



iGROW Peer Mentor Experiences with Youth Clergy and Lay Leaders



iGROW is a collaborative program of Adolescent Wellness, Inc.
www.adolescentwellness.org

Cover Photo by Lisa Siegel: In an event at the State House, the Massachusetts Coalition for Suicide Prevention presented its 2013 'Leadership in Suicide Prevention Award' to iGROW teens teaching the curriculum Break Free From Depression (www.bostonchildrens.org/breakfree) to 13 & 14 year olds.

iGROW - Interfaith Gathering 'Round Our Wellness

EXPERIENCES	4
Narrative 1	4
Narrative 2	5
Narrative 3	6
Narrative 4	7
Additional Content Contributors	9
Acknowledgements.....	10
PROGRAM OVERVIEW - iGROW (Interfaith Gathering 'Round Our Wellness)	11
Peer Leadership Model	13
About the Swensrud Depression Prevention Initiative (SDPI)	13
SDPI Community Program – iGROW	13
iGROW Programming.....	14
Program Findings	15
Referral and Clergy	16
Sample Referral Process.....	17
Prayers to Open and Close Meetings.....	18
Rituals.....	18
Dispose a Worry	18
Oil & Ash.....	18
Tzedakah (Charity) Collection	19
WELLNESS ACTIVITIES	20
Boston Children’s Hospital curriculum, Break Free From Depression (core activities)	20
Boston Children’s Hospital curriculum, Break Free From Depression (supplemental activities)	20
Agenda-Peer leaders co-facilitating Break Free From Depression , Session 1 of 3	21
Agenda-Peer leaders co-facilitating Break Free From Depression , Session 2 of 3	22
Agenda-Peer leaders co-facilitating Break Free From Depression , Session 3 of 3	24
OTHER ACTIVITIES	25
Spirituality & Mental Health Interview	25
<i>Question 1. What are some distinguishing features of adolescent spirituality and how might they be different from childhood or adult spirituality?.....</i>	<i>26</i>
<i>Question 2. What qualities are present in a "healthy spirituality"?</i>	<i>27</i>
<i>Question 3. What are some ways you have seen a person's mental illness influence their spirituality that is cause for concern?</i>	<i>27</i>

<i>Question 4. How have religious communities misinterpreted a form of mental illness as a spiritual/moral malady or "sin"?</i>	28
Spirituality Reflection Questions	29
Optimism Building Activities	30
Personal Shield.....	30
Interview With Myself.....	30
I Like Me Because.....	30
Future Dreams	30
Icebreakers and Humor Building Activities	31
Gordian Knot.....	31
Pass an Imaginary Object / Exaggerate.....	32
Mime Your Worry / Exaggerate	32
Draw Your Worry / Exaggerate	33
Caricature.....	33
Act Out Your Worry/ Caricature	33
Play with Worries / Comic Adviser; Situational humor; Banter as a Group	33
Exaggerate Your Worry / Story Parody	34
Forms of Humor	35
OTHER RESOURCES AND COMMUNITY CONTACTS.....	36
Art Therapy Resources	36
Identity Logo	37
Interpretive Portraits	38
Silhouette portraits.....	38
Journal Exercise.....	38
Visual Thinking Strategies	39
Do It Your Damn Self! Youth Film Festival	42
Mindfulness.....	44
Recommended Books for Children	51
Recommended Books For Teens.....	51
Recommended Books for Adults	52
References	53

EXPERIENCES

Narrative 1

My name is Maddie and I am a sophomore at Duke University! I'm from Wellesley, MA and graduated Wellesley Senior HS in 2010. I am currently majoring in Psychology and possibly Public Policy at Duke, and have really been enjoying my time at college thus far.

I started working with Adolescent Wellness my junior year of HS, and really enjoyed working with Nadja and her team through my senior year, as the program was expanded and developed.

I had some personal experience (through friends and family) with issues of mental health and wellness, and also was a member of a high school community that struggled with multiple suicides over the course of my years there. Adolescent Wellness seemed like a great opportunity to learn about these issues and help impact positive change in a community that was struggling to deal and cope with these issues. I have also been interested in the field of mental health, and Adolescent Wellness was a great opportunity to learn about a career in the mental health field and gain some valuable resources moving forward!

This wonderful program has connected me with some wonderful people and mentors who are passionate about adolescent depression and suicide prevention. It has helped me to make a positive change in my community back home, and develop leadership skills. Adolescent Wellness has also helped solidify my interest in the mental health field, and has provided an outlet for many members of my high school community who may have been struggling with issues of depression. It has overall been an overwhelmingly positive experience.

I have been able to learn from the leaders of this program about my options in the professional world, and they have been an invaluable resource for me.

I had an issue with a friend my junior year, which was very hard for me to deal with on my own. My connection with Adolescent Wellness provided a great outlet for me to discuss the best course of action to both help my friend and help myself, so that I felt confident I was helping my friend in the best possible way.

Narrative 2

My name is Camille and I am a freshman at Temple University in Philadelphia. I am majoring in Construction Management. I am from Newton, MA and graduated from Newton South High School in 2011.

I started working with Adolescent Wellness my freshman year in high school. I had just come back from treatment and I wanted to be able to give back to people that were struggling through the same things that I struggled through. Ultimately, I wanted to be able to potentially help others by using the knowledge I gained from my own experiences.

Adolescent Wellness has just showed me the importance of reaching out to others and it has helped me see that I really do want to make a difference in peoples' lives. Its pushed me out of my comfort zone to share my story. While I am majoring in Construction Management, I continue to want to work with the problems of mental health issues. I think my desire to continue to work in the field of mental health was influenced by Adolescent Wellness because it helped me to see all that I have to offer.

I was able to bring the documentary to my own high school, where I spoke, and then we had a panel discussion. I've also spoken to other groups of people so, hopefully, I was able to influence their lives in one way or another. I hope that I have given parents hope and ideas on how to help their children; I hope I've given adolescents hope that things can get better and helped by giving them tips on how to help themselves.

Narrative 3

My name is Michelle. I am a freshman at Northwestern University. As of right now I am a cognitive science major and intend to have a concentration in neurobiology (at NU you can have smaller concentrations to supplement your major). I am from Wellesley, MA.

*Currently at NU I am a part of the Peer Health Exchange program (PHE), teaching the Mental Health workshop to inner-city freshmen students at public Chicago high schools. I started working with Adolescent Wellness my sophomore year at Wellesley High School, (the year 2008-2009). I found out about the iGrow program through my temple community, temple Beth Elohim.

I am very interested in the mental health department and wanted to learn more about what Adolescent Wellness was teaching / studying. Also, my high school is known for its high levels of stress and mental health related issues, so I knew how important it was to get involved in the community and try and make a difference by educating myself and my peers.

Specifically, the iGrow program has taught me important skills to facilitate conversations and work with peers. Also, I have learned valuable skills about stress management, depression and dealing with other mental health related issues.

I have known for a while that I am interested in cognitive and neuroscience. However, Adolescent Wellness increased my exposure to the mental health field in relation to these areas and it is definitely something I want to continue to study. The program showed me, on a tangible level, the importance of mental health education for teens and young adults because of our workshops, training and interaction with the teen community.

I remember our first iGrow workshop, when we were thrilled that over 80 Wellesley teens came. This was very eye-opening for me because it helped me realize how pertinent this issue is and the number of teens in my community willing to reach out and wanting to learn more. I have also been a mentor to friends with all levels of mental health and stress-related issues.

Narrative 4

"Anyway, I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody's around - nobody big, I mean - except me. And I'm standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start to go over the cliff - I mean if they're running and they don't look where they're going I have to come out from somewhere and catch them. That's all I do all day."

~ The Catcher in the Rye, J.D. Salinger

My town's mental health consultant was not providing current information to our school district, even consulting school leaders that mental health had nothing to do with schools. The consultant's staff, located in the high school, would know each kid 'at risk' and the right thing to do for him or her. Yet Jenny died by suicide. Christine died. Tommy. Dan. John E. John B. Katy. Elizabeth. The mental health consultant to the town was trained during an previous era, hoping to somehow intervene in the last days or hours before a suicide attempt.

My name is Bob Anthony and my town is near Boston's remarkable institutions that research how to treat - and in many cases prevent - mental disorders long before suicidal ideation occurs. School leaders, faced with conflicting safety information, make no changes. With our public schools blocked, I wondered how to share better information with families in the community.

Clergy offered the solution, particularly youth ministers. They recognize that youth often confide in peers before adults, and they want those relationships to be meaningful. I founded Adolescent Wellness, Inc. (AWI) and scheduled workshops for clergy and, with their help, also provided training for teens in youth groups interested in becoming peer mentors.

The mentors named the program iGROW, for Interfaith Gathering 'Round Our Wellness. Teens identified topics of concern and psychologists facilitated practical activities with the teens that improve the coping skills and knowledge to care for oneself and others. (Many of the activities are in the curriculum, Break Free From Depression, which is listed in the national Best Practices Registry of the Suicide Prevention Resource Center.) The mentors wrote a covenant; it is printed on a wallet referral card along with contact information not for crisis but for 'concern'; it refers families to their pediatrician and to a 'warm line' that assists in connecting with a suitable mental health provider. The peer mentors then co-facilitated wellness activities with other kids of high school and middle school age.

In an event at the State House on February 11, 2013, the Massachusetts Coalition for Suicide Prevention presented its 2013 'Teen Leadership in Suicide Prevention Award' to AWI's iGROW program and the peer mentors who co-facilitated the Break Free From Depression (www.bostonchildrens.org/breakfree) curriculum with 13 & 14 year olds from several communities.

The Surgeon General has published a health strategy of prevention (National Prevention Strategy) and defined the goal of reducing teen depression to 7.4% by 2018; this is also a goal (MHMD - 4.1) in the National Suicide Prevention Strategy (September, 2012).

Contacts

Nadja N. Reilly, Ph.D., nadja_reilly@mspp.edu

Instructor in Psychiatry, Department of Psychiatry, Harvard Medical School
Associate Director, Freedman Center for Child and Family Development
Massachusetts School of Professional Psychology
One Wells Avenue
Newton, MA 02459

Vanessa Prosper, Ph.D., vanessa.prosper@childrens.harvard.edu
Staff Psychologist, Swensrud Depression Prevention Initiative
Children's Hospital Neighborhood Partnerships
Department of Psychiatry, Children's Hospital Boston
Landmark Center, 401 Park Drive, 6th Floor
Boston, MA 02215

Bob Anthony, bobanthony@adolescentwellness.org
President
Adolescent Wellness, Inc.
103 Old Colony Road
Wellesley Hills, MA 02481

Additional Content Contributors and Participants

Rev. Amy Alletzhauser, Christ Church United Methodist
Salynn Boyles
Rev. Jim Brommers Bergquist, Wellesley Hills Congregational Church
Vivian Dole, St. Paul Church
Rev. Pam Emslie, Wellesley Congregational Church
Rev. Matt Fitzgerald, Wellesley Hills Congregational Church
Julie Freeman, Nutrition Services
Katherine Hyde, Boston Children's Hospital
Jennifer Irving, Boston Children's Hospital
Father Felix Kingsley-Obialo, Archdiocese of Ibadan, Nigeria
Brett Lubarsky, Temple Beth Elohim
Karen Mason, PhD, Gordon-Conwell Theological Seminary
Sue McGreevey
Anne Mears
Delvina Miremadi, EdD, Boston Children's Hospital
Gloria Rapport, Creative Youth Leadership
Erin Reilly, Personal Day
Jane Richardson
Father Mark Riley, St. Paul Church
Rabbi Rachel Saphire, Temple Beth Elohim
Nanette Savides
Russ Schoen, Creative Youth Leadership
Lisa Siegel, MSW
Jason Springer
Doug Stevenson, All Creation
Christine Tierney, St. John The Evangelist Church
Jim True, True Martial Arts Academy
Maggi Van Dorn, Harvard Divinity School
Rev. Chris Wendell, St. Andrew's Episcopal Church
Elena Belle White
Robert Williams, PhD
iGROW peer leaders

Acknowledgements

Many remarkable people made iGROW possible; I see tireless efforts of the clergy and lay leaders and the selfless attitudes of the peer leaders. I am thankful to know them and greatly appreciate their help.

