Mental Illness in At-Risk Adolescents:

Identification and Prevention Methods for

School Counselors and Teachers

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Abstract

Mental illness is becoming an increasingly large issue across the United States, specifically among teenagers and young adults. For years, mental illness has held a stigma which has prevented many from seeking the treatment, resources and support they needed. The following paper discusses the importance of early identification, prevention and treatment for mental illness and how school counselors and teachers can work together to support children and adolescents in fighting the onset of borderline personality disorder, severe depression and bipolar disorder. Specifically, this paper discusses what school counselors can do to be part of this important movement by providing education on mental illness awareness, facilitating support groups, individual counseling and incorporating the Adlerian principals of social interest, and encouragement in their daily work.
Mental Illness in At-Risk Adolescents: Identification and Prevention Methods for School Counselors and Teachers

Mental illness is a growing concern in the American society. Each year, an alarming number of people are being clinically assessed and medically diagnosed with a mental illness (Watanabe-Galloway & Zhang, 2007). Millions of Americans are affected by mental illness and only a fraction of those people are actually being treated (Foschi, 2010). According to the National Institute for Mental Health (2010), more than 54 million Americans have a mental disorder of some type in a year. Having a diagnosis for a mental disorder does not necessarily mean a person is struggling. In fact, with proper support and medication, many Americans living with a mental illness are able to have successful careers, healthy relationships and many personal successes (Dunn, Rogers & Wewiorski, 2008). However, if not properly diagnosed and treated, severe mental illness can often be detrimental to a person’s ability to function, overall happiness, and lifestyle (Coursey, Farrell & Keller, 1995).

The number of Americans affected by mental illness has nearly doubled since 1987 and there are now nearly 6 million Americans disabled by mental illness (Christner, Mennuti, & Whitaker, 2009). A person is not born with a mental illness, nor is it always genetic or part of someone’s personality (Broome & Warren, 2011). At times mental illnesses can have a biological basis from which it stems, however, not all predisposed genetic factors contribute or necessarily lead to a mental illness. Frequently, it is a person’s life experiences, overall health and coping skills that determine whether they are at a greater risk for a mental health problem.

In 2008, the prevalence of a serious mental illness was the strongest in adults 18-25 years of age (National Institute of Mental Health, 2010). Since mental illness is found predominantly in early adulthood, it is important to document and monitor the mental health status of struggling children and adolescents before a mental illness is even diagnosed. Specifically, it is important
to understand the importance of prevention and intervention systems in place at schools that is
given to support students exhibiting early symptoms and warning signs of mental illness
(Coursey, Farrell & Keller, 1995).

Typically, when a severe mental illness such as borderline personality disorder, bi-polar
disorder or severe depression is diagnosed, the person has been experiencing several symptoms
and exhibited alarming behavior over a long period of time before any mental illness is actually
diagnosed. The symptoms are usually less severe and alarming, but still aberrant behaviors for
the person. Professionals in schools who are in daily contact with students must work together to
identify students that may be exhibiting multiple symptoms and patterns of risky behavior and
use a prevention plan to support the student before the symptoms manifest into a full blown
mental illness.

Not all aberrant behavior and negative emotions lead to a mental illness. Fortunately,
many adolescents are able to use healthy coping skills to work through their problems and seek
external support when they need it. However, this paper addresses the growing concern for the
silent adolescents who are not able advocate for themselves and it is the voice for millions of
adults struggling with a severe mental illness that potentially could have been prevented had they
received the proper support and prevention treatment.

The following paper will discuss early identification for teens with aberrant behavior who
fit the profile of borderline personality disorder, major depression or bi-polar disorder in order to
create a prevention plan that can be used for teachers and school counselors in schools.

**Aberrant Behaviors Among Teenage Students**

In today’s society, it is difficult to determine what the normal standard is for adolescent
behavior. With so many socioeconomic, cultural and ethnic backgrounds, it is challenging to
determine what “normal” behaviors are. Armstrong (2007) explains in the book, *The Human Odyssey: Navigating the Twelve Stages of Life*, the one thing you can say about teenagers is that they are very passionate.

They’re passionate about their clothes, their music, their love interests, their friends, and their ideals. The biochemical tide that stages through their brains and bodies during puberty virtually ensures that ardor and zeal will express themselves in some tangible way between the ages of thirteen and twenty. We often view the passionate intensity of adolescence with worry and even alarm. (Armstrong, p. 141)

Though the adolescent’s passion and zeal for life can often be misinterpreted as worrisome behavior, it is important to know and view each teenager on an individual basis to understand what are the “normal” and “not normal” behaviors of each particular student. While the adolescent years can often be an exciting age full of new experiences, opportunities and self-discoveries, it can also be an emotional, stressful and discouraging time where aberrant behaviors occur that are unhealthy and continue for far too long. Aberrant behaviors are often described as unusual behavior that is not typical for a specific person (Cheron, Hennen, Magee & Shedlack, 2005). Someone who is displaying unhealthy aberrant behaviors for a longer period of time and whose functioning ability and personal relationships are deteriorating drastically should be assessed as those behaviors might be an early indicator of a serious health issue such as a mental illness (Cheron, et al).

Professionals working with adolescents are striving to view each teenager as an individual and not label them in a certain category or box. In particular, teachers and school counselors are constantly aiming to understand each student on a personal level and establish a healthy relationship with trust and respect (Regan, 2009). Not only are these personal
relationships helpful for the student to feel engaged and cared about, they can also help the teacher and school counselor be in tune with any aberrant behaviors that may be displayed over a short or long period of time. The following section discusses how various types of abuse to an adolescent will often manifest into unhealthy and alarming physical and emotional symptoms.

Abuse

Abuse is a serious act of physical or emotional violence that can damage a person’s self esteem, confidence and functioning ability (Rodriquez-Srednicki & Twaite, 2004). If a child or adolescent has been a victim of abuse, strange and unusual warning signs and symptoms will often manifest and be displayed. Symptoms can occur due to short term or long term abuse and can inevitably lead to various forms of mental illness if not properly addressed and treated (Rodriquez-Srednicki & Twaite).

