

Reaching Out to Students Who May Be
Suffering in Silence

Handbook for Souhegan Educators



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(With A Lot of Help from my Colleagues)

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Introduction

As educators, we are all invested in figuring out strategies for our students who struggle. Normally when the phrase "at-risk" is used, our thoughts turn to those students who are performing poorly academically; adolescents who are acting out; individuals who are exhibiting borderline behaviors (high drama, for example); or those who are receiving services for diagnosed learning, emotional, or behavioral issues. However, this handbook is devoted to a somewhat different profile—those adolescents who are suffering but who are not capturing our attention with overtly "at-risk" behaviors. In other words, I hope to address the question of how we as a school can better identify and reach out to students who may be "suffering in silence."

One of my colleagues, Mike Beliveau, who has been on the faculty since Souhegan opened in 1992, shared that he and his fellow educators had "made a pact" at the time of the school's inception that they would not do the "90/10 thing" (where 10% of the most overtly demanding students would get 90% of the adults' time, a pattern to which many institutions can fall prey.) Rather, the founding educators at Souhegan wanted to reach all students including that "middle group" who looked O.K. on the surface and were "getting by" but who may have some factors holding them back from reaching their full potential. It is my hope that this handbook and other related initiatives we do together as a school will result in a re-investment in this worthy goal of reaching out to all students who may need us, whether they are overt or silent in their ability to express their troubles.

History of the "Suffering in Silence" Project

In April 2008 I did a one-credit graduate experience involving a workshop and a research paper on the topic of student depression. My research on adolescent depression led me to a published study (authored by my own sister, Claire Draucker) which revealed that many depressed students felt that the "important adults" in their lives did not press them enough to "tell their stories" and seek help. Then, the following fall I worked with a number of students (more than is typical) who appeared to be doing fine (based on their grades and behavior) but who were deeply troubled by a number of stressors beyond depression—family dynamics, bullying, undiagnosed mental health concerns, and serious self-esteem issues. It struck me that these individuals were truly "suffering in silence."

I began thinking about the fact that a lot of effort is devoted to the obviously at-risk students. Yet, I wondered if we as a school are doing enough for that population of students in our midst who are quietly at-risk, adolescents who on the surface appear to be doing well, but who are troubled by any number of stressors. Instead of asking for our help in a straightforward manner or gaining our attention by acting out in any number of ways, these students are silently going about their business. They are doing relatively well in their classes, not demanding our time or attention, and not overtly "troubled." Yet, I feel they may be suffering as much as those students who are quite "public" with their struggles.

With the support of my tenth grade team, I visited seven advisories (involving 70 students) in the spring of 2009, spoke with the groups about my interest in reaching out to students who were suffering in silence and presented them with a five-question survey. In analyzing the survey, I learned that, although the majority of students (39) reported that they were O.K. and another 20 responded that they had troubles but were getting help, eleven students' responses indicated that they were suffering in silence. This number represents 15.7% of the group surveyed. The identified problems ranged from serious upheaval in the family dynamics to health concerns to obsessive thoughts. A menu of possible supports for these types of situations (and other student issues) will be discussed in the "Interventions" section of this handbook.

In the winter and spring of 2010, I sought input from my colleagues by attending the four grade-level advisors' meetings, by conferring with my Critical Friends Group and my fellow guidance counselors, and by interviewing several advisors individually. Via a survey that I administered to the advisors and the individual interviews, I gathered some very helpful insights on characteristics of the "quietly at-risk" students, ways of identifying individuals in this situation, and strategies for reaching out to students we suspect may be suffering in silence. You will see the results of these ideas shared among colleagues throughout this handbook.

Is There a Problem?

This section of the handbook is designed to share a few statistics regarding some of the issues troubling our students. Every other year, the New Hampshire Department of Education, in partnership with the Department of Health and Human Services, conducts the Youth Risk Behavior Survey (YRBS), a high school youth risk behavior assessment tool designed by the Centers for Disease Control and Prevention. Souhegan High School has been a regular participant, most recently administering the survey in 2009 to 808 students. The 98-question survey covers 13 areas, including alcohol and drug use, safety, sexual behavior, nutrition and physical activity, and suicide. I have chosen only a small sample of questions, along with the responses from our students, to share; the full report is available on the school's website under the Student Services link.