One of the first needs was to provide an assisted referral service for everyone participating in iGROW, each youth, family and clergy. This is graciously provided through the MSPP Interface referral service (www.MSPPIinterface.org), a program created by Margaret Hannah, M.Ed., Executive Director, Freedman Center for Child and Family Development, Massachusetts School of Professional Psychology. As a result, each iGROW participant has a 'wallet card' with contacts to discuss an early concern rather than an urgent crisis.

In addition to Nadja Reilly, PhD, I am most grateful to Dr. David DeMaso, Psychiatrist in Chief, Boston Children's Hospital and the staff and Swensrud Fellows from Children's Hospital Neighborhood Partnership and Swensrud Depression Prevention Initiative. In addition to translating their knowledge into practical activities for direct use by the peer leaders, an additional gift to iGROW was many personal hours away from their own families on weekends and evenings in order to be present during a congregation's youth group event or parent workshop. Most recently, that person is staff psychologist Vanessa Prosper, whom has trained our peer leaders how to co-facilitate the Break Free From Depression curriculum activities for 'rising freshmen', youth from participating congregations currently in grade 8.

Funding of iGROW has been generously provided by the Wellesley Hills Congregational Church, St. John the Evangelist Parish, Temple Beth Elohim, and private donors.

PROGRAM OVERVIEW - iGROW (Interfaith Gathering 'Round Our Wellness)

iGROW is grounded in Bronfenbrenner's social ecological model, and is informed by evidence found in the Child Health and Social Ecology (CHASE, Norifumi et. al, 2008) project, where researchers demonstrated youth can successfully impart knowledge to their community, promote open and effective communication and reduce stigma.

iGROW also follows the CDC's strategic direction to "prevent suicidal behavior by building and strengthening connectedness or social bonds within and among persons, families, and communities" (CDC, 2009). Items 1, 2 and 3 in the outline below summarize the program elements that enhance resilience skills and knowledge to balance life's worries and follow the CDC's rationale to promote connectedness at all levels:

1. Theoretical framework

- a. Four main themes:
 - i. Building trust/community/common voice
 - ii. Understanding perspectives (self and others)
 - iii. Concept development (specific skill building)
 - iv. Taking shared social action

2. Components that need to be included in programming

- a. Psychoeducation and referral
- b. Sample Skills to promote:
 - i. Problem solving
 - ii. Coping and stress management
 - iii. Self awareness
 - iv. Awareness of link between thoughts, emotions and actions
- c. Parent/family involvement
- d. Peer Leader Training

3. Activities (rotating curriculum)

- a. Supplemental activities in Chapter 4, Break Free From Depression curriculum
- b. Core activities in Chapter 3, Break Free From Depression curriculum

4. Clergy or lay leader roles and responsibilities

- a. Coordinate meeting times and dates
- b. Facilitate peer leadership training
- c. Plan parent meetings/activities
- d. Facilitate parent meetings/activities
- e. Facilitate planning group meetings
- f. Monitoring agreed communications
- g. Create new activities
- h. Gather materials needed for activities
(flyers, bracelets, t- shirts, poster board, videos, etc.)
- i. Plan for outreach - food/music/outside speakers

- j. Draft agenda for TEAGOTS and send out for review
- k. Create handouts and scripts for TEAGOTS
- l. Facilitate TEAGOTS – host, opening exercise, closing exercise
- m. Gather evaluation forms

5. Peer leaders

- a. Have an interest in mental health
- b. Understand how to access adult help and not to adopt a therapeutic role
- c. Commit time to be trained
- d. Help plan and facilitate workshops or TEAGOTS .

(Note - Example agendas in the WELLNESS ACTIVITIES section of this manual illustrate how peer leaders co-facilitate the Boston Children's Hospital Break Free From Depression curriculum.)

6. Clinician role

- a. Be present during planning meetings if possible
- b. Be present and co-facilitate TEAGOTS
- c. Create system for follow up and referrals
- d. Provide content for psychoeducation and skill building
- e. Offer consultation and participate

7. Budget

- a. Refreshments
- b. Materials for iGROW (t-shirts, bracelets, etc.)
- c. Materials for individual workshops or TEAGOTS (flip charts, markers, printing)
- d. Compensation for clinicians or request pro bono work

Peer Leadership Model

About the Swensrud Depression Prevention Initiative (SDPI)

The Swensrud Depression Prevention Initiative (SDPI) is a program within the Children's Hospital Neighborhood Partnerships (community outreach branch of the Department of Psychiatry). SDPI combines consultation from mental health clinicians with innovative tools to promote awareness of depression and suicide. Within the SDPI program, we hold a strong belief that prevention is not a "one shot deal," where a mental health topic is discussed only once or in a single format. Raising awareness of mental illness and skill building for students involves multi-faceted approaches over time where schools and communities can target the developmental, academic, and social needs of youth.

SDPI Program Activities:

- Training and Professional Development
- Student and Parent Workshops
- Break Free From Depression Documentary and School Curriculum
- Community Programs

SDPI Community Program – iGROW

iGROW is a community based program created to address awareness of depression and other mental illnesses in adolescents as risk factors that may lead to suicide. The program was developed by SDPI from Children's Hospital Boston, an interfaith coalition from the town of Wellesley, MA, Adolescent Wellness, Inc. (a non-profit organization) and a group of peer leaders representing each of the seven congregations from the coalition. iGROW follows a universal prevention framework and strongly relies on the participation of youth as educators and change agents. Peer leaders attend all meetings related to iGROW and co-lead all programming.

Stemming from the tragic loss of seven youth to suicide, members of the Wellesley community sought an innovative way to increase knowledge about depression and suicide, offer skills around how to address mental illness, and reduce stigma. Youth in particular sought to create a program that would reach beyond a single environment (i.e., school) and offer ongoing support and education. Below are the goals youth set for the iGROW program.

Program Goals:

- Build community - offer adolescents a safe, non-judgmental place to share opinions, ask questions, and interact with others.
- Build a common voice - through psychoeducation, activities, and an interfaith framework incorporating spirituality as a protective factor, offer language around mental health, and developing help seeking strategies
- Taking care of self and others - adolescents learn skills to help themselves, friends, and communities

iGROW Programming

iGROW has developed important components focusing on youth participation:

- Peer leadership training. In this training, peer leaders learn in-depth information about mental illnesses as they present in adolescence. They learn leadership skills, how to help friends, how to seek help from adults, and ways to engage the community around prevention efforts related to mental illness. With the help of community agencies and referral services, a resource card was created for all youth who participate. Peer leaders have these cards with them and offer them to friends or peers who may need assistance.
- Workshops and TEAGOTS (Teens Enjoying a Good Ol' Time). Open invitation events held during the academic year. All youth group members in grades 9-12 are invited to attend and they are welcome to invite others. The location of events rotates amongst the seven houses of worship. The event format is either a workshop dedicated to content or an event with a combination of content and socializing, named TEAGOTS by the peer leaders, meaning Teens Enjoying a Good Ol' Time. The first event of the school year might be in the TEAGOT format to get the word out to rising freshmen at the high school. All TEAGOTS have a foundation structure: (1) food and socializing, (2) welcome from host, (3) icebreaker activity, (4) introduction to "concept," (5) small group activity, (6) large group share, (7) closing. The themes of the TEAGOTS are different each time, but include psychoeducation about mental health and skill building. Peer leaders advocated for additional information as "take home" points at the end of each TEAGOT. "Tip Sheets" can be created for each theme to provide information about the topic and resources for further information or help.

iGROW TEAGOT

Massage in Common room

Martial Arts on 2nd floor

Yoga in basement

Labyrinth walk in Chapel

Promoting Wellness & Resilience

Mural painting in Art room

Smoothie bar in Kitchen

Program Findings

Clergy, lay leaders and coalition members said:

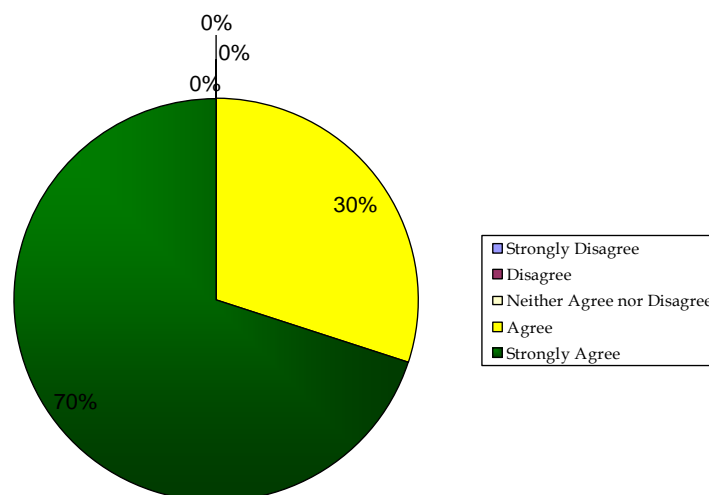
- “The benefits that have the most effect - building a community of people who trust their ability to engage this material around depression/suicide rather than deny/ignore it.”
- “To struggle emotionally does not have such a negative stigma anymore in our youth group and this has also reached into the wider church. The adults and parents of youth are aware of the work of iGROW and more are coming to talk about concerns they have with their children – people are talking!”

A peer leader summarized the program by saying, “I love being part of a community where those around me care about what is happening and that all efforts are genuine. I have a better idea of how to handle certain situations and I feel that I have more resources to help me. Having the opportunity to be a peer leader has shown me ways that I can impact a community, or even just one person – and that’s really great because iGROW brought together people who didn’t think they would be together.”

Program findings in the first three years:

- Over 150 high school youth have been reached.
- During the first year, attendance was primarily limited to adolescents participating in youth groups. During the second year, more adolescents have brought friends or family members from outside the youth groups to TEAGOTs.
- Out of 15 peer leaders surveyed, 100% have reported that participating in the program has increased their leadership skills and comfort in knowing what to do if they have a problem or if a friend reports a problem.
- Peer leaders report stigma around mental illness has decreased. "The program has helped to reduce stigma by making everyone aware of how common mental illness is and that there is no shame in suffering from one, for there are many people going through the same issues of either dealing with a mental illness or dealing with a family member suffering from one" (peer leader, age 15).
- 80% of youth participants reported they will use the skills they learned in the TEAGOTS in the future.