According to the Clinical Staff at the Mayo Clinic (2010d), most child abuse is inflicted by someone the child knows and trusts, often a parent or relative. The child may feel ashamed and guilty if they have been abused and have difficulty telling someone due to the abuser often being a family member. The Mayo Clinic (2010d) recommends watching for sudden changes in behavior that may seem unusual for the child. Changes in school performance, withdrawal from friends or usual activities, absences from school and attempts at running away can all be signs of some type of abuse occurring (Rodriquez-Srednicki & Twaite, 2004).

Physical abuse is when a child or adolescent has been purposefully injured. Physical signs of abuse can be unexplained injuries, bruises, fractures or burns (Mayo Clinic, 2010d). Often there will be a significant fear of the parents or adult caregiver. Sexual abuse warning signs can vary from physical to emotional symptoms. For example, physically the child or adolescent may have difficulty sleeping, trouble walking or sitting, blood in the underwear and
may even attempt to sexually abuse others (Mayo Clinic, 2010d). Emotionally, the adolescent may become socially withdrawn, depressed, anxious, show signs of aggression or hyperactivity.

Emotional abuse signs and symptoms can manifest into headaches, stomachaches, loss of self-confidence or self-esteem, seeking affection from other adults or extreme changes in behavior (Mayo Clinic, 2010). Neglect signs can also be seen in absences from school, poor hygiene, lack of fat and poor growth (Mayo Clinic, 2010d).

Parents’ behavior can often exhibit warning signs that they may be an abuser. For example, if a parent is constantly belittling the child, limits their contact with others, uses harsh physical discipline, denies any problems exist or even blames the child for any problems they may have. If the parent seems jealous of attention the child is receiving from other adults, demands an inappropriate level of physical or academic performance or describes their child with negative words, these are also signs of a potential abuser (Mayo Clinic, 2010d).

Bullying is a form of abuse that students may experience during their time in school or outside of school. Students can be physically or emotionally abused by another student or by a group of students which can inevitably lead to other more severe issues such as depression, anxiety, low self-esteem and even suicidal thoughts or attempts. Bullying is not necessarily direct from one person to another (Beardslee & Gladstone, 2009). Female bullying will often occur when spreading rumors or gossip about another female.

With advancing technology, cyber bullying is a new form of bullying that has been created through chat rooms, instant messaging, text messaging and other electronic sources (Keith & Martin, 2005). Now, children or adolescents creating fabricated rumors can instantly send an anonymous message to a wide audience without anyone knowing who the original sender was. Often adolescents will be reluctant to report if they are being bullied or abused. Teen
bullying frequently occurs through text messaging, which is prohibited during school hours and turns teens away from reporting any harassment (Keith & Martin, 2005).

Many adolescents will also experience boundary issues with their peers, romantic relationships and families. Often adolescents are fearful of losing important relationships in their life and are willing to sacrifice their own needs and desires for others. People who let their boundaries be violated or who refuse to establish boundaries at all often fear loss of approval or love. They are convinced that if they set a boundary, in essence, putting their own comfort and happiness above someone else’s, they will lose that person’s love, approval, and companionship (Paris, 1985).

Many adolescents will find themselves either being a violator of boundaries or struggle with the inability to set boundaries with others. Boundary violators’ inability to respect social norms will often cost them relationships as people grow tired of being treated with disrespect and invasion of privacy. On the contrary, people who struggle with setting boundaries will often find themselves stressed out and drained, as they are constantly feeling as though they need to give more of themselves and inevitably neglect their own needs (Paris, 1985).

Often boundary and relationship issues will stem from a struggling relationship with family members and in particular the parental relationship. In fact, Bloch (1995) identified the parent adolescent relationship as essential, centering his entire theory of adolescent development on three basic issues: (a) the internal strivings within adolescents to complete development, (b) the need for parental sponsorship of those strivings, and (c) a wish to retain a positive relationship with parents. With the increasing trend of struggling relationships between parents and their children, more adolescents are showing signs of unhealthy boundaries.
There is widespread concern that contemporary society is creating a growing number of children at risk for relationship impairments. Today, the typical child is reared by a single parent or by parents who both work outside the home. The decline or extended families and intimate neighborhoods leaves an isolated nuclear family. (Brendtro, Brokenleg & Van Bockern, 1990, p.12)

Relationships during a child’s development are extremely influential and impactful on how they will respond and interact in future relationships. When caretakers fail to meet the needs of their children they are often seen as unreliable, unpredictable and untrustworthy (Brendtro, Brokenleg & Bockern, 1990). Any type of abuse or neglect endured by a person during the developmental years will often manifest into some type of behavioral or emotional problem later in their life (Armstrong, 2007). If physical and emotional affects of an abusive situation are untreated and ignored, those symptoms can often lead and manifest into serious health concerns and potentially lead to a mental illness.

**Emotions and Attitudes**

Emotions and attitudes are often fragile and delicate with hormonal adolescents. It is not unusual for a teenager to show various highs and lows in their emotional state and be unpredictable in their attitudes and disposition (Cheron, Hennen, Magee & Shedlack, 2005). However, when a particular emotion becomes repetitive and disruptive to that person’s life, the level and intensity of the emotion could eventually become toxic. These harmful emotions will often stem from the adolescent experiencing some type of abuse. If strong negative emotions and attitudes are not addressed with the adolescent, more serious symptoms can manifest and become the source for a mental illness.
Anger. Anger is often the first sign or symptom that occurs if a student is experiencing emotional distress (Fitzgerald, Nesin, Shipman, & Zeman, 2003). Students experiencing intense feelings of anger may verbally or physically express their aggression towards people or things in their environment. For example, if a student is normally calm and controlled in class, but suddenly displays outbursts of violence and rage, this student may be struggling with extreme feelings of anger and hostility and should be addressed if the anger does not show signs of decreasing (Fitzgerald, et al).

