in all areas of life (e.g., home, school, peers), the individual may be suffering from clinical depression. Here is a list of things to look for if you think you might be struggling with a mood disorder:

- ✓ **Symptom Severity:** Symptoms are very severe and get in the way of everything you do.
- ✓ **Altered Functioning:** You feel like everything is different and more difficult;

you have a hard time functioning socially, academically, and/or at home.

- ✓ Burden of Suffering: You are in severe distress and feel a huge burden. Some people describe it as feeling “empty,” “hollow,” or “broken.”
- ✓ High level of self-hatred: You blame yourself, feel guilty about everything, and have very negative thoughts about yourself and others.
- ✓ Significant decrease in ability to concentrate, notably lower school performance
- ✓ Extremely high irritability: You feel very “cranky,” have little patience, or may be “mean” to others.
- ✓ These symptoms last for at least for 2 consecutive weeks.

Q: What is the difference between mild, moderate, and severe depression?

A: Clinical depression ranges along a spectrum of mild, moderate, and severe. The adolescent can move along this continuum (mild to moderate, severe to moderate, etc.) depending on his/her response to treatment.

During mild depression, some symptoms might be notable, but may not occur across all settings - the individual can function with the aid of therapy and some interventions.

Symptoms of moderate depression impact more than one area of life – notable changes are observed and the adolescent may need accommodations at school and heightened levels of therapeutic interventions (e.g., seeing their mental health professional more frequently, possibly trying medication, etc.).

Severe depression is accompanied by active suicidal thoughts or suicide attempt; the adolescent is not able to function across all areas of life - he/she may

not be able to leave the house, may not be able to get out of bed, and may require hospitalization.

Q: What should I do if I have some symptoms of depression?

A: There are several things you can do if you are worried you might have symptoms of depression:

- Talk to your parents/caretakers and tell them the specific things you are noticing that are different about you; discuss your concerns about possible depression.
- Talk to a trusted adult in your school. Teachers, school nurses, guidance counselors, and other school staff can help you find resources in the school or out in the community. They can also help you talk to your parents/caretakers if you need it.
- See your pediatrician – some medical conditions have symptoms that are similar to those of depression.
- Talk to your parents/caretakers about setting up an appointment with a therapist who works with adolescents.

Q: What will happen if I tell an adult in the school that I might be struggling with depression?

A: This response differs from school to school. It is important for the presenter that facilitates the debriefing to be thoroughly familiar with the school’s protocols around student mental health needs. Students should be told about the process that will be followed if they self-refer.

Q: How does treatment differ between psychiatrists, psychologists, and social workers?

A: Psychiatrists are medical doctors (MDs) and can prescribe medications. Some psychiatrists manage the medication aspect of treatment only, while others conduct therapy as well.

Psychologists can have Ph.D., Ed.D., or Psy.D. degrees, which means that they attended graduate

school and are trained and educated to perform psychological research, testing, and therapy. Psychologists cannot prescribe medication, but they are specifically trained to conduct therapy.

Social workers attended graduate social work programs, and are trained to conduct therapy as well as work with systems and case management; they have master’s degrees in social work and are licensed mental health providers.

Q: What kinds of treatment are available for adolescents struggling with depression? How long does treatment take?

A: Different types of treatment are available for adolescents that are struggling with depression. One particular kind of therapy that has been found to be very helpful for adolescents is Cognitive Behavioral Therapy (CBT). CBT addresses the way you think, the way you feel, and the way you behave, because all of these areas are impacted by depression.

It is important to remember that therapy involves commitment and work. You may have “homework” assignments, for which you practice new skills and behaviors between appointments. You may also feel at times that therapy is “hard”, especially when

you discuss painful topics. The feelings, positive or negative, that you may have about therapy are important to discuss with your therapist.