Being a peer leader has helped me better learn how to help myself or others.




Referral and Clergy

Both clergy and peer leaders expressed an interest in referral resources so when someone asks for help, it is clear how to proceed. We identified suitable contacts for the community and printed business card sized 'wallet referral card' for iGROW peer leaders and adults to carry with them. The peer leaders wrote a covenant on one side of the referral card and on the other, different contact suggestions for discussing a concern or for a crisis.

Contacts for concerns
along with contacts for
urgent situations

 **Referral Suggestions**

Concerned?



Urgent!

Speak to pediatrician,
parent or youth group
leader; call for referral
assistance on weekdays
617.332.3666 x411 or
anonymous, 24/7 TALK
line at 800-273-8255.

1) Call 911 or go to
hospital emergency
room

2) Call parents

www.AdolescentWellness.org or www.HelpGuide.org

Agreement by teens
participating in iGROW

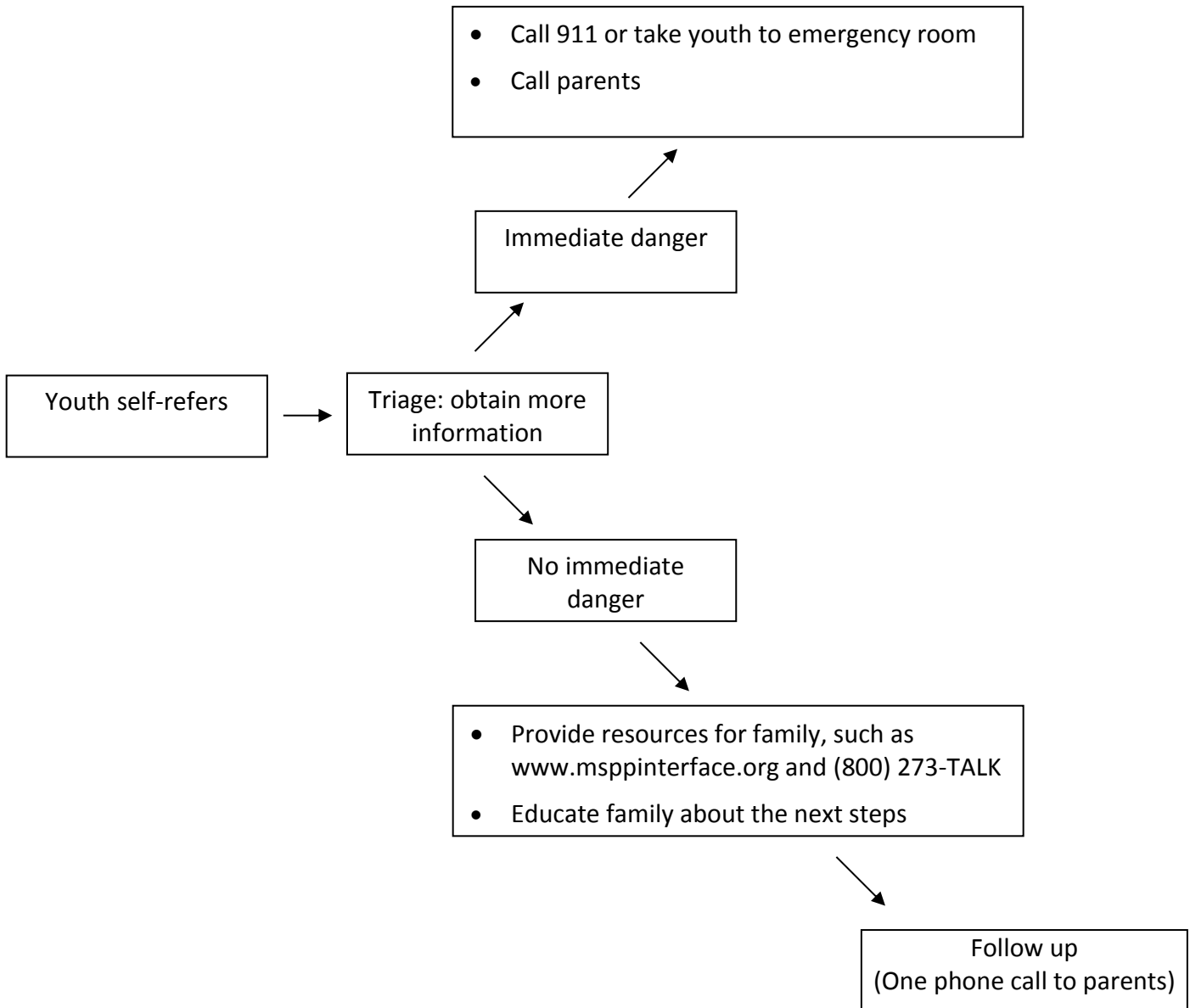
 **Covenant**

When we gather and
grow as a community,
we aspire to be honest,
accepting and forgiving,
knowing that nobody is
perfect. Here, every
voice matters, and we
strive to listen well,
affirm each other, and
defer judgment.

We agree to keep an
open mind and treat
every story with
respect. We commit to
understanding and
valuing ourselves and
each other. It doesn't
end here...

*Search in Facebook
for iGROW-Wellesley*

Sample Referral Process



Prayers to Open and Close Meetings

Clergy or the lay leader from the congregation hosting the iGROW event are encouraged to open and close the meeting with a prayer.

Rituals

iGROW participants enjoy experiencing the rituals of other congregations.

Dispose a Worry

Three rituals popular with iGROW participants each consist of identifying a worry with an object and then disposing of the object (and hopefully, the worry). In one version, the object is a stone that is taken from and returned to the base of a plant. In a second version, one person's worry is written on a small board and then broken. In a third version, flash paper is distributed with pencils. After writing a personal worry onto the flash paper, participants go to a candle and ignite the flash paper with a flourish. Optionally, participants can announce their worry to the group before burning the flash paper.



Oil & Ash

Gifted by Christine Tierney

Introduction:

This ritual is meant to celebrate our personal and collective strengths, while honoring the places we are in need of support. It has a rich heritage and symbolism within the Roman Catholic tradition, however, it can be nicely accommodated to any context, as it focuses on basic human joys and struggles.

Materials Needed:

Bowl of oil

Bowl of ash

Clean wipes

Ritual:

Everyone stands in a circle. One or two leaders will walk around the circle with a bowl of ash. Each person is invited to dip their finger in the ash and smear this ash on their right palm. The ash represents all of those areas of one's life that are troublesome and in which the person needs support. Invite the participants to ponder these trouble spots or areas of weakness that they experience in their lives as the ashes are being distributed.

Following the distribution of ashes, the leaders will walk around the circle with a bowl of oil. The oil symbolizes our strengths (personal gifts, talents, relationships, parts of our lives in which we feel strong and supported). The participants will dip one finger in the oil and smear a little

on their left hand. As they do so, invite them to contemplate those places of strength and joy in their life.

Lastly, the facilitator will invite everyone standing in the circle to hold hands with their neighbor and mush their hands together, so that the oil and ash blend together as they do so. As they might guess, this act of combining oil and ash celebrates how our strengths can help where others are weak, and vice versa. We do not need to feel like we are going through life alone, but rather, we have an extended network of relationships that can support and nourish us when we are feeling low.

After the ritual is complete, you may distribute disinfectant wipes, so that participants can clean the oil and ash from their hands.

Tzedakah (Charity) Collection

Gifted by Rabbi Rachel Saphire, Temple Beth Elohim, Wellesley

FRAME: Tzedakah is the term in Hebrew describing anything that is given to charity as an act of loving-kindness. In the Jewish tradition, we are commanded to give tzedakah to those in need, even if we are in need ourselves. We are to give tzedakah as often as we can, especially during sacred times: the Sabbath, holidays, and in honor of a lifecycle event, etc. "Tzedakah" literally means "righteousness, something that is just."

Why do you think the word for charity means "something that is righteous/just?"

ACTIVITY: To begin our gathering, each person places a coin (which can be provided for everyone, additional donations optional) in the tzedakah box while saying their name and mentioning one thing that they were thankful for this week. (Giving tzedakah reminds us to approach the world with gratitude!)

After the rounds the group can decide to which charity the funds will go.

WELLNESS ACTIVITIES

iGROW activities are taken directly from the depression prevention resource by Boston Children's Hospital, **Break Free From Depression** (www.breakfreefromdepression.com). The core activities comprise Chapter Three and supplemental activities comprise Chapter Four. iGROW peer leaders participate in a Train-The-Trainer workshop and co-facilitate implementation of both the core activities and the supplemental activities. Example agendas are provided in the following pages.

Boston Children's Hospital curriculum, **Break Free From Depression** (core activities)
Viewing the documentary and completing the four modules in Chapter Three (the core activities) requires 180 minutes minimum classroom time:

1. What is Depression?
2. What Does it Look Like?
3. What Can We Learn?
4. What Can We Do?



Photo at left from Father Felix Kingsley-Obialo showing PIP Problems-Ideas-Plans being used in Ibadan, Nigeria.

Boston Children's Hospital curriculum, **Break Free From Depression** (supplemental activities)
Each of the nine supplemental activities comprising Chapter Four stand on its own, with completion times ranging from 10 minutes to 30 minutes:

1. Deep breathing exercise
2. Muscle relaxation
3. Guided imagery and visualization
4. Identifying my values
5. Learning the PIP Problems-Ideas-Plans
6. Avoiding the NASTY trap / Catching your negative thoughts
7. What I like about you
8. Beating stress before it beats you
9. What caring friends say



Agenda-Peer leaders co-facilitating **Break Free From Depression**, Session 1 of 3

Dear iGROW leaders:

Your goals during the 60 minute Session 1 are to:

- cover content of Module One (from Chapter 3 of Break Free From Depression),
- allow discussion by eighth graders to complete appropriately, and
- review the Student Assistance Request slips before the students leave.

4:30 iGROW Peer Leaders arrive:

- Set up PowerPoint presentation equipment – laptop, projector
- Arrange chairs in horseshoe pattern (expect about 30 students)
- Confirm with Lisa Siegel where the quiet area will be if a student chooses to step away
- Collect **Student Pre-Survey** forms from Kathy Curley
- Place markers, pencils and other materials in visible area
- Ask Lisa Siegel to review the **Student Assistance Requests** before students leave

4:55 Grade 8 participants arrive and seat themselves

5:00 Start of Session 1:

- Prayer by Kathy
- Kathy introduces Shihan (Director) Jim True of the Shorin Ryu Karate Academy of Waltham
- Jim leads 10 minute icebreaker activity that includes breaking into small groups of five (5) students plus one or more peer leaders. **(Jim to provide boards)**

5:15 Begin Module One (First peer leader)

- Welcome students
- Distribute **Student Assistance Request** slip (provided), explaining that it will be collected from each student at the end of the session. (NOTE-This is an important element of the curriculum.)
- Ask Lisa Siegel or another designated adult to stand. Explain that anytime an activity or discussion feels uncomfortable, it is fine to go to the quiet area where the designated adult is located.
- PowerPoint presentation with Q & A; record comments from last slide titled, 'Next Steps'

5:55 Collect completed Student Assistance Request from each student (Lisa Siegel)

- Lisa asks by name to speak with each student who checked, "I would like to talk to someone right away," on the **Student Assistance Request** slip.
- Kathy Curley closes the session with a prayer

6:00 Dismiss



Agenda-Peer leaders co-facilitating **Break Free From Depression**, Session 2 of 3

Dear iGROW leaders:

Your goals during the 90 minute Session 2 are to cover content of Modules Two and Three (from Chapter 3 of Break Free From Depression), which includes:

- viewing the documentary,
- checking-in with students,
- performing case studies, and
- viewing the Student Assistance Request slips before the students leave.