Apathy. If an adolescent is showing apathy towards activities, people and areas of their life that they used to care about, this can often be a warning sign of needing help (Fave & Massimini, 2005). If they are showing a lack of interest in social events, athletics, clubs or spending time with their friends, and this is particularly unusual behavior for the adolescent, it is important to not dismiss the apathy as a passing phase and address these concerns with the student.

Anxiety. Dealing with hormonal and developmental changes, school, friendships, first romances and life after high school is enough to cause anxiety and worry for any adolescent. However, if the anxiety begins to effect the student’s confidence, trouble with sleep, shortness of breath or rapid heartbeat and severe irritability, the symptoms of severe anxiety can often be detrimental to the point of affecting day-to-day functioning. A teacher may start to notice a student experiencing severe anxiety with tests and continuing to have extreme worry about minor assignments. The anxiety may continue even after a test is complete or an assignment is finished. If a teacher or school counselor is noticing a student experiencing more anxiety than usual, it is important to collaborate and come together on the best way to approach and address this concern with the student (Beidel & Turner, 2007).
Social anxiety is also a concern for many children and adolescents. Pierce (2009), examined teens’ use of socially interactive technologies such as online social sites, cell phones, text messaging and instant messaging to determine whether or not the recent surges in technology use has increased the relationship with face to face social anxiety. According to Pierce:

In assessing social anxiety, analyses revealed a positive relationship between social anxiety (not comfortable talking with others face-to-face) and (1) talking with others online and (2) talking with others via text messaging. In contrast, there was a positive relationship between the lack of social anxiety (feeling “comfortable” talking with others) and making friends online (2009, p. 1367).

With adolescents using new age technology to communicate with their peers more than any other generation, social anxiety is showing increasing levels when placed in a situation of face-to-face interaction. The learned social piece of daily interaction with others is an important part of an adolescent’s developmental growth and life skills (Pierce, 2009).

**Behaviors**

According to the book, Defense and Enhancement of the Self (Satain, North, Strange, & Chapman, 1958) one of the ways in which we attempt to defend and enhance the self is by aggressive or passive aggressive behavior. “If there is a block in our path, we can attack it head on and do so again and again. If we eliminate the block or get over or around it, fine. If we do not succeed in dislodging it, at least we may get satisfaction from trying” (Satain, North, Strange, & Chapman, p.2). If adolescents have experienced some type of abuse, neglect or been exposed to a life of damaging treatment, then the natural and instinctual defense mechanism is to act out with various problematic behaviors.
**Grades.** Dropping grades is often a sign and behavior that a student is struggling and feeling overwhelmed. Students starting to feel low motivation, inferiority to other students, loss of control over their environment and isolation will start to show a decrease in their academic performance (Lan & Lanthier, 2003). Along with dropping grades, drastic change in behavior is something that should be noted and monitored in adolescents. For example, according to the study by Lan and Lanthier (2003), students that end up dropping out of school start to initially deviate from the social norm of school behavior, their usual school activities and eventually disengage from their school community. Therefore, drastic changes in behavior that are first noticed in a school setting should be documented and monitored.

**Withdrawal.** Another way to defend the self is to retreat from the threatening situation and withdraw (Satain, North, Strange & Chapman, 1958). Students who may feel frustrated, discouraged and lost tend to completely withdraw from the situation rather than attacking the problem. For example, in the study by Lan and Lanthier (2003), students who were significantly struggling with the transition to high school showed a decrease in their academics, school involvement and some eventually dropped out of school. “The transition to high school represents a time of stress and vulnerability. Taken together, the dramatic changes in the cognitive and social spheres of the adolescents’ lives may sharply change students’ perceptions of themselves and the new school environment” (Lan & Lanthier, 2003, pp. 325-326). Students who do not have the life skills to combat stressful situations often use withdrawal and retreat as a coping strategy.

**Eating disorders.** Another behavior that is prevalent among adolescents, and in particular females, is an eating disorder. Anorexia Nervosa and Bulimia Nervosa are conditions where a person is displaying unusual and unhealthy eating behavior and typically has a distorted
body image (Carlson & Sperry, 1996). These behaviors usually involve a refusal to eat, overeating, purge eating and impulse eating. Anorexia Nervosa and Bulimia Nervosa typically occur during the teenage years or the early 20s and rarely after the age of 30 (Carlson & Sperry, 1996). Often adolescents who feel powerless or struggle with perfectionism are susceptible to an eating disorder. According to the Mayo Clinic (2010b) certain risk factors, situations and events might also increase the risk of developing an eating disorder.

Family history can significantly contribute to an eating disorder if a parent or sibling has been dealing with an eating disorder or if the family dynamics are extremely critical and demanding (Carlson & Sperry, 1996). Also extreme dieting, difficult transitions, high pressured sports, work or artistic activities and emotional disorders are all predispositions and risk factors that can contribute to an adolescent exuding coping behavior through binge eating, purging or refusal to eat (Mayo Clinic, 2010b). If a student is regularly skipping meals, having social withdrawal, intensely focusing on food, or looking thinner, these symptoms should be addressed as they could be significant signs of an eating disorder (Mayo Clinic, 2010b). Not only could these symptoms be linked to an eating disorder, but they could also lead to other health complications such as depression, heart disease, bone loss, suicidal thoughts or behaviors and even death. It is important for the adolescent to be confronted in this situation and encouraged to receive individual and family-based psychotherapy (Mayo Clinic, 2010b).

**Self-injury.** Self-injury and cutting is an act of deliberately harming your own body. Self-injury is an unhealthy way to cope with emotional pain, intense anger and frustration (Mayo Clinic, 2010f). Self-injury is often an impulsive act and the person is triggered by a sudden urge and feeling of need to harm themselves. The arms, legs and front of the torso are frequently the targeted area for cutting as they can be easily hidden. Adolescents who have friends who self-
injure are much more likely to begin self-injuring themselves. Though self-injury and cutting are not considered a form of suicide, a cut that is made too deep could be fatal. Self-injury is considered an aggressive symptom and warning sign for various mental illnesses, including depression, eating disorders and borderline personality disorder (Mayo Clinic, 2010f).