- Percentage of [Souhegan] students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months: 6.7
- Percentage of students who have ever been physically forced to have sexual intercourse when they did not want to: 5.0
- Percentage of students who have been bullied on school property in the past 12 months: 19.2
- Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row in the past 12 months that they stopped doing some usual activities: 21.4
- Percentage of students who seriously considered attempting suicide during the past 12 months: 11.2
- Percentage of students who in the past 30 days did not eat for 24 hours or more to keep from gaining weight: 8.1
- Percentage of students who in the past 30 days took laxatives or vomited to lose weight or keep from gaining weight: 3.5
- Percentage of students who sometimes or more often go hungry because there is not enough food in the house: 10.8

Identifying Students Who May Be Suffering in Silence

In order to develop a profile to assist us in identifying our "quietly at-risk" population, I surveyed 64 advisors, asking these very much "in the trenches" educators what this type of student might look like. We all agreed that this question was inherently challenging, since it asks for some real or theoretical characteristics of the silent sufferer--and since, by definition, such students are easy to "miss."

However, a great variety of helpful insights emerged from my colleagues' attempts to describe a student who may be suffering in silence. In fact, five major themes seemed prevalent: that these students are **quiet**, that they can be **isolated** from others, that they might seem **unengaged** in classroom and other interactions, that they could be experiencing **difficult life situations**, and that they sometimes display **inconsistent emotions** (and in some cases uneven academic performance). Thus, I offer the following possible profiles for our silent sufferers:

- The student who presents as "quiet and reserved"
- Someone who does interact with others but does not seem to have strong connections—the person who seems to have "many acquaintances but no friends"
- The individual who "does not draw attention to himself, either positive or negative," or one who is "uncomfortable with the spotlight"
- The isolated student, one who "does not seem connected," who "eats lunch alone or skips lunch," who "doesn't want adult intervention," or who has "little eye contact"
- The student who has "trouble connecting in advisory," a venue where most kids feel safe and accepted
- Students who have "few interests" or are "uninvolved [even] in activities that they were previously enthusiastic about"
- Adolescents who are "unengaged" or "disengaged" in class, such as an individual who seemed "distant, even when her homework was done"
- Students experiencing difficult situations (divorce, sick loved ones, or parents who use substances) without adult support
- The student who is inconsistent, perhaps someone who "is [often] very confident with noticeable moments of looking troubled" or an adolescent who "seems happy at times and disengaged at others"
- The individual who "randomly does something out of character" or exhibits "changes in mood or body posture"

Reflecting the complexity of the subject of ferreting out students who may need our help, we might want to consider several additional "profiles" as described by the advisors surveyed:

- The student who seems tired, has his "head down," or displays "vacant daydreaming"
- The individual who is "overly concerned about her grades"
- Someone who has "trouble focusing"
- Kids who "are academically inconsistent but hold it together"
- Those who "are not keeping up" or actually have "a decline in grades or effort"
- The adolescent who "knows what to say so [the caring adult] does not dive in too deeply with questions about how they are"
- Those who "persist with an 'it's all good' response when clearly it isn't"
- Students who might "go overboard to mask their turmoil"

There were numerous descriptors used by only one or two respondents. However, they add to the dialogue in an important way, so I will share them here. At least one or two advisors described the student who may be suffering in silence as someone who . . .

- . . . "could look like all others."
- . . . is a "pleaser."
- . . . seems "angry" or "resistant."
- . . . is "unable to act freely with others."
- . . . is "too happy, overcompensating."
- . . . "overreacts."
- . . . depends "too heavily" on a boyfriend or girlfriend.
- . . . is timid, "defers to others."
- . . . is "sad-looking."
- . . . "has low self-esteem."
- . . . "is lacking passion."
- . . . "goes through the motions."
- . . . "is late for advisory."
- . . . "hides troubles with a smile."
- . . . "listens to 'emo' music, wears dark eye-liner, and writes gloomy poems."
- . . . "looks like they don't care, but have more pressing things on their minds."