4:30 iGROW Peer Leaders arrive:

- Set up documentary presentation equipment – laptop, projector, and loudspeaker
- Arrange chairs in horseshoe pattern (expect about 30 students)
- Place **Student Assistance Request** slip on each chair
- Confirm with Lisa Siegel and Sue Hanly where the quiet area will be if a student chooses to step away from the discussion
- Hang flip chart sheets of four corners activity
- Place markers, pencils and other materials in visible area
- Ask Lisa Siegel to review the **Student Assistance Requests** before students leave

4:55 Grade 8 participants arrive and seat themselves

5:00 Start of Session 2:

- Prayer by Kathy
- Kathy asks Lisa Siegel to stand and reminds students they can join Lisa in the quiet area if they feel uncomfortable at any time.
- Kathy introduces Sue Hanly, whose family participated in the documentary

5:05 Begin Module Two (Sue Hanly)

- Sue introduces the documentary
- Sue hands out 3x5 cards with instructions to write name and record questions or thoughts
- View the documentary
- Deep breathing activity
- Sue collects the 3 x5 cards
- Sue introduces a peer leader

5:45 Check-in through four corners activity (Peer leaders)

- In silence, student take a marker and write on the flip-chart sheets (provided) their answer to each of the four questions (like/dislike, thoughts/feelings, learned, questions)
- Return to seats and discuss responses on flip chart sheets

5:55 Begin Module Three (Peer leaders)

- Ask the large group to suggest:
 - what should I do if I am worried about myself
 - what will happen if I tell an adult in the school that I might be struggling with depression
 - what should I do if I am worried about a friend
- Break-out into groups of five students plus peer leader/s
 - Each small group is assigned one of the four case studies
 - Discuss the five case study questions
 - One student acts as spokesperson, summarizing the small group's answer to each question.

6:25 Collect completed Student Assistance Request from each student (Lisa Siegel)

- Lisa asks by name to speak with each student who checked, "I would like to talk to someone right away," on the **Student Assistance Request** slip.
- Kathy Curley closes Session 2 with a prayer

6:30 Dismiss



Agenda-Peer leaders co-facilitating **Break Free From Depression**, Session 3 of 3

Dear iGROW leaders:

Your goals during the 60 minute Session 3 are to cover content of Module Four (from Chapter 3 of Break Free From Depression), which includes:

- viewing the slides,
- brainstorming,
- completing Student Post-survey, and
- viewing the Student Assistance Request slips before the students leave.

4:30 iGROW Peer Leaders arrive:

- Set up PowerPoint presentation equipment – laptop and projector
- Arrange chairs in horseshoe pattern (expect about 30 students)
- Place **Student Assistance Request** slip on each chair
- Confirm with Lisa Siegel and Sue Hanly where the quiet area will be if a student chooses to step away from the discussion
- Set-up flip chart for capturing brainstorming ideas
- Place markers, pencils and other materials in visible area
- Ask Lisa Siegel to review the **Student Assistance Requests** before students leave

4:55 Grade 8 participants arrive and seat themselves

5:00 Start of Session 3:

- Prayer by Kathy
- Kathy asks Lisa Siegel to stand and reminds students they can join Lisa in the quiet area if they feel uncomfortable at any time.

5:05 Begin Module Four (Peer leaders)

- PowerPoint
- Brainstorming activity

5:45 Collect completed Student Assistance Request from each student (Lisa Siegel)

- Lisa asks by name to speak with each student who checked, "I would like to talk to someone right away," on the **Student Assistance Request** slip
- Hand-out **Student Post-Survey** and collect after completed
- Kathy Curley closes Session 3 with a prayer

6:30 Dismiss

OTHER ACTIVITIES

There is an overlap in religious education between the wellness skills and knowledge (cognitive flexibility, connectedness, self-awareness, optimism, problem solving, communication and humor) and the traits of healthy spirituality, which are:

- an openness to continual growth, learning and diversity
- resiliency to life's challenges
- humility that is grounded in a connection to a higher power

Spirituality & Mental Health Interview

With Dr. Nancy Kehoe, R.S.c.J.

Interview conducted by: Maggi Van Dorn

Dr. Kehoe's background: A licensed psychologist, instructor in Psychology in the Department of Psychiatry at the Cambridge Health Alliance, affiliated with Harvard Medical School/, and member of the Religious of the Sacred Heart, with leadership positions in her religious congregation. She is the author of Wrestling With Our Inner Angels: Faith, Mental Illness, and the Journey to Wholeness, a book that seeks to integrate the fields of therapy and spirituality. She also runs a Spirituality group for those who struggle with mental illness or know someone who does at St. Paul's Catholic Church in Cambridge, on the second Monday of every month, from 5:30-7pm.

Contact info: nancy_kehoe@hms.harvard.edu

Connections to iGROW: This interview transcript is meant to highlight the intersections between spirituality and mental health, from the perspective of a professional working in both fields. It is intended to be a resource for addressing topics such as:

- Key Features of Adolescent Spirituality
- Ways to Identify a Healthy/Unhealthy Spirituality
- Religious Language of "Sin" v, Mental Illness
- Reflective Questions for Spiritual Exploration
- Suggested Practices for the Engagement of Spirituality

Question 1. What are some distinguishing features of adolescent spirituality and how might they be different from childhood or adult spirituality?

Adolescents, in their search for identity, begin to question everything. They transition from concrete notions of the divine to questions that get at more serious, existentially relevant images of the transcendent. The depth and complexity of the questions is an indication of how far along a person is in their spiritual development. Age does not necessarily equate maturity. Some adults, especially those who are discouraged from questioning aspects of their faith, get stuck in the childhood/adolescent phase and cling to fixed notions of God.

NOTE - In her description of teenage faith development, Nancy Kehoe cited developmental psychologist, James Fowler's "Stages of Faith Development." Below is a brief outline of these stages (borrowed from http://gendertree.com/Stages_of_Faith.htm). The stages most relevant to peer leaders, and the iGROW program, would most likely be the *Synthetic-conventional* phase or the *Individuative-reflective* phase.

Fowler's six stages of faith development

1. *Intuitive-projective*: Young children, during the first stage of faith (intuitive-projective), follow the beliefs of their parents. They tend to imagine or fantasize angels or other religious figures in stories as characters in fairy tales.
2. *Mythical-literal*: Children tend to respond to religious stories and rituals literally, rather than symbolically. As individuals move through adolescence to young adulthood, their beliefs continue to be based on authority focused outside themselves.
3. *Synthetic-conventional*: Individuals tend to have conformist acceptance of a belief with little self-reflection on examination of these beliefs. Most people remain at this level (Fowler, 1981; Kelly, 1995).
4. *Individuative-reflective*: Those individuals who move to the fourth stage of faith begin a radical shift from dependence on others' spiritual beliefs to development of their own. Fowler (1981) says, "For a genuine move to stage 4 to occur there must be an interruption of reliance on external sources of authority ... There must be ... a relocation of authority within the self" (p. 179). Individuals are no longer defined by the groups to which they belong. Instead, they choose beliefs, values, and relationships important to their self-fulfillment.
5. *Conjunctive*: Persons still rely on their own views but move from self preoccupation or from dependence on fixed truths to acceptance of others' points of view; they tend to be more tolerant and begin to consider serving others.
6. *Universalizing*: Individuals who move to the sixth and last stage of faith are rare. As older adults, they begin to search for universal values, such as unconditional love and justice. Self-preservation becomes irrelevant. Mother Theresa and Mahatma Gandhi are examples of people in this form of spiritual development (Fowler, 1981).

Question 2. What qualities are present in a "healthy spirituality"?

And how much do you think these qualities vary from person to person?

Some consistent traits of a healthy spirituality include:

1. an openness to continual growth, learning and diversity
2. resiliency to life's challenges
3. humility that is grounded in a connection to a higher power*

*Reliance upon a higher power enables one to realize she/he is not "the end all, be all," nor the center of the universe. And there is liberation in realizing that because it releases a person of the pressure to be perfect and the compulsion to try to control or manage their life. It enables one to accept the very basic truth that we are not in total control of life circumstances, to surrender control (and anxiety along with it), and to place one's trust in a benevolent, loving force. Real spirituality is, in this sense, affirms the essential dignity of the human person, without the strain of narcissism.

Question 3. What are some ways you have seen a person's mental illness influence their spirituality that is cause for concern?

(i.e. manic states, euphoria, religious visions/voices, self-aggrandizing, spiritual dryness, 'dark night of the soul' depression).

There are usually two distinctive responses to religious encounters, each of which give clues to determining whether the experience is healthy and, in theological perspective, grounded in a real encounter with the divine. They are as follows:

1. "Negative/Destructive Encounters:"

- A person is defensive and closed off to talking about the experience, hoarding it for themselves, but insisting that it is true and authoritative. This defensive, self-righteous posture, is an indication of insecurity.
- Some people also report a residual sense of dis-ease, a refusal to take medication, and a desire to hurt themselves or others.

2. "Positive/Life-Affirming Encounters:"

- A person is open to sharing their experience and what it meant to them.
- He/ she reports a residual feeling of peace, serenity, humility or joy .
- The experience leads one to reach out further to a support community, to attend therapy, take their medication, and generally adopt a healthy lifestyle.

*In both cases, it is critical to note the effects that the religious experience produces in the life of the individual. What are the after effects, or in religious language, "the fruit" of the encounter. (In the Christian tradition, Jesus says that you can know the goodness of a person by the fruit of their works). It might also be important to note the durability of an effect. For example, a person might initially feel good or ecstatic after an experience, but if this mood dissipates quickly into a feeling of distress or antagonism towards the self or others, spiritual practitioners would question the authenticity of the religious encounter.

Question 4. How have religious communities misinterpreted a form of mental illness as a spiritual/moral malady or "sin"?

How do you help these communities distinguish between the two?

The interaction between mental health professionals and spiritual practitioners is essential because we can so easily err on either side of the spectrum. We can over-spiritualize a situation by refusing to acknowledge the other dimensions of the human experience. For example, you would never tell a person to fix a broken leg by solely praying for it. You would encourage the person to receive medical treatment, and in so doing, would be addressing the real biological aspects of the problem. So too with mental health. Addiction counselors usually recognize two aspects of addiction: spiritual angst and chemical dependency. Both need to be addressed for healing to occur.

Question 5. What spiritual practices would benefit a person with a mental illness or help in the prevention of one?

The question must be tailored to the individual person. One way of accessing a person's natural spiritual disposition is to ask: "What nourishes my core being? What keeps me alive and engaged?" This will vary not only from person to person, but will evolve differently over the course of a person's life. Our spirits are like our bodies-they require different kinds of food, different forms of nourishment to remain healthy. Ideally, one does not consume one kind of food in their life (i.e. pasta or beans for every meal). Variety is key to meeting the many needs of a well-functioning body. Therefore, in working with someone to identify an appropriate spiritual practice, it is important to discern what is most life-giving, sustaining, invigorating for them at that time in their life. Some ways of engaging spirituality may be through: nature, art, poetry, conversation.