**Unusual sexual behavior.** An adolescent displaying unusual sexual behavior is a common symptom frequently stemming from physical and emotional abuse. In fact, sexual behaviors have motives that are not primarily sexual and often occur for a great number of nonsexual reasons (Carlson & Sperry, 1996). Promiscuous sexual behaviors among adolescents frequently stem from a teenager being sexually abused themselves or having experienced some time of abuse during their childhood (Mayo Clinic, 2010d). They do not know how to cope with this traumatic experience and therefore turn to unhealthy behaviors to survive. Unusual sexual behavior should be taken seriously and addressed with a teenager as those symptoms can be a huge indicator for borderline personality disorder (Mayo Clinic, 2010c).

**Chemical or drug use.** Adolescents feeling overwhelmed with emotions, responsibilities and pressure will often find themselves self-medicating and experimenting with drugs and alcohol. Early stages of drug and alcohol usage can be a behavioral indicator of an adolescent showing signs of needing help (Connell, 2003). If the adolescent does not receive the additional support they need, the drug usage may increase and symptoms can become much more severe and serious. For example, a teenager struggling with minor depression may start to exude reckless behavior and start using drugs and alcohol. If the student receives no additional intervention and prevention support, the drug usage may increase and the minor depression may manifest into suicidal thoughts and actions (Connell). It is crucial for teachers and counselors to work together to prevent students from continuing with unhealthy behavior and coping skills.
Abuse and unhealthy emotions and behaviors correlate and contribute to the manifestation of dangerous symptoms. Teachers and school counselors work with a large number of students every day and though they aim to be in tune with their students’ normal patterns, it is nearly impossible to consistently track every student’s varying emotions and behaviors. The symptoms previously discussed are all considered significant warning signs and red flags for future mental illness diagnoses. When one of these symptoms is prevalent by itself, the severity of the symptom is much lower than when many of these symptoms occur at the same time. Therefore, it is pertinent that teachers and school counselors work together in constant communication in discussing students who have been exhibiting several unusual behaviors, emotions, attitudes and characteristics. Successful student support systems are able to identify problematic symptoms in an adolescent and provide prevention support before the symptoms manifest into a serious mental illness.

Early Identification of Mental Illness

If an adolescent exhibits many symptoms or risk factors for a specific mental illness, they could be a candidate for early identification and treatment of the illness. The purpose of the identification process is to catch early on-set symptoms and prevent them from worsening and manifesting into a more disabling mental illness.

The following mental illnesses that will be discussed and defined are: borderline personality disorder, major depression and bi-polar disorder. These three mental illnesses are frequently found and diagnosed in young adults ages 18-25 (Watanabe-Galloway & Zhang, 2007). The next section will describe each illness and the specific warning signs and symptoms to be cognitive and aware of.
Borderline Personality Disorder

Borderline personality disorder is an emotional disorder that causes emotional and behavioral instability. With borderline personality disorder, a person’s image of themself is fundamentally flawed and their anger, impulsivity and mood swings may push others away, even though they want loving relationships (Mayo Clinic, 2010c). People with borderline personality disorder have poor impulse control that may lead to problems with gambling, substance abuse and sexually promiscuous behavior (Bohus, Lieb, Linehan, Schmahl, & Zanarini, 2004). Females tend to be diagnosed more often than men and can be vulnerable to unplanned pregnancies and sexually transmitted diseases. In particular, adolescents with this illness tend to experience car accidents and physical fights due to impulsive risky behavior (Mayo Clinic, 2010c).

People with this mental illness struggle to keep healthy relationships and they are usually in constant chaos. They may romanticize about someone one moment and then quickly and dramatically change into anger and hate over misperceptions or minor miscommunications. According to Carlson and Sperry (2006):

Interpersonal relationships develop rather quickly and intensely, yet their social adaptiveness is rather superficial. They are extraordinarily intolerant of being alone and they go to great lengths to seek out the company of others whether in indiscriminate sexual affairs, late night phone calls to relatives and recent acquaintances, or late-night visits to hospital emergency rooms with a host of vague medical and/or psychiatric complaints. (p. 322)

With significant instability in behavior, emotions and an unstable view of the self, this mental illness often leads to changes in jobs, friendships, goals and values (Bohus, Lieb, Linehan, Schmahl, & Zanarini, 2004). Though the causes of borderline personality disorder are not fully
understood, certain risk factors have been determined to have a direct correlation with the diagnosis. The following risk factors and symptoms have been identified by the Mayo Clinic.

**Risk factors.**

1. **Hereditary predisposition.** A person may be at a higher risk if a parent, close family or sibling has the disorder.

2. **Childhood abuse.** Many people that have been diagnosed with this disorder report having been sexually or physically abused during their childhood.

3. **Neglect.** Some people with the disorder have reported neglect, abandonment and severe deprivation during childhood (Bohus, Lieb, Linehan, Schmahl, & Zanarini, 2004).

**Symptoms and warning signs.**

1. **Impulsive and risky behavior** such as unsafe sex, gambling sprees, illegal drug use or dangerous driving.

2. **Strong and intense emotions** that quickly and frequently change. Also intense but short episodes of anxiety or depression.

3. **Inappropriate anger** that sometimes escalates into physical confrontations. Difficulty controlling emotion or impulses.

4. **Fear of being alone** and constantly seeking new, short lived relationships.

5. **Self-injury,** cutting on the body or suicidal behavior (Mayo Clinic, 2010c).

**Major Depression**

During adolescence, teenagers are experiencing intense peer and academic pressure along with changing hormonal bodies and emotions that can give a person frequent ups and downs. According to Carlson and Sperry (1996), children often do not recognize feeling depressed,
especially if they have been depressed for a long time. Their current mood may be perceived as normal because they have lived with it for as long as they can remember.

However, when the lows are not just temporary feelings and start to affect life negatively in various ways, this can be a sign of major depression. Beardslee and Gladstone (2009) state that depressive illness is one of the leading causes of morbidity and mortality in the world today. “Youth depression is quite common and is associated with negative long-term psychiatric and functional outcomes including impairment in school work and suicide attempts” (Beardslee & Gladstone, p. 213). Traumatic events during childhood such as abuse or loss of a family member can make a person more susceptible to depression (Mayo Clinic, 2010). Also, teenagers who have adapted learned patterns of negative thinking and feelings of hopelessness rather than striving to find ways to make things better are more prone to depression.