Students frequently ask about what happens after someone gets hospitalized. Hospitalization is necessary when someone has demonstrated that they are unable to function at school (high rate of absenteeism), at home (constant fighting with family members, staying in bed), and with peers (isolating self from peers and/or constant fighting with friends), and are unable to make safe choices. In addition, constantly talking about hurting oneself and/or having made a recent suicide attempt are also behaviors that warrant hospitalization. Treatment in the hospital can include individual therapy, group therapy, assessments for medication, planning for treatment upon returning home, and working on enhancing healthy coping skills. Hospital treatment is primarily focused on supporting the adolescent in making safe choices and designing treatment and interventions to address severe symptoms of depression.

The type of treatment plan created for an adolescent depends on the severity of his/her symptoms. Below is a chart that outlines the type of treatment by severity of illness.

Severity of Symptoms	Type of Treatment	Average Length of Treatment
Mild	Individual outpatient therapy	Brief intervention – approximately 8 weeks - to longer term interventions that last months to years
	Group outpatient therapy	Typically 8-12 sessions
Moderate	Individual outpatient therapy	At least 6 months to years
	Medication	At least one year
Severe	Inpatient psychiatric hospitalization	5-7 days
	Day treatment	1-2 weeks
	Residential treatment	Months or years

A family component to treatment (e.g., family therapy) is helpful at every level of severity. The length of treatment for the family depends on the individual and the extent to which family dynamics are contributing to the adolescent's struggles.

Q: Do anti-depressant medications usually work well?

A: Medications can be very helpful in treating people that suffer from depression. However, you should not expect that medications will work immediately, or that they will provide an instant cure. The use of medication needs to be carefully monitored by a psychiatrist, or by a medical provider who is knowledgeable about psychiatric medications. Some people might need to try a few medications before finding the one that works best for them. Research on treating adolescents indicates that the combination of medication with therapy is the most effective for long-term treatment.

In order for anti-depressants to work, they must be taken consistently for at least 6 weeks before seeing the effects of the medication. This is why it is important for parents and/or adolescents to communicate any side effects experienced by their teens with the psychiatrist or medical provider that is prescribing the medication in order to discuss them with the professional and obtain information about how to best address them (e.g., change medication dosage, change in the medication itself, stopping medication altogether, etc.).

Q: What should I do if I'm worried my friend might be struggling with depression?

A: If you are worried about your friend, here are some helpful things you can do:

- Use "I statements" to let them know how you feel. ("I care about you and am worried about some things. I've noticed you seem sad or upset").
- Use specific examples of behaviors that are

a concern to you. ("You have been missing school a lot or coming in late and you don't hang out with us like you used to.")

- Use active listening skills. (be attentive; repeat what your friend says, to make sure that you understand; do not interrupt, do not tell your own story).
- Encourage your friend to talk to someone – offer them choices. ("Who would you talk to at home? At school? Someone else?").
- Offer assistance. ("Would you like me to walk with you to talk to Mrs. Davis?").

It is possible that your friend may reject your attempts to help. She/he may say "I'm fine, there's nothing wrong," or "leave me alone," or "I can handle this." If you continue to be worried, talk to someone who can help you think of ways to help your friend. You may talk to your parents, other friends, or a trusted adult in school. If you are really worried, you should seek an adult right away with whom you can discuss your concerns. Your friend may be initially very upset with you for talking to an adult, and you may even lose your friendship. However, it is important to act early if you are truly concerned. If your friend rejects you, or ends your friendship, that would understandably make you upset. Keep in mind that your friend may not be able to see things clearly due to his/her depression and once he/she does receive help, he/she will most likely see that you were trying to help because you cared about them as a friend. It is also important, therefore, to seek help for yourself and have the opportunity to express your own feelings related to the situation.



Note to presenter: See the handout on "Helping Your Friends Through Tough Times – Dos and Don'ts" that is included at the end of this section. This can be copied and distributed to students. Discussions around how to help a friend and how to talk to an adult are also a focus point of Module Four.

Q: Why do some adolescents who experience depression use drugs or alcohol? How does it impact their treatment?

A: Adolescents may turn to alcohol or drugs to alleviate or numb their anxiety, stress or emotional pain. Sometimes negative thoughts associated with depression can lead someone to believe that there are no helpful alternatives to drugs and alcohol (e.g., “Nothing else will help,” or “Treatment won’t really work for me.”). If an adolescent is abusing alcohol or drugs it is extremely important to respond and get them help; confide in a trusted adult such as a teacher, school nurse, parent, friend’s parent, school mental health professional, clergy, etc. For adolescents who struggle with use of drugs and/or alcohol in addition to depression, treatment should include an additional component for treating the addiction and learning healthy coping skills.