Question 6. Are there particular artistic exercises or projects that you have done as a form of therapy or in spiritual direction?

As for prompts, I haven't used much except music and sometimes something visual but I would think for teens - music would be perfect as they listen to it all the time. Ask them for favorites and then ask why? How would they describe music that is "positive" or music that is a downer? Also films - or sports stories that are inspirational... things that teens relate to.

Spirituality Reflection Questions

1. What were some of your early childhood images of God/Higher Power?
2. How has your image of God changed over the years?
3. What losses, break-ups or crisis have you experienced in your life? How has this affected you and how have you coped with it?
4. How has your experience of loss or hardship effected your understanding of God? Or, how has it influenced your spirituality?
5. Can you identify periods in your life in which God felt distant, and conversely, a time when God felt very close to you?
6. In times of difficulty, loss or personal crisis, what gives you hope?
7. What do you hope for this week? This month? This year? In the next five years?
8. Around what people do you feel most comfortable and at home?
9. What do your best friends have in common? Why do you think you get along so well?
10. Who do you look up to as a role model of character, attitude, perspective, etc.?
11. Do you see spirituality as a protective factor against depression, anxiety and other forms of mental illness? How so?
12. What makes you want to reach out to or help others?
13. What difficulties or obstacles have you encountered when you do reach out to someone?
14. When has your attempt to help been successful or not? How do you measure success and failure?
15. What matters most in your life?*
16. Why do people in our culture rarely take the time to ask or listen to their intuition? *
17. How would you describe your intuition? How is it different from other modes of thinking?
18. Do you think all great spiritual teachers have a similar message? If so, what is that message?*
19. Have your dreams ever given you perspective or insight into your life?
20. What did you do as a child that made you feel safe and content? Might this be something you could do today for the same effect?*
21. Imagine yourself in the future, sitting in your rocking chair. As an old, wise person, what advice would you give to the person you are today?*
22. What would you say is the most inspiring movie you have ever seen?*
23. What books have made an impact on your life?
24. What kind of music uplifts you? What is it about the music or song that does this (lyrics, melody, topic, instrumentals)
25. What has your past week/month looked like? How did you do in staying in touch with your deepest aspirations?*

*Questions with asterisk from The Little Book of Big Questions (Robinson J.)

Optimism Building Activities

Personal Shield

In preparation, the leaders make up four categories beforehand, such as "Something you are good at, something you hope to achieve, the most important thing to you, a weakness you hope to improve on, something that makes you happy, etc." Draw an example shield, like the old English shields with symbols, and write one of these categories (or your own) in each quadrant. When participants arrive, each gets a blank piece of paper to draw a shield, split into four sections. Rather than using words, in each section the participants must DRAW a symbol of their answer; this becomes their individual shield. Encourage one or two participants to describe their symbols in one category, then others to describe their symbols in other categories.

Interview With Myself

Give each participant a piece of paper and a pen. Dictate a list of questions that they might ask themselves on their choice of two future dates, whether 5, 10, 25 or 50 years. For example:

- How old am I?
- What do I do every day (at work? In school?)
- What is my favorite thing to do in my free time?
- What have I accomplished?
- What is one quality I have improved on about myself?
- What is my family like now?
- Do I have my own children? If so, do my children have children?
- Am I married?
- What is one thing I'm very proud of?

Participants may volunteer to read their answers aloud.

I Like Me Because

Participants choose a partner. They have 2 minutes to explain what they like about themselves. Then, the partner has 1 minute to say what they like about the other person. Pairs switch so everybody gets to say what they like about themselves and the partner.

Future Dreams

Each participant gets a small piece of paper and writes a single dream or hope he/she has for his / her future. All the papers get crumpled up and tossed into a hat or basket. Then, one participant pulls one out and guesses who wrote it; if the guess is wrong, the group may guess or the writer may stand. The writer is encouraged to further explain the dream. Then the next participant pulls out a different crumpled note and the process repeats through all the 'hopes'.

Icebreakers and Humor Building Activities

Gordian Knot

With the peer leaders in the center of the large group, break the large group into small groups of 4-8 by asking the large circle of people to count sequentially to that number; then ask all 1's to form a small group, all 2's, etc. (Peer Leaders will assign themselves to each small group so they won't join the count.) Explain that this is a game to see which team can first unravel their Gordian Knot. First, instruct all groups to hold one hand of a person that is not beside them; then to use their free hand to hold the second hand of a third person. (Smaller group sizes require holding one hand of a person next to them.) Emphasize that the goal is to untangle their knot while always touching hands but that it is fine to ungrasp and rotate the hands to avoid strains. There will be some stepping over and under hands to unravel the string of people but it gets done with some communication, cooperation and laughs. This Ice Breaker ends when the first group succeeds in unraveling the knot or at a fixed time on the agenda, whichever comes first. (3-5 minutes)

NOTE: Additional icebreakers may be found through an internet search on the term, providing sites such as www.wilderdom.com/games/icebreakers

Developing the Sense of Humor

Contributed by - Doug Stevenson, AllCreation1@aol.com

The facilitator should demonstrate an activity before the group attempts it, and should explain, *"These activities are designed for generating fun and laughter. They help us to control our worries. When asked to volunteer a worry, think of one you (the teen participant) are experiencing but do not mind sharing with the group. The same techniques that you explore here will apply effectively to tougher challenges you are facing. Be certain that you feel safe enough about sharing your worry with others to explore processing your thoughts and action plans concerning it through humor."*

Humor is a very broad topic but improvisation may be the simplest starting point to enhance skills. Facilitators will encourage the skills of improvisation, including the phrase 'Yes, and' to encourage agreement and building on another's humor. During the improv activity, suggest that all discover together with the fellow improviser, rather than asking 'what are you doing'.

- Cooperate
- Exaggerate
- Physicalize
- Imagine and discover your environment
- Heighten & explore
- Be playful
- Don't judge
- Find agreement

The group size is a factor in the time estimates below; smaller groups will allow activities to complete near the low end of the time estimate.

Pass an Imaginary Object / Exaggerate

Form a circle of 3-15 participants. Imagine an object and mime its use (examples -a kite, a baseball bat, a frying pan, a thread & needle). One person imagines an object, begins miming its use for about ten seconds, and then passes the object to the next person. The next player mimes that object's use to confirm it was understood and then sets it down. Now the person must imagine a different object, mime its use for about ten seconds, and then passes the object to the next person. Repeat until all have received an object and created an object. (5-8 minutes)

Mime Your Worry / Exaggerate

Break into small groups of two or three. One person at a time uses the mime skills tried in Activity 1 to physically represent his or her worry. Imagine that this is like charades except everyone is silent because the guesses are held until requested by the facilitator. Silence is the only rule - all gestures are accepted and the more exaggerated and "big", the better. Each person has 30 seconds; when the facilitator says "time", the next person in the group physically acts out a worry. (Facilitator may need to remind everyone to only voice one's guess about the other's worry until requested.) After the groups finish the first round of miming a worry, do not ask for the guesses; instead ask those who started first to start again, miming the same

worry as the first time but exaggerating their mime to a level of absurdity. After the second round, repeat for a third and final time. The participants perform a Silly self-satire or parody, laugh and have fun with the worries, which has an effect of minimizing each worry. (4 minutes)

Draw Your Worry / Exaggerate

This activity follows similar instructions to and may be used in place of 'Mime Your Worry'. If both are used in the same session, suggest drawing a different worry than what was acted in 'Mime Your Worry'. (3 minutes)

Caricature

(Allow a minute for guessing each worry so that everyone gets a turn drawing.)

This game is like the popular game "Pictionary"; form into groups of eight or so around a flipchart and take turns drawing one's worry without speaking. The other group members should constantly guess out loud what worry might be depicted. With a successful guess, write that label on the picture, flip the page and repeat with the next person. (1 minute for each group member)

Act Out Your Worry/ Caricature

Break into small groups of two or three. Each person will take turns explaining their worry for 30 seconds in the unusual style of the voice suggested by the facilitator. "Styles" can be things like Hitchcock, horror, clown, Shakespeare, comic, eccentric, fashion designer, professional athlete, Hemingway, Salinger, or your favorite rock icon. Go around first in one style, then switch to follow the facilitator's next style instructions. This should be fast-paced, so that at least 3-5 styles can be used. The styles should be selected for the best comic value in increasing absurdity. A sample sequence would be: 1) In a whisper 2) As one's teacher/mother/dad 3) As an eccentric artist/or athlete 4) As a clown or comedian 5) Shouted out as a wrestling announcer, DJ, or movie trailer voice-over. (5-8 minutes)

Play with Worries / Comic Adviser; Situational humor; Banter as a Group

Form a circle of about 8 participants. Two volunteers start in the center (and the facilitator notes that the person next to the second volunteer will become the next to participate). Ask anyone in the group to make up a relationship for the two volunteers (Example - "They are brothers") and the first line of dialog ("I worry about growing bald"). The action starts with the first volunteer pretending to suffer the worry, with both volunteers pretending to be brothers and improvising their conversation about one's worry of baldness (or whatever) -- the funnier the better! At the facilitator's judgment (best when a punch line or big laugh occurs) the facilitator yells "FREEZE". The first volunteer retires back into the group and is replaced by the third participant; the second volunteer becomes the actor with the worry; the facilitator asks the group to call out a new relationship and a new worry - such as coach/student and "I hate chemistry" or "Nobody likes me" until the next FREEZE point. Repeat until all have had a turn. (Options are to try a second round with variations. The students could "try on" each other's real problems expressed in earlier activities; it can relieve stress to see someone else comically portray one's worry or issue. Another variation is for the facilitator to pass in notes with the first line of dialog; the freeze point or switch should be about 30 seconds. (10 minutes a round)

Exaggerate Your Worry / Story Parody

Break into groups of 5-7. The group performs a story as one narrative, but in different styles. The stories are open and new, typically starting with "Once upon a time ..." and made up as the students go along. Stories should be comical and entertaining. One person in each group acts as a director who will point to the student who should be speaking. Each person in the group tells their part of the story as the director points to them, in the style that each has chosen. One's part in the story can be told in a style from Act Out Your Worry (above) such as a whisper or it could be told in a style exaggerating a worry - e.g., shyness, lack of sports agility, study problems, home strife, etc. The story ends when the facilitator announces 'The End'. Allow 5 minutes for concurrent presentations or 4 minutes per group for sequenced presentations. The stories can be told simultaneously in smaller groups, but serves well as a concluding exercise in sequence, with the groups watching each story.