If untreated, depression can result into severe anxiety problems, alcohol and drug use, relationship difficulties, social isolation, and as previously stated, can even turn to suicide (Coursey, Farrell, & Keller, 2004). The following key risk factors and symptoms of teen depression were published by the Mayo Clinic.

**Risk factors.**

1. Having a parent, grandparent or biological relative that suffers from depression.
2. Having experienced a traumatic event, losing a loved one or having a family member who committed suicide.
3. Having been physically or sexually abused.
4. Experiencing intense pressure, blame, strictness or punishment from parents.
5. Having self-deprecating characteristics such as low self-esteem, being overly dependent, self-critical or constantly negative and pessimistic.
6. Females are diagnosed with having depression more often than males.

7. Being attracted to members of the same sex, which can cause depression linked to negative social pressures and internal emotional conflicts.

8. Children and adolescents who are overweight can lead to judgment by others and create feelings of low self-esteem, embarrassment and withdrawal from society.

**Symptoms and warning signs.**

1.) Sadness, irritability or anger that remains for a period of two weeks or longer.

2.) Decreasing academic performance or frequent absences from school.

3.) Loss of interest in family, friends, social events, school or favorite athletics and activities. Increasing conflicts with friends and family members.

4.) Crying spells for no apparent reason.

5.) Fatigue, tiredness and loss of energy. Insomnia or excessive sleeping.

6.) Changes in appetite. Depression can often cause an increase or decrease in appetite and weight gain or loss.

7.) Unexplained physical problems such as back pain or headaches.

8.) Frequent thoughts of death, dying or suicide (Carlson & Sperry, 2006).

**Bi-polar Disorder**

Bipolar disorder, sometimes called manic-depressive disorder, causes mood swings that range from low depression to high mania in a short or extended period of time (Chang & Miklowitz, 2008). These drastic changes in mood can occur a few times a year or several times a day (Mayo Clinic, 2010a). According to Carlson and Sperry (2010), bipolar disorder is distinguished from other affective disorders because of the circularity of the moods. “Depression follows mania which follows depression in a fashion that colors the whole psychic life even
though there are euthymic periods when functioning is not disturbed” (Carlson & Sperry, p. 80). In some cases, bipolar disorder causes symptoms of depression and mania at the same time (Mayo Clinic, 2010a).

Many people do not receive the help and treatment they need because they do not realize how much their mood swings disrupt their life. In fact, many people enjoy the manic and euphoria phase even though it is usually followed by an emotional crash. However, it is important to seek help as bipolar disorder can cause significant difficulty in work, school and relationships.

It is often difficult to spot this mental illness in children as they don’t always have a clear sign of depression or mania. In children and adolescents, the most prominent sign of bipolar disorder can be an explosive temper, instant mood shifts, aggression and reckless behavior (Mayo Clinic, 2010a). Though mania and depression are not always blatantly obvious in adolescents, if knowledgeable and aware about the extreme behaviors and emotions, warning signs and symptoms are easier to identify. According to Chang and Miklowitz (2008), the few studies that have followed at-risk youth into adulthood find developmental delays in cognitive abilities and social skills from childhood to adulthood.

Biological markers and at-risk identification processes may increase the accuracy of identifying children and adolescents who later develop bipolar disorder (Chang & Miklowitz, 2008). The following risk factors and symptoms for bipolar disorder have been published by the Mayo Clinic.

**Risk factors.**

1. Having biological relatives or siblings with bipolar disorder.
2. Periods of high stress.
3. Drug and alcohol use.
4. Major life changes that can be traumatic.
5. Being between the ages of 15 and 30.

**Symptoms and warning signs.**

*Manic phase of bipolar disorder.*

1. Euphoria, extreme optimism, inflated self-esteem, increased energy or physical activity.
2. Poor judgment, spending sprees or unwise financial choices, carless or dangerous use of drugs and alcohol.
3. Poor performance in school and frequent absences. Inability to concentrate on work.
4. Delusions or break from reality, unrealistic drive to perform or achieve goals.
5. Aggressive behavior, agitation or irritation. Shows an increased sexual drive.

*Depressive phase of bipolar disorder.*

1. Extreme sadness, hopelessness, anxiety, guilt, sleep problems or fatigue.
2. Loss of interest in daily activities, interest in friends or family.
3. Depressive phase can also show poor performance in school, frequent absences and inability to concentrate on work.
4. Chronic pain without a known cause.
5. Suicidal thoughts or behaviors (Mayo Clinic, 2010a)

Symptoms of the above three mental illnesses may be apparent and strong at one moment and then retreat and appear to be gone the next. Not all symptoms prevalent in a person indicate that they have a mental illness. In fact, adolescents frequently display feelings of frustration,
anger and irritability. However, when one symptom is correlated with several other warning signs and risk factors, there is considerable reason to be concerned.

If teachers and school counselors follow problematic and concerning students together and track numerous warning signs and symptoms, the chances of early identification for a mental illness significantly increase. If a student can be identified as having early warning signs and indications that they are needing help, then an effective plan can be implemented with that student to help prevent the diagnosis and life debilitating symptoms of a mental illness.

**Early Prevention Plans for School Counselors and Teachers**

A prevention plan for school counselors and teachers to use in a school environment would be slightly different and modified to a prevention plan in a clinical setting. In a clinical setting medication, long term psychotherapy and new, innovative techniques could be used and explored. The preventions that are recommended in the school environment are more natural encouragement and supportive techniques that are realistic to provide in a school setting.

Unfortunately, there is very little research done to prove the effectiveness of implementing prevention plans before the actual onset of a mental illness (Beardslee & Gladstone, 2008). However, the following techniques are helpful at increasing self-esteem, enhancing coping, and producing a sense of control and mastery over the illness and other stressful life circumstances.