Reaching Out to Help Students "Break Their Silence"

In brainstorming about how to "ferret out" our students who are unobtrusively troubled in some way, my **colleagues have suggested four main strategies:**

- One popular suggestion is that advisors (or other teachers) give the students a **written survey** to provide a chance for students to respond directly and privately to a trusted adult in a non-threatening way. (In the appendix I have included a version of the survey which I administered to the tenth grade advisories in 2009.) This strategy would most likely involve the advisor, along with the guidance counselor for that student or team, as the contact persons for follow-up.*
- A significant group of advisors recommend **vigilance** on the part of the "important adults," advocating that we be "observant" (without necessarily asking the student directly), that we "listen" to what the students are saying (and not saying), that we try to "notice" the signs, that we read body language. A number of colleagues suggested that we observe interactions outside of advisory, in classrooms and hallways, and that we be mindful of what students write in papers and journals.
- Another theme is that of the **casual conversation** as opposed to directly asking the individual. One colleague suggests "more talking time in advisory," while others point to the "highs and lows" protocol, check-ins, and following up with the guidance department.
- Many of us are in agreement with the professional research in feeling that **one-on-one conversations** with the student would be most effective. This strategy favors a more **direct approach**, providing there is a level of trust on the part of the student towards the adult. One teacher suggests that we adults "push" the student a bit if he or she says everything is "fine" when we suspect that something is wrong.

In addition to these four "most-recommended" steps, the advisors' surveys and interviews revealed some **additional suggestions** to aid us in figuring out who may be suffering in silence:

- Train teachers and other colleagues as to the "signs" so adults will know what to look for.
- Talk with or survey the students' friends/peers; ask others to refer students in confidence.
- Ask students to engage in journal-writing in class or advisory in the hopes that the quietly troubled student will share his or her concerns.
- Raise awareness [of resources for students] via announcements, posters, articles.
- Rely on advisors and teams to identify students; use team meetings and other forums where counselors and teachers can confer about the "quiet" kids.
- Share stories of others who have suffered and overcome obstacles.
- Have more "heads-down, multiple-choice" check-ins in advisories so that students can anonymously indicate their state of well-being with a thumbs-up, thumbs-down, or in-between gesture.
- Build trust; "know the students really well"; "let them know we are there for them."

*I want to share one caution concerning the potential pitfall of depending just on the written survey. Although the 10th grade survey in 2009 was a very effective tool both for confirming that we do have students in our midst who are suffering in silence and for reaching out to those students, the same survey administered to 47 9th graders and 16 Division 2 students in 2010 was less productive. Extenuating circumstances with the latter group aside, this experience suggests to me that the surveys alone would not be sufficient to reach all of the students we hope to assist. They are but one tool that we adults can use to reach out to this population, but they certainly cannot replace the outreach provided by caring adults alert to other indications that someone may be struggling. Nor can any one tool replace the good things that can happen for students when school counselors, teachers, advisors, case managers, and other "important adults" in their lives collaborate towards the common goal of addressing social and emotional factors that create obstacles to a student's ability to learn.

What the Students Have to Say

It is also important to note here what the students have to say regarding this topic. Although this handbook is not designed to discuss the many reasons why a student might be suffering in silence, it seems appropriate to share some of the concerns described by the 133 students who were surveyed in 2009 and 2010:

- Depression
- Social anxiety
- Obsessive thoughts
- Phobias
- Fears about school violence
- Parental use of tobacco or alcohol
- Grades
- The threat of summer school
- Insomnia
- Friends or peers being rude or teasing
- A friend's problems becoming the student's, with one student noting that a friend was self-harming but had eventually received help
- Death of a loved one and, in one case, how "hard it was going to school [after a grandmother's passing], especially when no one knew what [that student] was going through"
- Fears about inherited health risks
- A parent's serious illness
- Divorce-related concerns, including moving from one parent's household to another
- Conflict between parents in an in-tact household
- Serious upheaval in the family dynamics
- Unrequited love
- Concerns about (other people's) acceptance of one's sexual orientation

These same student surveys also provided valuable input as to how we can best reach out to students. In fact, several prevalent responses emerged in response to the question: *"What would it take for you to 'break your silence' and share your concerns with someone?"* :