Forms of Humor

Many people have studied humor as an art and skill common to all humans. Some have even categorized types of humor, here is one list :

- Anecdote - any interesting event, either having to do with a celebrity or something smaller, that helps the humorist make a point. Anecdotes are used well by speakers and writers.
- Aside - a thought added as if something the speaker was saying reminded him of it.
- Banter - good-natured teasing back and forth; exchange of witty remarks.
- Blendword - blending two or three words to make a new word. Ex: smog for smoke and fog.
- Blue Humor- not appropriate for the public speaker. Humor based on easily offensive subjects like making love, body parts, and bodily functions.
- Blunder- wit based on a person who makes a mistake, which makes them appear foolish.
- Bull - a humorous statement that is based on an outrageous contradiction. Ex: "The best parents have never had kids."
- Burlesque - a form of satire. Burlesque ridicules any basic style of speech or writing. (Parody, in contrast, makes fun of specific writings.)
- Caricature - a funny representation in art form of someone.
- Caricature - exaggeration of a person's mental, physical, or personality traits, in wisecrack form.
- Catch Tale - a funny story that messes up the reader or listener by implying an awful ending but then stopping with a small declaration.
- Comic adviser - gives uncalled for advice in a Punch prototype. Ex: "Advice to people who want to buy a puppy - don't."
- Conundrum - a word puzzle that can't be solved because the answer is a pun. Ex: "Why do cows wear bells? Their horns don't work."
- Irony - when you say the opposite of what you mean and the listener believes the opposite of what was said.
- Joke - a short story ending with a humorous twist.
- Parody - a humorous version of a well-known thing. Ex: "Saturday Night Live" often does these types of skits.
- Practical joke - a joke put into action. Ex: A bucket spilling when a door is opened.
- Wisecrack - a clever remark about a person or a thing.

OTHER RESOURCES AND COMMUNITY CONTACTS

Art Therapy Resources

Written in iGROW Summary Report by Maggi Van Dorn

Contact:

Jane Richardson

Art Therapist & Professor at Lesley University, 33 Mellen St, Cambridge, MA

Janefr@comcast.net

Summary:

I connected with Jane Richardson in my field research for local art therapists.

During our meeting Jane and I shared different reflections and experiences on art, therapy and spirituality. As a long-time art therapist, Jane confirmed that the categories of psychology, creativity, and spirituality are profoundly interconnected, and that these connections can be utilized for the holistic development of teens.

Connections with iGROW:

iGROW seeks to integrate the many strengths of teens into its depression prevention program. Spirituality is a strengthening and resiliency building asset for teens, and thus, can be woven throughout iGROW's programming - workshops, processing sessions, etc. Jane's insights about the inherent connections between psychological wellness, art, and spirituality illustrate the natural fit between iGROW's creative processing exercises (meditation, rituals, journaling, art projects) and spiritual nourishment.

Therefore, when including art projects into iGROW events, the leadership team might consider ways in which these projects naturally tap into the spirituality of teens. Also, when facilitating spiritual reflection sessions, art can be used as a medium of self-exploration and expression.

Recommended literature for exploring art therapy practices, from Jane Richardson:

Malchiodi, Cathy A. *Art Therapy Sourcebook*. Los Angeles: Lowell House, 1998.

Rubin, Judith Aron. *Art Therapy: An Introduction*. Philadelphia: Brunner/ Mazel, 1999.

Liebmann, Marian. *Art Therapy for Groups*. Cambridge, MA: Brookline Books, 1986.

Smith, Keri. *The Guerilla Art Kit*. New York: Princeton Architectural Press, 2007.

Murdock, Maureen. *Spinning Inward: Using Guided Imagery with Children for Learning, Creativity & Relaxation*. Boston: Shambhala Publications, Inc. 1987

Art Enrichment at Boston Children's Hospital

Organization: Museum of Fine Arts

Location: Patient Entertainment Center; Boston Children's Hospital

Contact:

Jason Springer

Museum of Fine Arts; Dept. of Education

springer.jason@gmail.com

617-953-7044

Summary: Once every month, usually on a Friday, Jason and Krysten, bring an art project to the kids at Boston Children's Hospital. The aim of this partnership is twofold: to bring art education into the community and to offer a fun, engaging and therapeutic activity for the patients. The Department of Child's Life hosts the Art Enrichment program in the Patient Entertainment center, and can attract anywhere from 10-30 kids, depending on the day. Jason usually attempts to coordinate the art projects with a certain theme that the MFA is presenting. However, on this particular day we were working with a "Thanksgiving" motif, and thus kids made little pilgrim/Indian people, turkeys and pilgrim hats that they could take home with them. This project is grounded in the ethos of Child's Life, which is designed to normalize the hospital environment for kids with creativity and play that enables "kids to be kids" despite the trials of their medical condition.

Applications to iGROW:

First, Jason Springer should be noted as an excellent community resource, as a person with a variety of experience working creatively with teens and those recovering from an illness. He has many innovative ideas for art projects and capturing teenage interests. Maggi Van Dorn was able to interview Jason about the kinds of projects he has done with teens specifically in the past. We spoke about concepts that were especially appropriate for the upcoming TEAGOT on "Embracing Differences/Respect/ Acceptance/Open Minds." Below are some of the projects he considered relevant to our theme:

Identity Logo

Invite kids to design their own logo on a t-shirt or shirt patch. The idea behind this is we have many cultural forms of branding (think Nikes swoosh, apple computers, etc.) that prescribe a certain identity that makes one "cool." But what if we began to look beyond the label and encouraged kids to define their own identity, with their own symbols? Following the creation of their logo, teens would be invited to share their logo with a small group.

Supplies: stencils, felt tip markers or paints.

Interpretive Portraits

Teens pair up, and take turns answering some questions about themselves interests, hobbies, passions, family, etc), while their partner translates these personal statements into an interpretive portrait (painting, drawing). This doesn't require great artistic talent because the teens use basic symbols and abstract design to represent the person (i.e. if they like soccer, they may use a soccer ball as their head).

Supplies: drawing paper, markers, paint, pencils

Silhouette portraits

Hang a piece of black paper on the wall, shine a spotlight, and let teens trace each other's silhouette. We could put a different spin on the traditional silhouette by having them write things about themselves in/around the portrait that make them unique, followed by a small group sharing time.

Gifted by Jane Richardson, art therapist.

Introduction: Art therapists have become increasingly interested in the ideas of positive psychology, with its focus on understanding and nurturing positive experiences for individuals and communities. From this perspective, treatment might focus on articulating and developing positive qualities in individuals.

Journal Exercise

1. For the first assigned entry, focus on a positive quality you value or see in yourself (i.e. creativity, gratitude, connection with others, happiness, dedication, generosity, playfulness, curiosity, etc.). Some questions to consider in your reflection:

- What does it feel like when you are living this quality out?
- Are there people or places that bring these positive qualities out of you?
- Have other people recognized this quality in you?
- Who are some other people that embody some of these qualities?

2. For the second journal entry, choose any emotion from the list provided, whether you consider it to be positive, negative, or simply significant. Write about this emotion in your journal.

3. Write a brief response contrasting the first two entries and the experience of writing them--

- How are they similar?
- How are they different?
- How did each writing exercise make you feel?
- Did articulating some of these emotions give you greater clarity on how they function in your life?

Visual Thinking Strategies

Skill - Communication

In what ways might this resource be used- The VTS method of experiencing art is rather simple and student-driven, and yet it is regarded as an effective means to promote critical thinking and communication skills, deepen one's appreciation of diverse art forms, construct meaning, and most importantly for iGROW, transfer these skills to other areas of life.

The VTS technique could be easily adapted to at least two iGROW workshops/TEAGOTs: "Respecting Differences" or the "Conflict Resolution & Communication," but is not limited to these topics. It very clearly develops communication skills, such as: active listening, paraphrasing for clarity, using specific examples to illustrate one's point, self-awareness in one's thought processes (i.e. how did I arrive at my conclusion?), building off of and linking the contributions of others.

If one were to employ a VTS art experience at an iGROW event, it would be best followed by a "Deconstructive Conversation," in which students are invited to reflect upon what they learned from the experience and how they might adapt these skills to other areas of their life. Making these connections would be an important leaning moment.

Location: Riley Seminar Room, Museum of Fine Arts

Instructor: Susan Fonda, Manager of School Group Learning

Participants: Gallery Instructors in training.

Visual Thinking Strategies (VTS) is a specific 4 week training module that belongs to an extensive 18 week Gallery Instructor's training program. It is one technique/approach to art education that is employed alongside other styles, such as the Discovery tours (a more historical, knowledge-based approach).

Contact:

Susan Fonda

Manager of School Group Learning, Museum of Fine Arts, Boston

465 Huntington Avenue, Boston, MA 02115-5597

(V) 617.369.3304 ; (F) 617.267.9328

sfonda@mfa.org

How to get involved: The VTS training is designed for gallery instructors giving museum tours at the MFA and for school teachers, grades K-12, who are adapting the VTS program for art education in the classroom. As a formation program, it is not generally open to the public. However, if one is interested in learning more about VTS, I would recommend contacting Susan Fonda directly at the MFA.

Learnings:

Visual Thinking Strategies is based on the work of cognitive psychologist Abigail Housen and museum educator Philip Yenawine, who began working together in 1988 to study how specific techniques of aesthetic development (like VTS) could improve thinking and cognition in general. The VTS method of experiencing art is rather simple and student-driven, and yet it is regarded as an effective means to promote critical thinking and communication skills, deepen one's appreciation of diverse art forms, construct meaning, and most importantly for iGROW, transfer these skills to other areas of life.

The VTS model is centered upon 3 questions and the instructor's concise paraphrasing of the insights students share. The instructor begins by asking students to gather around a work of art and take a few moments to simply look at the painting, without conversing with one another.

Then emerges the first question: "What is going on in this painting?" As students describe what they see happening in the picture, the instructor may follow up with a more probing question: "What do you see that makes you say that?" This encourages students to ground their statements in the details and evidence of the painting itself. It asks them to explain not only what they see, but what rationale and concrete details they are using to support their claims.

Following each comment, the instructor will paraphrase what the student has said. The aim here is to offer a concise, sometimes clarifying, recapitulation of the student's comment for the rest of the group and to draw connections to previous comments when applicable. Given that the instructor is paraphrasing, not merely repeating, the student, it allows for the instructor to model clear articulation and active listening.

Finally, the instructor may push the conversation forward by simply asking: "What more can you find in this picture?" This encourages students to examine other details and aspects of the painting that may have been previously overlooked. In total, the discussion lasts 12-20 minutes and is concluded with the instructor saying: "Thank you for joining me in a great conversation about this work."

After speculating about the work of art, students are often curious about the actual title, subject and "meaning" of the piece. The goal of VTS is to suspend that curiosity further, by not disclosing any immediate answers. Instructors can direct the student to the information panel beside the piece or provide the name of the painting and/or artist's name. Burning with curiosity, the students are more inclined to research the history and thought behind the work in their own free time, thus promoting independent learning.

Transferable Skills:

- Uses art to develop critical thinking, communication and visual literacy skills.
- Engages learners in a rigorous process of examination and meaning-making through visual art.
- Measurably increases observation skills and evidential reasoning.
- Engenders the willingness and ability to find multiple solutions to complex problems.

- Uses facilitated discussion to enable students to practice respectful, democratic, collaborative problem solving skills.
- Develops student's ability to take responsibility for their individual thought process and conclusions, but to also collaborate, interact with and grow from the collective resources of the group.

Applications to iGROW:

The VTS technique could be easily adapted to at least two iGROW workshops/TEAGOTs:

"Respecting Differences" or the "Conflict Resolution & Communication," but is not limited to these topics. It very clearly develops communication skills, such as: active listening, paraphrasing for clarity, using specific examples to illustrate one's point, self-awareness in one's thought processes (i.e. how did I arrive at my conclusion?), building off of and linking the contributions of others.