**Borderline Personality Disorder Prevention Plan**

Borderline personality disorder is a cycle of inaccurate expression, followed by invalidation (Fruzzetti & Shenk, 2008). Dialectical behavior therapy (DBT) was designed to specifically treat borderline personality disorder. This therapy can also be used as a preventative measure as it uses a skills-based approach to teach the person how to regulate their emotions,
tolerate distress and improve relationships (Mayo Clinic, 2010c). The following techniques are helpful for adolescents as it teaches and reinforces the coping skills they need to manage their emotions and behavior now and in the future. These techniques are more effective if family members and outside support systems are working together with the prevention plan.

1. **Accurate Expression.** “It is very helpful to be mindful of one’s emotions and goals before beginning any expression. [Students] and family members alike often get stuck in high levels of reactive or secondary emotions that interfere with accurate expression” (Fruzzetti & Shenk, 2008, p. 219). Facial expressions, posture and muscle tension can often throw off a person with borderline personality disorder symptoms and send misunderstood signals of judgment. If an adolescent is moderately calm then the primary feelings will be the focus and the conversation will be much more effective (Fruzzetti & Shenk, 2008).

2. **Encourage the adolescent to only engage in healthy and safe relationships.** The student may be in frequent and unsafe dating relationships for instant gratification and approval from others to help with their self-esteem and confidence. It is important to work with these adolescents as individuals and encourage them to build the skills, confidence and ability to work through difficult situations without depending on others (Bonhus, Lieb, Linehan, Schmahl & Zanarini, 2004).

3. **Help to establish healthy ways to ease painful emotions rather than inflicting self-injury.** Make a plan with the adolescent about what alternative options they can do if the sudden urge appears to cause self-injury (Mayo Clinic, 2010c).

4. **Help adolescents understand what things seem to trigger angry outbursts or impulsive behavior.** Establish a healthy action plan to help students indentify triggers and
alternative ways to decrease anxiety, emotions and dramatic reactions (Copeland & Hess, 2001).

5. If symptoms continue to persist, discuss possible outside treatment options and sources for deeper therapy sessions as many of the prevalent symptoms may be a source of deep rooted experiences and hurt. If possible, explore possible psychotherapy options for the adolescent and family. In particular, dialectical behavior therapy (DBT) is specifically recommended for borderline personality disorder treatment (Bonhus, Lieb, Linehan, Schmahl & Zanarini, 2004).

**Major Depression Prevention Plan**

In the article, The Prevention of Depression in Children and Adolescents, Beardslee and Gladstone (2009) indicated that there is reason for hope regarding the role of intervention in preventing depressive disorders in youth. Fortunately, preventative research on depression has been studied more than any other mental illness (Connell, 2008). “Certainly it seems that such prevention programs decrease children’s levels of depressive symptoms and, as symptoms clearly are forerunners of full-blown episodes, they are an important positive outcome in and of themselves” (Beardslee & Gladstone, p. 218). The following techniques may prove helpful when working with an adolescent who is displaying depressive symptoms.

1. Establish a healthy lifestyle plan with the adolescent. Exercise can significantly help reduce depressive symptom. Encourage the student to join a team, club or organization that gets them moving (Lutz, 2007).

2. Encouraging adolescents to get enough sleep. Getting enough sleep can be critical in reducing depressive symptoms. Anger, anxiety and feelings of hopelessness can be triggered by lack of sleep and rest (Beardslee & Gladstone, 2009).
3. Help adolescents stay away from drugs and alcohol as means to cope with their symptoms. In general, the use of these narcotics will only worsen the symptoms and make the depression more difficult to treat (Fitzgerald, Nesin, Shipman & Zeman, 2003).

4. Pay attention to specific triggers that increase the depressive symptoms. School counselors can work with the student to make a list of all the triggers that seem to initiate negative feelings, thoughts and behaviors. Together, they can create an action plan to combat such triggers and discuss ways to work through the symptoms (Brown, Dahlbeck & Sparkman-Barnes, 2006).

5. If possible, find psychotherapy treatment that is the right fit for the family. The adolescent will be able to learn what causes their symptoms and learn how to identify and make changes to unhealthy behavior or thoughts. Cognitive behavioral therapy (CBT) is most commonly used by therapists for teens dealing with depressive symptoms. Medication options can also be explored and discussed with their doctor (Broome & Warren, 2011).

**Bi-polar Disorder Prevention Plan**

Bi-polar disorder can be an extremely difficult mental illness for people to live and function with daily. According to Chang and Miklowitz (2008), a high-risk factor during childhood or adolescence does not necessarily diagnostically specify a person will acquire the illness. However, genetic and biological factors certainly contribute to a person’s vulnerability and those individuals are at risk for a more pernicious course of illness.

If signs of mania, depression or frequent inconsistent temperaments arise in a specific student, the following techniques can be used to help decrease the symptoms and potential prevention for the bipolar illness.
1. Identify with the adolescent what triggers and stressful situations first initiate depressive or manic episodes. Discuss what can be done to regulate the student’s mood, emotions and behaviors (Chang, & Miklowitz, 2008).

2. Regular exercise can easily help regulate a student’s mood. Working out releases endorphin brain chemicals that increase good feelings and can be a natural chemical with healthy benefits (Mayo Clinic, 2010a). Encourage the student to join an activity that helps them increase their physical activity. Also, practicing regular yoga and massage therapy has been linked to helping reduce symptoms (Lutz, 2007).

3. Encourage the student to follow a healthy diet. Eating right is helpful for students to help regulate their emotions and behaviors. The food we put in our body frequently contributes to our thought processes and can lead to odd behavior. Adolescents should eat a nutritious diet and avoid certain foods such as gluten, caffeine, sugar and smoking. Omega-3 fatty acids have also been known to be extremely helpful to improve brain function and depression associated with bipolar disorder (Mayo Clinic, 2010a).

4. Encourage the student to surround themselves with people who are a positive influence on them. People who are more susceptible to negative feelings and unhealthy behavior should try to remain in a nurturing and healthy environment. Positive attitudes can be extremely helpful to a young adolescent with these symptoms (Dunn, Rogers, & Wewiorski, 2008).

