Students and their Families-Dealing with the dark light of a disease

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LITS is an educational service provider to school districts as well as private families. We specialize in home instruction in the academic areas as well as many related items such as reading, speech, and counseling services. Throughout our tenure we have noticed an increase of students that are suffering from a disease of depression and anxiety. Students and their families have dealt with this disease as we would like to call it as the “dark light,” because it is a concern that arises from a variety of variables. It can be a short-term condition to a severe one and everything in-between. For parents this can be a very scary time as this disease is not like a broken bone. You cannot see it on an x-ray or determine where the inception of this disease took place. Thus, the purpose of this article is to bring about a conversation within your family, children, or your doctor should your child experience signs of depression.

Historical Understandings of Depression

Depression was initially called "melancholia". The earliest accounts of melancholia appeared in ancient Mesopotamian texts in the second millennium B.C. At that time, all mental illnesses were attributed to demonic possession, and were attended to by priests. In contrast, a separate class of "physicians" treated physical injuries (but not conditions like depression). The first historical understanding of depression was that depression was a spiritual (or mental) illness rather than a physical one (Rashmi Nemade, Ph.D., et.al. 2007, p.1).[1]

Depression has always been a health problem for human beings. Historical documents written by healers, philosophers, and writers throughout the ages point to the long-standing existence of depression as a health problem, and the continuous and sometimes ingenious struggles people have made to find effective ways to treat this illness. During the beginning of the Age of Enlightenment (the 18th and early 19th centuries), it was thought that depression was an inherited, unchangeable weakness of temperament, which lead to the common thought that affected people should be shunned or locked up. As a result, most people with mental illnesses became homeless and poor, and some were committed to institutions. Then, in 1895,

depression was first distinguished from schizophrenia by the German psychiatrist Emil Kraepelin. During this same period, psychodynamic theory was invented and psychoanalysis (the psychotherapy based upon the psychodynamic theory) became increasingly popular as a treatment for depression. In a 1917 essay, Sigmund Freud explained melancholia as a response to loss: either real loss (such as the death of a spouse), or symbolic loss (such as the failure to achieve an important goal). Freud believed that a person's unconscious anger over loss weakened the ego, resulting in self-hate and self-destructive behavior. Freud advocated psychoanalysis (the "talking cure") to resolve unconscious conflicts and reduce the need for self-abusive thoughts and behavior. Other doctors during this time viewed depression as a physical disease and a brain disorder. (Rashmi Nemade, Ph.D., et al., August 2014, p. 1.)[2]

Factors Influencing Depression

It has been said that depression is one of the most tragically misunderstood words in the English Language, (Steven Llardi, 2014)[3]. The term depression typically depicts a picture of mere sadness. We as a society refer to depression in everyday conversation as usually having something far less serious in mind. It is not necessarily a term for people who have been abused as children to grow up feeling negatively about themselves or their prospects. It is also not because of how they have learned to think about their self-worth or their ability to successfully respond to the tasks and stressors present in daily living. We have noticed that the impact of particular stressors varies across different people. Death or other losses; relationship difficulties like peer, family, teacher relations, divorce; normal milestones such as puberty, marriage, or retirement; alcoholism or drug abuse in the family; neurochemical and hormonal imbalances; and infections can all be powerful enough to cause depressive symptoms in someone with a diathesis for this illness. However, each of these events will impact individuals in a unique manner. A significant loss may be enough to trigger depression in one person, while a very similar loss experienced by another person might not faze them all that much. The fact is one can contribute depression as a disease as the onset of one or multiple understandings of ones: biology, psyche, neurology, cultural upbringing, sociology, lifestyle, environmental, relational, and etc.