If we were to employ a VTS art experience at an iGROW event, it would be best followed by a "Deconstructive Conversation," in which students are invited to reflect upon what they learned from the experience and how they might adapt these skills to other areas of their life. Making these connections would be an important leaning moment.

Additional Tips & Follow-up:

-It is important to select images that are age appropriate and to use discretion when dealing with subjects that might be elicit sensitivities in respect to religion, gender, and race.

Resource: 'Jump Starting Visual Literary: Thoughts on Image Selection" by Philip Yenawine

-It is effective to use student names as much as possible during the discussion, as it cultivates a culture of respect and allows the instructor to better link the comments made by various individuals (i.e. "Building off what Mary said earlier, Christopher has just commented that ... ")

Do It Your Damn Self! Youth Film Festival

Organization: The Community Art Center (Teen Media Program)

Location: The film festival was presented at multiple locations throughout the week, including: students at Boston Public Library, MIT EG&G Education Center, and finally, at the Premier Screening at MITs Bartos theatre.

Contact:

Elena Belle White

Program Director

The Community Art Center, Inc.

119 Windsor Street

Cambridge, MA 02139

phone: (617) 868-1000 x 17

email: elena@communityartcenter.org

fax: (617) 864-4700

About the Festival:

The "Do It Your Damn Self!" National Youth Video and Film Festival is a product of the Community Arts Center's Teen Media Program (TMP). It is the longest running youth-produced festival in the country, drawing over 1200 youth and adults to public screenings every year. The Teen Media Program uses photography, video and filmmaking as a tool for expression and promoting positive change in their lives and the world around them. The teen's experience with media technology and professional production skills have empowered them with self-assurance and dignity. The festival also serves to unite teens around shared interests and issues that concern them deeply.

The 2010 festival reel showcased 14 short films of various genres. Many of these films offered probing social critiques of issues such as: rape culture & sexual violence, growing up without a parent, domestic abuse, beauty in the media, gay and lesbian rights, and political concerns surrounding election day 2008.

Significance for Teens:

It is remarkably empowering for teens to take the issues that concern them most and turn them into a critical work of art. The teens have testified to the great sense of accomplishment they feel in putting together films and the festival itself, and feel an accompanying sense of dignity as they are able to "voice" their perspectives. Artistic projects serve as a healthy conduit for teen concerns because it enables them to engage their problems in a creative way, while connecting them to a wider community who shares an interest in these same issues.

Monika Navarro, a documentary award recipient, stated that: "No artist ever does anything alone." We are all so very dependent on the support and encouragement of our surrounding communities. Therefore, both the artistic process and community sharing of art, can be of equally significant importance.

One really extraordinary film brought a portable polling booth to downtown Oakland, around the upcoming elections, and asks teens to enter the booth and speak their chief political/social concerns into the camera. What resulted was a powerful portrait of teen's voices and undeniable evidence that they have a lot "to say" and share with each other.

Applications to iGROW:

1. Invite teens to attend the annual November film festival in Cambridge. This would:
 - Build group cohesion
 - Gather teens around key social, political, gender, economic and adolescent concerns.
 - Enable iGROW peer leaders to reflect together on points of connection between the themes featured in the films and issues they see in their own peer community.
2. The film festival exemplifies one positive way that teens have channeled their frustrations, concerns, and life circumstances into creative expression that involves a wider community. iGROW leaders could create their own video, collage, newsletter, or public event to give voice to their own ideas. The artistic medium is completely open; the film festival is simply meant to give one example of using the expressive arts to deal with the sources of mental/social distress.

Mindfulness

What is Mindfulness?

"Mindfulness is the energy of being aware and awake to the present moment. It is the continuous practice of touching life deeply in every moment of daily life. To be mindful is to be truly alive, present and at one with those around you and with what you are doing."

-Thich Nhar, Hanh. Vietnamese Zen master

Principles of Mindfulness

Breathe deep

Be in the now- notice what is present to you mentally, emotionally, and physically in each moment.

Enjoy the sights and sounds of your environment

Become aware of thoughts and emotions as they pass

Practice a kind, non-judgmental attitude toward yourself & others

History of Mindfulness

Over 2,500 years ago mindfulness was named the 7th element in the Buddha's Noble Eight Fold Path. Today, the practice has been adapted in models of Western psychology to promote mental health and to treat anxiety, depression, physical pain, stress, disordered eating and addiction. Features of mindfulness can be found in many world religions, although the practice can be used without any religious or cultural commitments.

Principles of Mindfulness

Breathe deep

Be in the now- notice what is present to you mentally, emotionally, and physically in each moment.

Enjoy the sights and sounds of your environment

Become aware of thoughts and emotions as they pass

Practice a kind, non-judgmental attitude toward yourself & others

Who is Using Mindfulness Today?

Counseling centers, schools, hospitals, businesses, universities, religious groups, law firms, prisons, and the army.

Benefits of Mindfulness

Strengthens positive emotions and traits

Sharpens your ability to focus

Reduces distracting or obsessive thoughts

Deescalates conflict in relationships

Relieves stress, worry and anxiety

Prevents impulsive, self-defeating behavior

Improves the immune system

Helps manage physical pain

Opens the mind to new ways of thinking

Enhances your life with a greater sense of peace, stability, freedom, fulfillment and wisdom!

Example Situations for Using Mindfulness

1. Short breathing meditations at the beginning & end of each day
2. Meeting new people
3. Before making a big decision
4. During an argument or conflict
5. Before a sports game, performance or test
6. Talking with a friend who is in crisis or going through a difficult time
7. Moments you feel stressed, upset or overwhelmed

Brain Imaging Shows Impact of Brief Mindfulness Meditation Training

By Salynn Boyles

WebMD Health News Reviewed by Laura J. Martin, MD

April 6, 2011 -- Even very brief instruction in meditation appears to help people cope with pain, and a newly published brain imaging study may explain why. After just four, 20-minute instructional sessions in mindfulness meditation, most participants in the small study experienced big reductions in pain intensity and unpleasantness when subjected to painful stimuli. Prior to learning the meditation technique, brain imaging showed significant activity in a key area of the brain when the participants were subjected to intense heat, but this activity was reduced when they were meditating.

"This is the first study to show that only a little over an hour of meditation training can dramatically reduce both the experience of pain and pain-related brain activation," said researcher Fadel Zeidan, PhD, who is a postdoctoral fellow at Wake Forest University School of Medicine.

Meditation Helped Block Pain

The researchers recruited 18 healthy young adults who had never meditated prior to joining the study. Over the four, 20-minute training sessions, the study participants were taught a meditation technique known as focused attention, which involves paying close attention to breathing patterns while acknowledging and letting go of thoughts that distract from this practice, Zeidan says.

Before and after mindfulness meditation training, brain activity was measured using a special type of magnetic resonance imaging that captures longer-duration brain processes, such as meditation, better than standard MRI. While the MRIs were being performed, a device was placed on each participant's right calf that delivered 120 degrees of heat -- a temperature that most people find painful. The heat was kept on the skin for 12 seconds and then taken off the skin for the same amount of time over a total of 5 minutes. Even though the MRI was very loud, most of the participants were able to successfully block out the noise and the pain from the heat source and focus on their breathing.

Pain intensity ratings were reduced after meditation by an average of 40%, and pain unpleasantness rating were reduced by 57%. Meditation was shown to reduce activity in key pain-processing regions of the brain. The study appears in the April 6 issue of the Journal of Neuroscience. The study confirms that mindfulness meditation can have a real and measurable impact on the experience of acute pain, even in people with very little formal training, Wake Forest associate professor of neurobiology and anatomy Robert C. Coghill, PhD, tells WebMD.

He says meditation could prove useful for the management of postoperative pain and in other acute pain settings. It remains to be seen if the brief instruction can help people with chronic pain. "Meditation has been used to treat chronic pain for a long time, but patients tend to have a lot more training," he says. "It is not clear if the brief training sessions like the ones used in this study would be useful for these patients." Zeidan says meditation distracts the mind and reduces the emotional response to pain.

In the training phase of the study, the participants were instructed to close their eyes and focus on the changing sensations of their breath and they were told to bring their consciousness back to their breathing each time their minds wandered. “Usually this happens within the first minute when people first start meditating,” he says. “It is perfectly normal.” He says the goal is to acknowledge these distractions, accept them for what they are and simply let them go by gently bringing the attention back to the breath without any judgment. “Many people think they are doing something wrong at first because their minds keep wandering,” he says. “But becoming aware of how busy the mind is part of the process.”

SOURCES:

Zeidan, F., The Journal of Neuroscience, April 6, 2011; vol 31.

Fadel Zeidan, PhD, postdoctoral fellow, department of neurobiology and anatomy, Wake Forest University School of Medicine, Winston-Salem, N.C.

Robert C. Coghill, PhD, associate professor of neurobiology and anatomy, Wake Forest Baptist, Winston-Salem, N.C.

News release, Wake Forest Baptist Medical Center.

© 2011 WebMD, LLC. All rights reserved.

Article Link: <http://www.webmd.com/balance/news/20110406/meditation-may-reduce-pain>

'Turn down the volume'

Meditation may help the brain reduce distractions

By Sue McGreevey

MGH Public Affairs

Harvard Gazette

Friday, April 22, 2011

...Harvard researchers have found that mindfulness meditators more quickly adjust the brain wave that screens out distraction, which could explain their superior ability to rapidly remember and incorporate new facts.

The positive effects of mindfulness meditation on pain and working memory may result from an improved ability to regulate a crucial brain wave called the alpha rhythm. This rhythm is thought to “turn down the volume” on distracting information, which suggests that a key value of meditation may be helping the brain deal with an often overstimulating world.

Researchers from Massachusetts General Hospital (MGH), Harvard Medical School, and the Massachusetts Institute of Technology report that modulation of the alpha rhythm in response to attention-directing cues was faster and significantly more enhanced among study participants who completed an eight-week mindfulness meditation program than in a control group. The study will appear in the journal *Brain Research Bulletin* and has been released online.

“Mindfulness meditation has been reported to enhance numerous mental abilities, including rapid memory recall,” says Catherine Kerr of the Martinos Center for Biomedical Imaging at MGH and the Osher Research Center at Harvard Medical School (HMS), co-lead author of the report. “Our discovery that mindfulness meditators more quickly adjusted the brain wave that screens out distraction could explain their superior ability to rapidly remember and incorporate new facts.”

Brain cells use particular frequencies, or waves, to regulate the flow of information in much the same way that radio stations broadcast at specific frequencies. One frequency, the alpha rhythm, is particularly active in the cells that process touch, sight, and sound in the brain’s outmost layer, called the cortex, where it helps to suppress irrelevant or distracting sensations and regulate the flow of sensory information between brain regions.

Previous studies have suggested that attention can be used to regulate the alpha rhythm and, in turn, sensory perception. When an individual anticipates a touch, sight, or sound, the focusing of attention toward the expected stimulus induces a lower alpha wave height in cortical cells that would handle the expected sensation, which actually “turns up the volume” of those cells. At the same time the height of the alpha wave in cells that would handle irrelevant or distracting information increases, turning the volume in those regions down. Because mindfulness meditation — in which practitioners direct nonjudgmental attention to their sensations, feelings, and state of mind — has been associated with improved performance on attention-based tasks, the research team decided to investigate whether individuals trained in the practice also exhibited enhanced regulation of the timing and intensity of alpha rhythms.