5. If possible, encourage the student and their family to receive outside resources for more intense therapy. Cognitive behavioral therapy (CBT) is widely used as a common form of individual therapy for bipolar disorder (Dunn, Rogers, &
The focus of this therapy is identifying unhealthy, negative beliefs and behaviors and replacing them with healthy, positive ones. This type of therapy can help identify triggers for the adolescent’s episodes and they can learn effective strategies to manage stress and develop coping skills. Various medication options are also available (Mayo Clinic, 2010a).

Various prevention techniques can be used with an adolescent who is displaying early warning signs and symptoms that could lead to a particular mental illness. Many of these prevention techniques are lifestyle adaptations and simple reminders of ways to incorporate healthy patterns and habits into everyday life. Daily exercise, nutritious eating and plenty of sleep can all help contribute to rational and balanced thoughts, emotions and behaviors (Lutz, 2007). Some of the techniques listed require individual planning time with the adolescent and potentially weekly meetings for continuous support. Family involvement and outside support could also be needed if symptoms continue to worsen.

**Implications for school counselors**

School counselors have the unique opportunity to engage and learn about the students with whom they work in a unique way that most school staff members will never be able to experience. Students frequently confide in their school counselors about their fears, dreams, hopes and insecurities and trust them with confidential information that they have not disclosed to anyone else. School counselors also have the ability to be leaders in their schools who are able to help break down the stigma of mental illness (Brown, Dahlbeck & Sparkman-Barnes, 2006). The counseling training and education that professional school counselors receive during their licensure program prepares counselors to help educate colleagues and students to become
more aware of this increasingly powerful issue and how it is effects today’s youth and adolescent populations.

**ASCA Model**

Bowers and Hatch (2005) discuss three components of the American School Counseling Association (ASCA) delivery system as including: small group counseling, classroom guidance and individual counseling. The delivery system is a way in which school counselors are able to help navigate and reach students through various emotional, personal and academic issues. The ASCA model is important because it provides a strong foundation for school counselors to reach a wide variety of students and provide the greatest impact possible. The ASCA model provides a comprehensive school counseling curriculum that is designed to reach the needs of all students. In regards to mental illness, utilizing all three components of the delivery system is crucial in helping identifying, preventing and serving all students potentially affected by mental illness.

**Small Group Counseling**

Students who are able to interact and engage with students working through similar emotions, behaviors and challenges often find a sense of relief and comfort in knowing they are not alone in their struggles. Heward (2009) suggests the power of the peer group as being very effective in producing positive changes in students. Groups allow students to speak openly and freely about their feelings and concerns. Groups also often give students a comfortable forum to receive support from their peers without feeling judged or alienated.

Not only are groups beneficial for receiving support and advice from peers, but it is equally therapeutic in giving students the opportunity to help others. According to Yalom and Leszcz (2005), “Group therapy is unique in being the only therapy that offers clients the opportunity to be of benefit to others. It also encourages role versatility, requiring clients to shift
between roles of help receivers and help providers” (p.13). Groups that are specifically held in schools provide a special and unique experience that brings together students who potentially would not have the ability to interact and engage on a regular basis and helps to formulate powerful and strong healing relationships (Yalom & Leszcz, 2005) Groups can also serve as a huge stress reliever for the day or week and students often look forward to gathering with their fellow group members as the highlight of their day.

Groups provide an atmosphere that helps students feel as though they are not alone in their struggles and school counselors have the ability to bring these students together. These support groups can provide coping techniques and healthy strategies to work through emotions and allow students to feel as though they can connect with others struggling with similar issues. Specifically for students who may be exhibiting early warning signs or symptoms of mental illness, support groups can be a great environment to openly ask questions and express their concerns about their feelings and behaviors without hesitation or embarrassment.

Classroom Guidance: Breaking the Stigma and Creating Awareness

Mental illness has always had a negative connotation and stigma due to years of fictional movies, fables and fabricated books surrounding this topic (Lauber & Sartorius, 2007). Stigmas are mainly created from people have little awareness or education about a certain topic, which leads to inaccurate assumptions and perceptions. Lauber and Sartorius (2007) explain that:

Most of the general population in all parts of the world hold negative views toward people with mental illness. On an individual level, people with mental illness are perceived as being dangerous, violent and unpredictable. Stigmatizing attitudes, prejudices and discrimination have serious consequences for the people affected (Lauber & Sartorius, p. 103).
Stigmas have a direct correlation and affect on those needing to seek treatment and present a barrier to them moving forward and getting the help they need (Lauber & Sartorious, 2007). According to Nordal (2010), a 2008 APA survey showed that more than half of Americans suffering from a mental illness see stigmas and concerns about what other people think about their illness as a barrier in preventing them from seeking the mental treatment they need. “… While an estimated 50 million Americans experience a mental health disorder in any year, only one in four will receive treatment” (Nordal, p. 2). Fighting stigmas starts with education and education starts within the home and school.

School counselors have the capability to increase the awareness and support for mental illness within their schools among the school staff and student population. Classroom guidance lessons, organizing and facilitating mental health awareness groups or even running a health and wellness fair are all ways that school counselors can play an important leadership role in their schools to help stop the negative and debilitating stigmas against mental illness.

School counselors are also working with outside mental health services to bring more knowledge and awareness into classrooms regarding this topic (Brown, Dahlbeck, & Sparkman-Barnes, 2006). Although many school counselors may feel adequately trained to deal with the personal, social, and psychological needs of their students, many school districts are working collaboratively with non-school mental health professionals from local clinics to respond to the mental health needs of students (Brown, Dahlbeck, & Sparkman-Barnes). School counselors are frequently collaborating and advocating for outside resources to bring in the best help possible for their students.
Individual Counseling: Adlerian Correlations

If Alfred Adler were alive today, it would be interesting to hear his opinions on the current state of mental illness, the diagnosis process and the neurological medications frequently prescribed. Griffith and Powers (2007) explain in *The Lexicon of Adlerian Psychology* that Adler claimed any dysfunction displayed as psychosis or neurosis in a human being was due to faulty training and self-training in childhood. He also believed that those who showed signs of mental illness were extremely discouraged individuals and lacked the use of cooperation and social interest to work through their life problems (Griffith and Powers, 2007).