Psychological factors influencing depression include characteristic negative patterns of thinking, deficits in coping skills, judgment problems, and impaired emotional intelligence (the ability to perceive, understand, and express emotions) that depressed people tend to exhibit. To some

degree, these psychological factors can be influenced by biology (e.g, people's innate temperament, or their biologically-based personality characteristics, can influence people to be more or less likely to act in ways characteristic of depression). (Rashmi Nemade, Ph.D., et al., September 19, 2007, p. 16.)[4] People can also become depressed as a result of social factors such as: experiencing traumatic situations, early separation, lack of social support, or harassment (bullying). Research has shown that stressful social events are capable of serving as triggers for turning genes on and off, causing changes in brain functioning. (Hunter, James & NIMH, 2013, p.3)[5]

It is not necessary for people to have been abused as children to grow up feeling negatively about themselves or their prospects because of how they have learned to think about their self-worth or their ability to successfully respond to the tasks and stressors present in daily living. We have noticed that an impact of particular stressors varies across different people. Death or other losses; relationship difficulties like peer, family, teacher relations, divorce; normal milestones such as puberty, marriage, or retirement; alcoholism or drug abuse in the family; neurochemical and hormonal imbalances; and infections can all be powerful enough to cause depressive symptoms in someone with a diathesis for this illness

Teenage Depression and Parental Concerns

As parents you sometimes wonder whether your irritable or unhappy adolescent might actually be experiencing teen depression. Of course, most teens feel unhappy at times. And when you add hormone havoc to the many other changes happening in a teen's life, it's easy to see why their moods swing like a pendulum. Yet findings show that one out of every eight adolescents has teen depression. (WebMD.com, 2008, p.1)[6] However, just like adults, teen depression can be treated as well as the serious problems that come with it. Thus, if your teen's unhappiness lasts for more than two weeks and he or she displays other symptoms of depression, it may be time to seek help from a health professional. As a parent of a depressed adolescent you may ask why is my child depressed? Just as described above, there are multiple reasons why a teenager might become depressed. For example, teens can develop feelings of worthlessness and inadequacy over their grades. School performance, social status with peers, sexual orientation, or family life can each have a major effect on how a teen feels. Sometimes, teen depression may result from environmental stress. But whatever the cause, when friends or family -- or things that the teen usually enjoys -- don't help to improve his or her sadness or sense of isolation, there's a good chance that he or she has teen depression.

As educators for many years, we have seen students placed on home instruction for this disease on many levels. In working alongside school districts we are often faced with an adolescent that has just come out of a hospital, due to not only having depression, but a variety of other medical challenges such as anxiety and attention deficit hyperactivity disorder (ADD/ADHD). Parents would initially describe their child, prior to the onset of depression as being social, caring, a good student, involved, however as time went on they began to notice changes in their behavior such as displaying signs of but not limited to:

- difficulty concentrating
- remembering details
- making decisions
- fatigue and decreased energy
- feelings of guilt
- worthlessness and/or helplessness
- feelings of hopelessness and/or pessimism
- insomnia
- early-morning wakefulness, or excessive sleeping
- irritability
- restlessness
- loss of interest in activities or hobbies once pleasurable
- overeating or under-eating
- persistent aches or pains
- headaches
- cramps
- digestive problems that do not ease even with medical treatment
- persistently sad
- anxious or "empty" feelings
- thoughts of suicide
- suicide attempts

Teens rarely just struggle with depression.

> Depressive symptoms are part of a bigger picture. For instance, anxiety commonly co-occurs with depression. In fact, in her private practice, Rubenstein has noticed more teens coming in with symptoms of anxiety largely because of the combination of academic pressures and attempts to balance school with sports (or other extracurricular activities) and social events. In other cases, depression may be the primary problem, but other disorders, like learning difficulties, still exist. (Margarita Tartakovsky, 2011, p.1)[7]

As parents you should know that:

- Major depression is one of the most common mental disorders in the United States.
- The 12-month prevalence data for major depressive episode presented here are from the **National Survey on Drug Use and Health** (NSDUH). Based mainly on

the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), in the NSDUH study a major depressive episode is defined as:

- A period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.
- Unlike the definition in the DSM-IV, no exclusions were made for a major depressive episode caused by medical illness, bereavement, or substance use disorders.

- In 2012, an estimated 2.2 million adolescents aged 12 to 17 in the U.S. had at least one major depressive episode in the past year. This represented 9.1 percent of the U.S. population aged 12 to 17. (National Institute for Mental Health, 2012, p.1)[8]

The Figure 1 below provides a 12 month investigation of 9.1 percent of the adolescent population made up of males and femals of various races between the ages 12 to 17.