- Often the problem needs to reach a certain point in its evolution; students talk about being willing to seek help if they were "stuck," when there is "too much build-up," or when the issue becomes a "huge issue" in their "everyday lives."
- A number of respondents say they would be open to "telling their stories" if someone reached out to them. The surveys reveal statements on the theme that it would take "someone sitting me down and asking me what is wrong"—or "being approached" by someone who noticed something was "off"—to encourage students to share their concerns.
- The perceived receptiveness and trustworthiness of the "important adult" is also crucial. Based on student input, the potential confidante would ideally "listen and talk for however long it takes." In seeking the "right person" in whom to confide, students are looking for someone "who will not be critical," who will "back them up," and who is a person they trust.
- Looking at internal obstacles to seeking help, some individuals describe themselves as needing to find the "courage to let it out and not feel embarrassed" by their problems.
- A few students suggest that we "get rid of rules that make [teachers and counselors] tell parents" if certain concerns are shared. (This is a tricky dynamic for educators, and it will be addressed on pages 15-16 in the "Interventions" section).

"Breaking the Façade"

We educators, along with parents and other youth workers, are clearly on the "front line" when it comes to recognizing the signs of depression and other factors troubling our students and then facilitating appropriate interventions. In her article "Interaction Patterns of Adolescents With Depression and the Important Adults in Their Lives," Claire Draucker describes a research study in which 52 young adults (ages 18-21) who had experienced depression or "depressive symptoms" during their high school years were interviewed. The purpose of the study was to explore "common interpersonal interaction patterns" between depressed adolescents and "important adults in their lives," including parents, other relatives, teachers, guidance counselors, additional school personnel, youth ministers, coaches, and other community leaders.

The concept of a *façade* is a key component in Draucker's discussion of her study. In every interview, the participant described some degree of ignoring, hiding, or minimizing their depression either on their own parts, by the adults with whom they were interacting, or by both parties. This pretense of appearing happy or at least "normal" on the part of the distressed adolescent and the willingness of the adult to accept this mask is referred to as **"maintaining the façade"** and is considered to be an unhelpful approach to resolving the student's depression. In these situations teens choose to conceal negative emotions, such as sadness and despair, and sometimes even traumatic experiences such as abuse. Often the adult party reciprocates the adolescent's concealing strategy by "blocking out" behavior, such as not paying attention to the signals being given by the distressed child, by ignoring teens who are not acting out, or by squelching the adolescent's feelings. In these cases, the façade is maintained and the adolescent's depression is unlikely to be addressed (951-52).

The second interaction pattern, **"poking holes in the façade,"** is somewhat more helpful to the adolescent living with depression but often fails to result in treatment for his or her problems. These interactions occur when adolescents hint

at their distress by "raising red flags" (such as cutting their skin or creating morbid artwork or stories) or by "dropping clues" (giving a milder version of feelings and events or arranging to be overheard). The adult "co-conspirator" in this "poking holes" interaction typically responds in one of two ways. Some may show indications that they are somewhat aware of the teen's distress, but they do not respond to the suspected desperation in a direct way. Though many important adults may respond with acts of kindness, such as spending extra time with the distressed teen, neither the adolescent nor his or her depression gets fully understood or addressed. Other adults "miss the mark" by attributing the depression to "hormones" or a "passing phase" and thus fail to take action on behalf of the troubled youth (954-55).

The third and most healthy and effective interaction is termed "**breaking down the façade.**" This positive connection is made when the adolescent reaches out to a caring adult in an honest way and the adult responds with acceptance, concern, and a willingness to push for support and intervention. In "telling the whole story," the adolescent reveals, often for the first time, the extent of his or her distress and the nature of any troubling thoughts or experiences, including not only depression, but also past trauma, eating disorders, self-injury, or identity issues. In this mode of communication, the adolescent is willing to give up the façade and reveal his or her "true self." In response, the adult would be understanding, concerned, reflective, skilled at listening, and vigilant, thus "creating an open door for troubled teens to talk." Furthermore, adults willing to break through the façade are diligent and willing to keep pushing the adolescent to confront his or her depression and to seek professional help, even if the adolescent becomes resistant or reverts to a "maintaining the façade" approach. In the end, this interaction pattern with the adolescents revealing the true depths of their emotions and the important adults being "wholly receptive and persistent in their support" leads to healing and sets the stage for the teenagers to get professional mental health services (955-58).