Though Alfred Adler may not have a huge foundation within his psychology for mental illness, many of his theories and concepts work extremely well when working with troubled children and adolescents in schools. Specifically, his theories of contribution, encouragement and social interest provide a strong support system for students struggling with a variety of issues. According to and Powers (2007):

> They refer to attitudes and actions that inhere in community feeling/social interest and, as such, must be cultivated in children by their care-givers for the sake of their personal development as human being as well as for the continuing development of the human race, of which they must understand themselves to be the guarantors. (p. 17)

Encouragement is a key technique to use when working with students who are troubled because, according to Adler, the key factor and reason behind their struggles is the feeling of discouragement (Dreikurs, 1964). Specifically, students struggling with mental illness frequently need additional support and encouragement to stay involved, active and not recluse in their own world.
Students who are involved in various activities, athletics or part of some type of club or social group are able to benefit from the feeling of belonging and social interest. Overholser (2010), states that Adler emphasized the central role of social functioning in his views of optimal health. “In Adler’s model, optimal functioning is guided by cooperation and compassion toward others” (Overholser, p. 347). Social interest and peer engagement is important for children and adolescents to experience during their developmental years not only for general happiness but overall health.

School counselors are in the unique position to engage with students on an individual basis and learn about their various interests and passions. School counselors can also use this opportunity to encourage students to explore extra-curricular options and interests and encourage them to be involved with activities in and outside of school. Alfred Adler as the father and main contributor for the social interest theory, would certainly see encouragement as the best type of technique to use with struggling children and adolescents.

**Mental Health Action Plan**

The Mental Health Action Plan was created for school counselors to use with their students during individual counseling sessions. The plan was specifically designed for students who are showing potential warning signs and symptoms for mental illness and is composed of various questions that help them gain self-awareness for their behaviors and emotions. The Mental Health Action Plan helps students identify the triggers that put them into an upset emotional state and the symptoms they display when they feel this way. This gives the students an opportunity to identify when they start to go into a downward spiral and the internal and external factors that contribute to the cycle.
The Mental Health Action Plan also asks them to state what healthy coping strategies and exercise activities have helped make them feel better in the past. Lutz (2007) explains that healthy and unhealthy behaviors are linked in every person to affect overall physical and mental health. “Healthy lifestyles, currently defined as including physical activity, good diet, no smoking, moderation of alcohol use, and safe sexual practices, could also include stress management, spiritual practices, and social connection, to name a few” (Lutz, p. 301). Having students identify simple physical activities, goals, preventative tools and ways to make their environment safe are all helpful in helping them learn healthy ways to cope and manage their emotions.

The Mental Health Action Plan also asks the students to list the people and settings that they find to be most comforting and supportive for them. There is also a section where the counselor can list suggested programs and community resources that may be helpful for their specific needs. Having the student write down the names of their support system, emergency contact numbers, any therapists or counselors they see outside of school and community resources helps them to comprehend and understand that they are not alone in this.

The Mental Health Action Plan is designed to help students work through their destructive emotions and build the skills and confidence they need to gain healthy coping strategies that will help them throughout their entire life. The student at the end of the plan signs and dates the document in order to give the student a sense of accountability and ownership. The counselor is able to then photocopy the plan for him or herself and give the original copy to the student. This way the counselor can check in with the student and refer to the action plan when necessary and discuss any progress being made.
Conclusion

Though early identification is not always easy with adolescents, as aberrant emotions and behaviors are quite common during this developmental period, multiple symptoms over a long duration of time can be significant indications that a student may need extra support and regulation. If school counselors and teachers actively work together to identify students with unhealthy symptoms that interfere with their learning, relationships and well-being, the overall prevention and treatment options for mental illness are much more likely to be successful earlier.

The Mental Health Action Plan creates a prevention tool that can be used for teachers and school counselors to identify early aberrant behavior in teens with borderline personality disorder, major depression, or bi-polar disorder. With mental illness becoming a more prominent and alarming issue in the United States, the hope is to effectively use identification and prevention plans to help at-risk adolescents from becoming a victims of mental illness.

School counselors play an important role in helping to increase awareness and education about mental illness within schools. School counselors are the leaders who help launch new delivery systems that aim to reach all students and staff about this increasingly important societal issue. Whether it is facilitating a mental health support group or meeting with a student individually to develop a Mental Health Action Plan, school counselors serve as a key supporting and encouraging person within schools for these students. School counselors help give students struggling with mental illness the hope, inspiration and courage they need to work through their emotional pain and consistently remind them that they do have the skills and ability within themselves to live a happier and healthier life.
References


Fave, A. D., & Massimini, F. (2005). The investigation of optimal experience and apathy:


SUMMER HEALTH ACTION PLAN

I have identified the following triggers:

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

Warning Signs and Symptoms:

1._____________________________________________
2._____________________________________________
3._____________________________________________

Coping strategies – Things I can do to help me relieve my anxiety level, feelings of depression, anger or sadness:

1._____________________________________________
2._____________________________________________
3._____________________________________________
4._____________________________________________

Type of Exercise or Activity I like to do that makes me feel better:

1._____________________________________________
2._____________________________________________
3._____________________________________________
Plans and goals for this summer that motivate me:


People and social settings that provide support:

1. Name: __________________ Phone: ________________
2. Name: __________________ Phone: ________________
3. Name: __________________ Phone: ________________
4. Place: ________________________________________
5. Place: ________________________________________

Local Resources:

1. Suggested programs and resources that may be helpful:


Professionals or agencies I can contact during a Crisis:

1. Agency/Program/Counselor Name: __________________

   Phone: ________________

   Emergency Contact #: __________________

   Crisis Hotline: ________________________________________
Making the environment safe:

1. ____________________________________

2. ____________________________________

3. ____________________________________

Student Signature: ________________________

Date: ____________