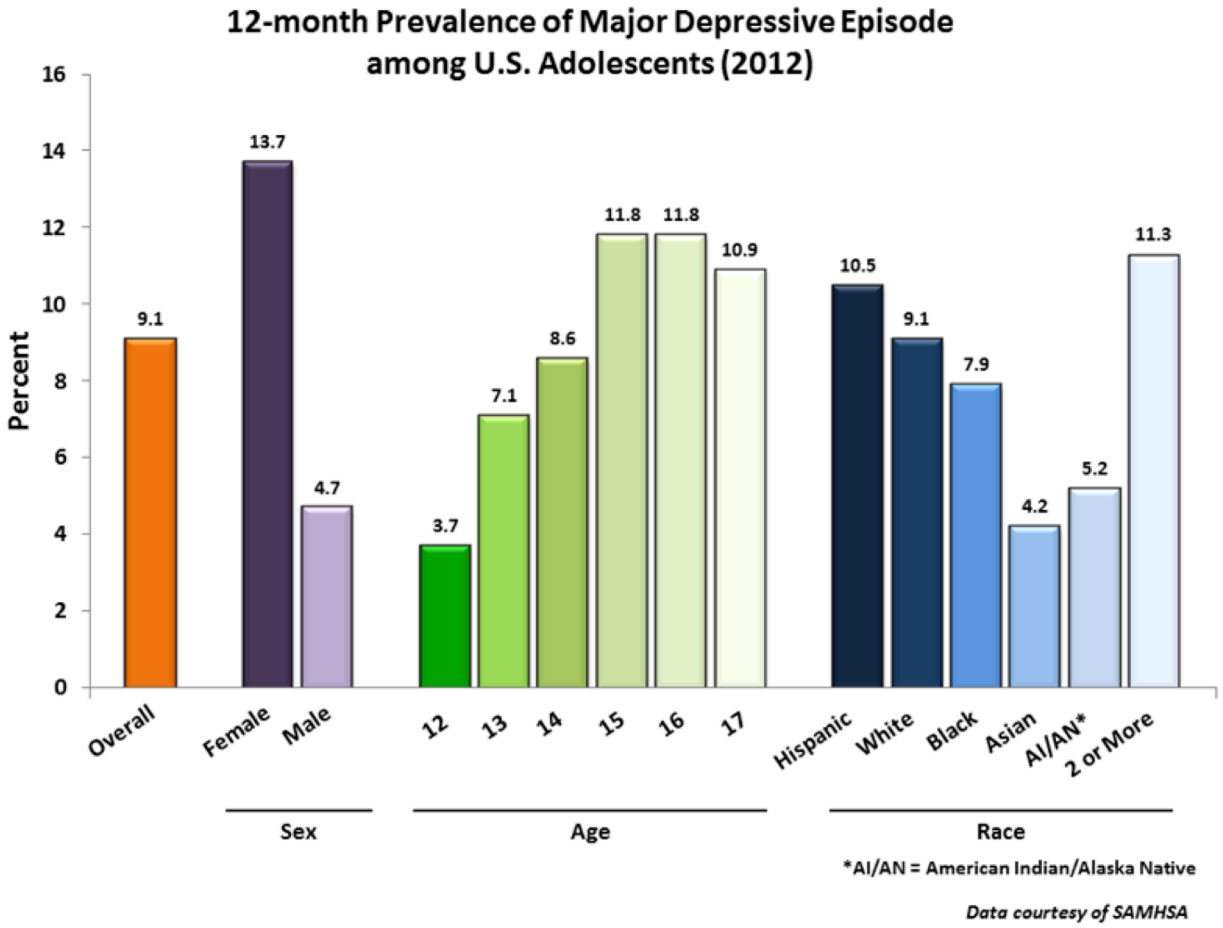

Figure 1, National Survey on Drug Use and Health: Mental Health Findings (2012)[9]
http://www.nimh.nih.gov/statistics/images/NSDUH_Adolescent_MDE_2012_GRAPH.png

For more information on this study go to:
http://www.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhfr2012.htm

So what should parents do?