Signs of Depression

The *Diagnostic and Statistical Manual of Mental Disorders* lists a number of characteristics of depression, including:

- Feelings of sadness or irritability
- Loss of pleasure in previously enjoyed activities
- Decreased appetite or weight loss or gain
- Changes in sleep patterns
- Fatigue
- A sense of worthlessness
- Reduced focus or decision-making ability
- Either lethargy or hyperactivity
- Thoughts of death or suicide
- Alternating moods of depression or mania (specific to bipolar disorder)

Checklist

In his work *Student Depression*, Marcel Lebrun provides several comprehensive checklists for depression and bipolar disorder in children and adolescents. The following list from the section on major depression in adolescents includes some items that might be evident in the school setting:

- Is sad, sulky, or grouchy
- Cries in class
- Seems sleepy or lethargic
- Is highly reactive to criticism or rejection
- Overreacts to disappointment or failure
- Exhibits anti-social behavior (such as lying or cutting school)
- Feels restless or aggressive
- Believes no one understands him or her
- Is isolated from schoolmates
- Finds a new mainstream of peers
- Becomes self-destructive
- Self-medicates with drugs or alcohol
- Stops caring about his or her appearance
- Has morbid imaginings or thoughts of death

Interventions

Once we have identified a student who is suffering in silence, it is important to have some ideas as to some possible next steps that we can take to help the student. Clearly, as one colleague wisely reminds me, the best approach would depend on the individual and that “no one formula” fits all circumstances. However, I offer the following strategies for our consideration, starting with suggestions from the advisors’ surveys:

1. Many advisors suggested that the concerned adult talk directly with the student. In most cases, this scenario would involve a one-on-one **conversation** between the advisor (or other “important adult”) and the student.
2. An equally predominant thought was that the concerned adult **reach out to a wide range of colleagues** by “referring the student,” “letting others know,” and “finding the adult the student is most comfortable with.” Division One teachers could take advantage of the team meetings to discuss concerns and brainstorm approaches and supports to offer troubled students.
3. Another effective strategy involves **guidance services**, in that the concerned educator could either immediately contact the school counselor (“if the issues are more challenging”); consult with the counselor before talking to the student; or set up a meeting with the school counselor, the student, and/or other stakeholders.
4. Of course, the ultimate goal for us stakeholders is to make the student aware of—and, in some cases, providing them with—appropriate services. Thus, we would want to **let students know about resources** ranging from seeking outside counseling, working with in-house professionals, or participating in a group at school. One colleague suggests that we offer the students “a buffet of supports and allow them voice in choosing” Another advisor states that, by being informed of resources, troubled students will “learn they are not alone in their struggles.”
5. Despite some students’ reluctance to share their concerns with their family members, in most cases, it is important to inform and **engage the student’s parents or guardians**. First of all, the vast majority of parents is invested in the well-being of their offspring and wants to play a role in seeking solutions. Likewise, since most of our students are minors, many of the interventions, such as outside

therapy, require parental permission and/or financial support. Of course, if a student's safety is in question, the rules for parental contact as outlined in the SHS Suicide Protocol must be followed. However, in less urgent situations, some leeway and judgment may be exercised regarding the nature and timing of the contact with home. Some strategies to make students more comfortable with disclosure to parents include:

- Giving them a say in some of the details of how the communication takes place, such as who makes the call, when it is done (if not an emergency), whether the student is present, how things are worded, or which parent is contacted
- Discussing with the student ahead of time how much information will be shared with folks at home, for example, letting the parent know that the student is distressed and would benefit from outside therapy but not discussing the degree to which the student may have disclosed perceived "family secrets"
- Providing several opportunities for the student to talk to someone at school to process the idea of engaging their parents or guardians, seeking to balance the goal of maintaining the student's trust and his or her sense of not feeling "rushed" or "passed off" while, at the same time, not keeping their parents in the dark for too long a time

Educators who feel that informing family members of a student's troubles will jeopardize the student's well-being are urged not to carry this burden alone. For example, teachers who have these concerns should confer with the student's guidance counselor, our Director of Guidance, and/or our Dean of Students.

Finally, I offer the following scenarios, not as a complete list of interventions, and not as true stories, but as examples of how the strategies above might apply to representative "real-life" types of situations:

1. A student troubled over family dynamics is referred to our school social worker, who meets with him weekly and develops a positive rapport with the student and an effective working relationship with both parents.