Q: What is self injury and why do people engage in this harmful behavior?

A: Non-suicidal self injury (NSSI) can be defined by the deliberate, repetitive, impulsive, non-lethal harming of oneself; it includes but is not limited to:

- Cutting
- Burning
- Picking or interfering with a wound
- Infecting oneself
- Punching/hitting self or objects
- Inserting objects into skin
- Some forms of hair pulling

Self-injury is an unhealthy coping mechanism, a way to deal with painful feelings; it is generally NOT a suicide attempt. The injurer usually engages in self-harming behaviors in an effort to temporarily relieve the intense emotional pain evoked by distressing feelings such as hurt, sadness, disap-

pointment, rejection, abuse, etc. In other words, self-harming is a way to avoid emotional pain by causing physical pain. Other reasons include:

- To punish self
- To relieve tension
- To feel “real” by feeling pain or seeing evidence of injury
- To feel numb, calm, or at peace
- To experience euphoric feelings (associated with release of endorphins)
- To communicate pain, anger, or other emotions to others
- To nurture self (through process of healing the wound)

Q: What can I say to my friend if I think he/she is cutting?

A: Some helpful tips for talking to someone who you think might engage in self-injurious behaviors include: (from: www.crpsib.com)

- ✓ Set aside time to talk privately, away from social situations, distractions, and other people who can overhear your conversation.
- ✓ Do not be afraid to talk – asking about self-injury will not introduce new ideas or place him/her at risk in any way.
- ✓ Approach your friend in a gentle, non-judgmental, non-blaming way.
- ✓ Share your concern by talking about what specifically you have noticed; let your friend know that you are asking about this because you are worried and want to help.
- ✓ Ask questions about your friend’s experience. Ask questions such as “How does self-injur-

ing help you feel better?” “Are there specific things that trigger you to injure yourself?”

- ✓ Remember, it is not your responsibility to “treat” him/her or diagnose him/her. This conversation is to open up a discussion and support him/her in getting help.
- ✓ Do **not** promise to keep secrets about self-injury. “I care about you so much that I want to make sure you get help.”
- ✓ Educate yourself about self injury. Below are helpful websites:
 - National Hopeline Network (U.S.A.)
www.hopeline.com
 - Cornell Research Program on Self-injurious Behavior
www.crpsib.com

Q: What should I do if my friend tells me that he/she is thinking about suicide?

A: If your friend tells you that he/she is thinking about suicide, here are some very important things to remember:

- **Take it seriously.** ALL suicide threats and attempts must be taken seriously.
- **Show interest and support; listen and ask questions.**
- **Don't be afraid to be direct.** Take the initiative to ask what is troubling him/her and ask directly if he/she is considering suicide. It is all right to ask if he/she has a specific plan or method in mind. *Using the word “suicide” will NOT increase the chances that someone will take their own life.*

- **Do NOT attempt to “argue” anyone out of suicide.** Instead, let the person know you care and understand. Avoid saying things like “Why would you even think of such a stupid thing? You have so much to live for.”
- **DO NOT promise to keep a secret about the suicidal thoughts.** Your friend might ask you to not say anything to anyone, or he/she may threaten to end your friendship if you do not keep the secret. This is definitely a difficult situation to be in, and can be very stressful. However, if your friend is suicidal, you must tell someone about it. You can call your parents and ask for help, you can call 911, you can call your friends’ parents, or you can talk to an adult in your school. **The key is to find someone to help you right away!**
- **Seek help for yourself.** Hearing about your friend’s sadness and pain can be stressful for you, as well. You may experience many feelings related to your friend’s thoughts of suicide. You may feel angry, betrayed, confused, or saddened by your friend’s thoughts. It is important for you to find help for yourself, so that you have the opportunity to process all the feelings you may be experiencing.