As an educational service provider, we are often informed by parents that they had not reached out to anyone until a major episode of depression and threat of suicide occured or that they took their child to a pediatrician for prescription anti-depressants. While certainly something must be done, Psychiatrists are recommending to first have your child tested for a hormonal imbalance and/or for use of non-prescription medication. According to Dr. Geurin Weiss, a leading clinical psychologist, he advises to "take them to a therapist. If after two or three months of psychotherapy, you see it's not helping, then -- and only then -- should you try medication." (WebMD, 2004, p.2)[10] However, if medication is prescribed there is overwhelming evidence that whatever the anti-depressant prescribed it should only be used in combination with concurrent psychological therapy.

Additionally, what we often see in the home environment are parents providing kids with everything they want and sometimes giving up their right to parent.

> Kids should not be recipients of devotion without doing anything in return. If you give them stuff they didn't ask for or items that they are not ready to handle, then you ratchet up huge expectations in this world. Doing everything for a child is never a good idea, if they're not active, contributing members in the family, they can get depressed. If a kid doesn't have jobs at home -- if they're too busy with karate and everything else -- it's not healthy. If you want a close bond with your child -- and protect them from depression -- spend a good bit of time with them. Kids don't talk much at all, and if they do it's because you've spent an afternoon at the mall with them, and you've managed to get a few words from them during that time. If you schedule quality time, you will get them talking. If you're concerned about your child, don't ask, Are you depressed Talk in English: Are you unhappy? Sad? Having a hard time? Are you having any fun? (Ibid, p.2)[11]

Parental contact is extremely important and as a parent you should know that the worst thing to do is to do nothing. Your teen may be reluctant to open up; he or she may be ashamed, afraid of being misunderstood or may not know how to express what they're feeling. Alternatively, depressed teens may simply have a hard time expressing what they're feeling. If your teen

claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts. Remember that denial is a strong emotion. Furthermore, teenagers may not believe or understand that what they're experiencing is the result of depression. Remember, be persistent and encourage your teen to "open up." Below are some helpful tips on communicating with your teen.

Tips for Talking to a Depressed Teen

Offer support Let depressed teenagers know that you're there for them, fully and unconditionally. Hold back from asking a lot of questions (teenagers don't like to feel patronized or crowded), but make it clear that you're ready and willing to provide whatever support they need.

Be gentle but persistent Don't give up if your adolescent shuts you out at first. Talking about depression can be very tough for teens. Be respectful of your child's comfort level while still emphasizing your concern and willingness to listen.

Listen without lecturing Resist any urge to criticize or pass judgment once your teenager begins to talk. The important thing is that your child is communicating. Avoid offering unsolicited advice or ultimatums as well.

Validate feelings Don't try to talk your teen out of his or her depression, even if his or her feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and sadness he or she is feeling. If you don't, he or she will feel like you don't take his or her emotions seriously. (Smith, Melinda, et al. 2014)[12]

For those that are struggling financially or need to talk to someone we have found that your local school is always a good source for information. You can discuss your child's matter confidentially with a counselor, social worker, teacher, building administrator or the schools local Committee of Special Education administrator. Because depression carries a high risk of suicide, anyone who expresses suicidal thoughts or intentions should be taken very, very seriously. If you cannot get in contact with anyone due to the time of day or for what-ever the reason, you can always call your local suicide hotline immediately. Call 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255) -- or the deaf hotline at 1-800-799-4TTY (1-800-799-4889) or even 911.

Road To Recovery

The road to your depressed teenager's recovery may be bumpy, so be patient. Celebrate in small victories and prepare for the occasional setback, which there will be. Most importantly, don't judge yourself or compare your family to others. As long as you're doing your best to get your teen the necessary help, you're doing your job. However, as the road to recovery continues you may find yourself focusing all your energy and attention on your depressed child. Meanwhile, you may be neglecting: your own needs and the needs of other family members. While helping your depressed child should be a top priority, it's important to keep your whole family strong and healthy during this difficult time. This is extremely important especially while your depressed teen is recovering, for the simple reason of keeping a good balance of his or her surrounding environment. Thus:

- **Taking care of yourself-**stay healthy, be in tune to your own needs, and be positive
- **Reaching** out for support-Reach out to friends, clergy
- **Be open with the family** – Don't tiptoe around the issueto "protect" the other children
- **Remember the siblings** – Depression in a child can cause stress/anxiety in other family members
- **Avoid the blame game** –Avoiding blaming yourself for your child's depression is a way of taking care of a stressful situation in a proactive manner. In addition, as mentioned earlier, depression is normally caused by a number of factors, so it is unlikely that a loved one is responsible for such a disease. (Ibid, 2014)[13]

(LITS), as the educational service provider, as well as other service agencies, must be keenly aware of the idiosyncrasies of not only depression amongst teens, but other disabilities that can paralyze a student's educational success. While a student is on home instruction, it is imperative that our services are seamless with a teen's teacher, counselor, school administrator, parent, and at times the therapist. To continue reading about our research and find further resources, please visit www.litutorialservices.com. There is help.

References

9 Figure 1
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality (2012), *Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings*, Retrieved August 27, 2014 from: http://www.samhsa.gov/data/NSDUH/2k12MH_FindingsandDetTables/2K12MHF/NSDUHmhfr2012.htm

5
Hunter, James and National Institute of Mental Health (October 9, 2013), Psych Central, *Research on Depression*, Retrieved August 25, 2014 from: http://psychcentral.com/disorders/depressionresearch.htm

3
Llardi, Steven (2014). Lifescience, *Robin Williams Death: The Difference Between Depression & Normal Sadness,* Retrieved August 20, 2014, from: http://www.livescience.com/47302-robin-williams-death-depression-sadness.html.

8
National Institute for Mental Health (September 2012), *Major Depression Among Adolescence,* Retrieved August 27, 2014 from: http://www.nimh.nih.gov/statistics/1mdd_child.shtml

1
Rashmi Nemade, Ph.D., Natalie Staats Reiss, Ph.D., and Mark Dombeck, Ph.D. (September 19th 2007). Mentalhelp.net, *Historical Understandings of Depression*. Retrieved August 20, 2014 from: http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=12995

2
Rashmi Nemade, Ph.D., Natalie Staats Reiss, Ph.D., and Mark Dombeck, Ph.D. (2007).Current Understandings of Major Depression - *Biopsychosocial Model*. Retrieved August 21, 2014 from: http://www.mentalhelp.net/poc/view_doc.php%3Ftype%3Ddoc%26id%3D12997

4
Rashmi Nemade, Ph.D., Natalie Staats Reiss, Ph.D., and Mark Dombeck, Ph.D. (September 19th 2007). Mentalhealth.net, *Current Understandings of Major Depression – Biopsychosocial Model*. Retrieved August 22, 2014 from: http://www.mentalhelp.net/poc/view_doc.php%3Ftype%3Ddoc%26id%3D12997

12, 13
Smith, Melinda, M.A., Barston, Suzanne, and Segal, Jeanne, Ph.D. (June 2014), Help Guide.org.,*Teen Depression a Guide for Parents*, Retrieved August 27, 2014 from: http://www.helpguide.org/mental/depression_teen.htm.

6
WebMD.com, (2008) Depression Health Center, *Teen Depression*. Retrieved August 27, 2014 from: http://www.webmd.com/depression/guide/teen-depression

7
Tartakovsky, M. (2011). 4 Facts About Teen Depression and How Parents Can Help. Psych Central. Retrieved on August 27, 2014, from: http://psychcentral.com/lib/4-facts-about-teen-depression-and-how-parents-can-help/0007858

10, 11
WebMD.com, (2004) Depression Health Center, *Child Depression-What Should Parents Do?* Retrieved August 27, 2014 from: http://www.webmd.com/depression/guide/teen-depression

6
WebMD.com, (2008) Depression Health Center, *Teen Depression*. Retrieved August 27, 2014 from: http://www.webmd.com/depression/guide/teen-depression
12, 13
Smith, Melinda, M.A., Barston, Suzanne, and Segal, Jeanne, Ph.D. (June 2014), Help Guide.org.,*Teen Depression a Guide for Parents*, Retrieved August 27, 2014 from: http://www.helpguide.org/mental/depression_teen.htm.