2. An individual with social anxiety is invited to participate in a group run by the social worker and a guidance counselor.
3. A student with a specific phobia is, with the permission of the Dean of Students, excused from a non-essential school activity. The advisor is kept in the loop as well.
4. A student with low self-esteem and situational adjustment issues meets several times with the school counselor, has a chance to process concerns and solutions, becomes more comfortable with the idea of asking a parent to provide outside counseling, and gives the counselor the go-ahead to call home to share the "broad strokes" and recommend outside therapy.
5. A young woman who is losing sleep over the possibility of an inherited health risk shares her distress with the school counselor and agrees to the idea of the two of them meeting with the school nurse, who offers some factual information (which alleviates some of her fears) and suggests some healthy lifestyle options.
6. A student concerned about a parent's alcohol use is referred to our student assistance counselor.
7. A tenth grader worried about his grades but too shy to approach his teacher strategizes with his school counselor about communication options and chooses to participate in a three-way meeting with the counselor, teacher, and himself.
8. The school counselor suspects a student who schedules frequent appointments but is not making progress in resolving problems may be depressed. He calls home several times to recommend outside therapy; but, when that intervention does not happen over time, he confers with the school psychologist, who offers to meet with the student.
9. A student reveals that she is being bullied, both in school and via social media. She and her parent agree to a consultation with our Dean of Students and with a teacher, who is in a position to assist with the investigation while maintaining the student's privacy.
10. Two students who are initially uncomfortable describing their woes to their counselor face-to-face are willing to write e-mails listing their concerns as a prelude to several productive in-person conversations.

You should never walk alone

Since this Handbook is written for those of us who are "laypeople" rather than therapists, I want to again emphasize a critical point. The goal of this project is to make us educators and the other important adults in the lives of our students *aware* of the signs of individuals who may be suffering in silence; *willing* to reach out to them; and, if necessary, *comfortable* in pushing them to tell their stories. However, it is not up to an individual teacher or any other school personnel to act as the sole confidante of the student, nor is any one staff member expected to be the only player in resolving a student's troubles. The Student Services team members, as well as other SHS colleagues, parents, outside therapists, and a myriad of additional resource personnel, stand ready to help our students--and to work with any caring adults in whom our students may confide.



Acknowledgments

Although my name is on the front cover, this Handbook actually has many sources of inspiration. It is truly the result of a collaborative desire among a large group of compassionate adults who want to support young people in their quest for knowledge and well-being. I wish to both acknowledge the contributions of these intellectual muses, moral supporters, and fellow "villagers" and thank them for both their input and their willingness to entertain the notion of helping students who are not "causing a stir." Since my Career Growth Project has been based on a qualitative study and since it is impossible to quantify the kind of help so many have generously given, I want to express my deepest gratitude, in alphabetical order (by first name, of course) to the following:

The **SHS Advisors**--for sharing your wisdom, which is at the heart of this Handbook, and for being in the trenches with our students every day

My sister, **Claire Draucker**, whose research on Adolescent Depression was the inspiration for my project and whose article on "Breaking the Façade" is cited extensively in this Handbook

My **Critical Friends Group** (Aldrian Rostron, Ane Swift, Bob Thompson, Carl Benevides, Jess Tremblay, John Ranta, Julianne Mueller-Northcott, Kim Kamshad, and Lisa Kent)--for "hearing me out" every step of the way, for guiding me with your insights, and for modeling how "it should be done" with your own awesome Career Growth projects

My fellow **Guidance Counselors** (Alan Gordon, Brian Irwin, Dina Karlon, Karen Chininis, Julie Sullivan, and Tim Cotreau) who provided helpful feedback throughout my project and who inspire and support me (and our students) every day

Jess Tremblay, my CFG coach, for your graciousness and generosity with your time, patience, wisdom, and practical advice for the past three years

Lisa Kent, advisory coordinator and fellow CFG member, for kindly and good-naturedly sharing valuable time in advisors' meetings for input and training

The **SHS Staff**--in your many roles--for surrounding our students with both the kindness and the vigilance they need to navigate the high school experience with a minimum of "suffering"

And, of course, to our **Students**, to those who filled out surveys, to those who told their stories, and to those whose stories have yet to be heard--we care about you, we derive joy from your presence in our school, and we are watching out for you

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Appendix

Survey Cover Letter (for use by advisors and other colleagues) 22

"Suffering in Silence" Survey 24

Sample letters used when conversations did not "break the façade" . . . 25

Other resources available upon request (aburke@sprise.com):

- Research paper on "Adolescent Depression"
- Senior project reflection paper by a student who overcame depression during her high school days
- SHS Suicide Protocol

Dear Students,

As advisors, teachers, guidance counselors, and other adults at Souhegan, we are always looking for ways to be of greater support and assistance to our students. In that vein, we have a few questions to ask you. One thing we have noticed is that a number of our students are troubled or quietly suffering about something (or several factors) in their lives but haven't shared their worries with an adult they trust—or perhaps with anyone else. Many of these students are doing well enough in school, are not getting into trouble, and, on the surface, seem to be "fine." In other words, we wonder if, for a variety of reasons, some of our students might be in essence "suffering in silence."

Right now we are not focusing on why some of our students may be troubled. Rather, we are interested in knowing what the experience of suffering in silence is like from your viewpoint. We would also like to find out what we adults in our school can do to help break that silence of those who suffer and get students the help and support they need.

So, with those concerns of ours in mind, I would be grateful if you would answer the questions on the back of this sheet. Thanks in advance for any feedback you can provide.

Best wishes,

Your Advisor (and other adults who want to make sure you are OK)

Do you have any concerns that are troubling you or causing you to suffer and that you have not shared with a trusted adult?

If so, what is this experience of "suffering in silence" like for you?

Tell me about a time, over the last few years, which really stands out in your mind in which you suffered in silence.

What would it take for you to "break your silence" and share your concerns with someone?

Would you be willing to talk to me or your guidance counselor in private about your experience of suffering in silence—or about any concerns?

For those of you who are **not** suffering in silence, would you say you fit into one of the following categories? Please check and add comments if you wish.

_____ I do have some problems but I am getting the help I need (from someone here at school, from a trusted adult outside of school, from an outside counselor, etc.)

_____ At this time in my life, I would say that I am not worried, sad, or troubled about anything, at least most of the time.

Would it be OK for us to contact you about a meeting to talk one-on-one about this survey? If so, please write your name: _____

June 20XX

Dear ,

As the year draws to a close, I just wanted you to know that I am thinking of you. I know you have had a challenging year with worries about XXXX, and yet you have still managed to be a diligent and successful student. I want to compliment you for your many accomplishments in the face of immense stress at home.

I know you seem to want to concentrate on school-related matters when you are at Souhegan, and I want to be respectful of that approach. But please know that if you ever need someone to talk to—or a place to unwind—I would be glad to help. I know your teachers would also be “there” for you should you need them!

Again, know that I care about you and admire you very much.

Sincerely,

Anne

February 20__

Dear (mother) and (father),

I have been thinking about XXX a lot this week. Right before the break I did learn that an unfortunate situation occurred with YYY and that XXX played a role. I know the restitution/disciplinary piece is in the capable hands of my colleagues, so I am not writing about that aspect of the incident.

What does keep haunting my thoughts is whether something is troubling XXX to the point that he is exhibiting behaviors that may be a cry for help. I know the person of the recent incident is not the person XXX wants to be, nor were these the actions of someone who is content with himself. As you know all too well, XXX is quite stoic when it comes to talking about his feelings, and thus I have to admit that I am speaking from my instincts. However, I can't shake the feeling that he is hurting inside and that it is beyond my expertise to figure out how to help him.

We did talk about counseling for XXX last spring when his grades declined. Yet, as things seemed to get better, perhaps our resolve to pursue that avenue wavered a bit. Even though we are not currently seeing that same kind of academic nosedive (except perhaps in math), I still don't think his grades match his potential, and I again wonder if something deep inside of XXX—so deep that he himself may not even be fully aware of this obstacle—is preventing him from being the student he can be and from making decisions that are worthy of the person he can be.

I thus ask you to consider providing outside counseling as a support for XXX. As you know, I really have a soft spot in my heart for him, and I would like to think that I have done all that I can for him. I believe your insurance company could provide a list of providers, and I have some names in a file as well if that would be helpful to you in pursuing this support.

Sincerely,

Anne Burke