The study tested 12 healthy volunteers with no previous experience in meditation. Half completed the eight-week Mindfulness-Based Stress Reduction Program developed at the University of Massachusetts. The other half were asked not to engage in any type of meditation during the study period. Using magnetoencephalography (MEG), an imaging technique that detects the location of brain activity with extreme precision, the researchers measured participants' alpha rhythms before, during, and after the eight-week period. Specifically, they measured alpha rhythms in the brain area that processes signals from the left hand while participants were asked to direct their attention to either their left hand or left foot. Participants' abilities to adjust the alpha rhythm in cortical cells associated with the hand, depending on where their attention was directed, were recorded during the milliseconds immediately after they received an attention cue.

Although all participants had showed some attention-related alpha rhythm changes at the beginning of the study, at the end of the eight weeks, those who completed the mindfulness meditation training made faster and significantly more pronounced attention-based adjustments to the alpha rhythm than the nonmeditators did. "This result may explain reports that mindfulness meditation decreases pain perception," says Kerr. "Enhanced ability to turn the alpha rhythm up or down could give practitioners' greater ability to regulate pain sensation."

The study also sheds light on how meditation may affect basic brain function, explains Stephanie Jones of the Martinos Center, co-lead author of the paper. "Given what we know about how alpha waves arise from electrical currents in sensory cortical cells, these data suggest that mindfulness meditation practitioners can use the mind to enhance regulation of currents in targeted cortical cells. The implications extend far beyond meditation and give us clues about possible ways to help people better regulate a brain rhythm that is dysregulated in attention-deficit hyperactivity disorder and other conditions." Kerr is an instructor in medicine and Jones an instructor in pediatrics at HMS.

<http://news.harvard.edu/gazette/story/2011/04/%E2%80%98turn-down-the-volume%E2%80%99/>

Mindfulness web sites

— the practice of focusing your attention on the present — may seem like a simple concept, but it isn't always easy to grasp, at least at first. Many people start by taking a class, but you can also learn on your own with the help of books, tapes, and information found on the Web.

http://www.health.harvard.edu/newsletters/Harvard_Womens_Health_Watch/2009/April/Mindfulness-resources

Center for Mindfulness in Medicine, Health Care and Society

University of Massachusetts Medical School, Worcester, MA

Provides information on mindfulness and offers mindfulness based stress reduction programs.

Founded by Jon Kabat-Zinn, Ph.D., author of numerous scientific papers on the clinical applications of mindfulness; instructor in mindfulness and MBSR; and author of several books for lay audiences, including *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress and Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. Kabat-Zinn's mindfulness meditation books, CDs, and tapes may be ordered here.

<http://www.umassmed.edu/cfm/home/index.aspx>

Benson-Henry Institute for Mind Body Medicine

Massachusetts General Hospital, Boston, MA

Under the direction of Harvard Medical School's Dr. Herbert Benson, who pioneered the "relaxation response," the Benson-Henry Institute works to advance the study and practice of mind-body medicine. On the Benson-Henry Web site, you can find an overview of mind-body medicine, as well as information and instructions in mindfulness practice, stress-management, and eliciting the relaxation response. Books, CDs, and tapes are available through the Web site.

<http://www.massgeneral.org/bhi/>

Harvard Health Publications Special Health Reports

Positive Psychology: Harnessing the power of happiness, personal strength, and mindfulness

Tough economic times are the perfect setting to begin using positive psychology to your advantage, says a new report from Harvard Medical School. This report is a guide to the concepts that have made "Positive Psychology" the most popular course at Harvard University, and teaches how to put positive emotion to work in your life.

http://www.health.harvard.edu/special_health_reports/Positive-Psychology

Recommended Books for Children

Boy Who Didn't Want to Be Sad by Rob Goldblatt (2004) ages 4-8

Double Dip Feelings: Stories to Help Children Understand Emotions, second edition by Barbara Cain (2001) ages 4-8

Mind Over Basketball: Coach Yourself to Handle Stress by Jane Weierbach and Elizabeth Phillips-Hershey (2007) ages 8-12

What To Do When You Grumble Too Much: A Kid's Guide to Overcoming Negativity by Dawn Huebner (2005) ages 6-12

What To Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety by Dawn Huebner (2005) ages 6-12

Why Are You So Sad? A Child's Book About Parental Depression by Beth Andrews (2002) ages 3-8

Wishing Wellness: A workbook for children of parents with mental illness by Lisa Anne Clarke (2006) ages 6-12

Recommended Books For Teens

The Grieving Teen - A Guide for Teenagers and Their Friends by Helen Fitzgerald (2000).

Living When A Young Friend Commits Suicide by Earl A. Grollman and Max Malikow (1999).

When A Friend Dies - A Book for Teens About Grieving and Healing by Marilyn E. Gootman (2005).

Recovering From Depression: A Workbook for Teens by Copeland and Copans (2002).

Recommended Books for Adults

Adolescent Depression: A Guide for Parents. By Francis Mark Mondimore (2002)

Beyond Blue : Surviving Depression & Anxiety and Making the Most of Bad Genes by Therese Borchard (2010)

Boys of Few Words by Adam J. Cox (2006)

The Feeling Good Handbook by David D. Burns, MD

Helping Your Troubled Teen by Cynthia S. Kaplan (2007)

I Don't Want to Talk About It - Overcoming the Secret Legacy of Male Depression by Terrence Real (1997)

If Your Adolescent Has an Anxiety Disorder: An Essential Resource for Parents by Edna B. Foa and Linda Wasmer Andrews (2006).

If Your Adolescent Has Depression or Bipolar Disorder: An Essential Resource for Parents by Dwight L. Evans, M.D. and Linda Wasmer Andrews (2005)

Out of the Darkened Room: Protecting the Children and Strengthening the Family When a Parent Is Depressed by William R. Beardslee (2002)

Parenting That Works: Building Skills That Last a Lifetime by Edward R. Christophersen, Ph.D., ABPP and Susan L. Mortweet, Ph.D. (2002)

The Pressured Child by Michael Thompson (2004)

Understanding Youth: Adolescent Development for Educators by Michael Nakkula and Eric Toshalis (2006)

Unholy Ghost - writers on depression edited by Nell Casey (2001)

Will's Choice by Gail Griffith (2005)

References

Asian American and Pacific Islander Communities Mental Health Fact Sheet. (n.d.). Retrieved December 20, 2009 from National Alliance on Mental Illness Web site: www.nami.org

African-American Community Mental Health Fact Sheet .(n.d.). Retrieved December 22, 2009 from National Alliance on Mental Illness Web site: www.nami.org

Breland-Nobel A.M., Bell C., Nicolas G. (2006). Family First: The development of an evidence based family intervention for increasing participation in psychiatric clinical care and research in depressed African American adolescents. *Family Process*, 45(2), 153-169.

Brodsky, B. S., Cloitre, M., & Dulit, R. A. (1995). Relationship of Dissociation to Self-Mutilation and Childhood Abuse in Borderline Personality Disorder. *American Journal of Psychiatry*, 152(12), 1788-1792.

Choi H. (2002). Understanding adolescent depression in the ethnocultural context. *Advances in Nursing Science*, 25(2), 71-85.

Choi J., Miller A., Wilbur J. (2007). Acculturation and depressive symptoms in Korean immigrant women. *Journal of Immigrant Minority Health*

Collins & Dozois (2008). *What Are the Active Ingredients in Preventative Interventions for Depression?* *Clinical Psychology: Science and Practice*, 15 (4), 313- 330.

Cooper, L. A., Gonzales, J. J., Gallo, J. J., Rost, K. M., Meredith, L. S., Rubenstein, L. V., et al. (2003). The acceptability of treatment for depression among African-American, Hispanic, and white primary care patients. *Medical Care*, 41(4), 479-489.

DiLazzero, D. B. (2003). Addressing Self-Injury in a College Environment: A Psychoeducational Program. University of Hartford, Hartford.

Durlak, J.A., Dymnicki, A.B., Taylor, A.B., Weissberg, R.P., & Schellinger, K.B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions. *Child Development*, 82:1, 405-432.

Eskin, M., Ertekin, K., & Demir, H. (2008). Efficacy of a Problem-Solving Therapy for Depression and Suicide Potential in Adolescents and Young Adults. *Cognitive Therapy and Research*, 32, 227-245.

Essau, C.A., Lewinsohn, J.R., Seeley, J.R., & Sasagawa, S. (2010). Gender Differences in the Developmental Course of Depression. *Journal of Affective Disorders*, 127, 185-190.

Facts about Stigma and mental Illness in Diverse Communities .(n.d.) Retrieved December 21, 2009 from NAMI Multicultural Action Center National Alliance on Mental Illness Web site: www.NAMI.org

Garber, J., Clarke, G. N., Weersing, V. R., Beardslee, W. R., Brent, D. A., Gladstone, T. R. G., et al. (2009). Prevention of depression in at-risk adolescents: A randomized controlled trial. *JAMA: Journal of the American Medical Association*, 301(21), 2215-2224.

Hilt L. M., Nock K. M., Lloyd-Richardson, E.E., & Prinstein, M.J. (2008). Longitudinal Study of Nonsuicidal Self-Injury Among Young Adolescents: Rates, Correlates, and Preliminary Test of an Interpersonal Model. *Journal of Early Adolescence*, 28, 445-469.

Hooper, L.M. (2010). The Unmet Needs of Depressed Adolescent Patients: How Race, Gender, and Age Relate to Evidence-Based Depression Care in Rural Areas. *Primary Health Care Research & Development*, 11, 339-348.

Kessler R.C., Walters E.E. (1998). Epidemiology of DSM-III-R major depression and minor depression among adolescents and young adults in the National Comorbidity Survey. *Depression and Anxiety*, 7(1), 3-14.

Klonsky, E.D. (2007). The functions of deliberate self-injury. A review of the evidence. *Clinical Psychology Review*, 27, 226-239.

Latino Community Mental Health Fact Sheet. (n.d.). Retrieved December 18, 2009 from National Alliance on Mental Illness Web site: www.nami.org

Mason, K (2011). Clergy Referral of Suicidal Individuals: a qualitative study.

Menselson, T., Rehkopf, D., & Kubzansky, L. (2008). Depression among Latinos in the United States: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 76(3), 355-366.

Moon, S.S., & Rao, U. (2010). Youth-Family , Youth-School Relationship, and Depression. *Child and Adolescent Social Work Journal*, 27, 115-131.

Nadeem, E., Lange, J., & Miranda, J. (2009). Perceived Need for Care among Low-Income Immigrant and U.S.-Born Black and Latina Women with Depression. *Journal of Women's Health* (15409996), 18(3), 369-375.

National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

Norifumi, Carlson, Brennan, & Earls (2008). *Young Citizens as Health Agents: Use of Drama in Promoting Community Efficacy for HIV / AIDS*. *American Journal of Public Health*, 98 (2),201-204.

O' Connell, Boat, & Warner, eds. (2009) *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Youth and Young Adults: Research Advances and Promising Interventions*. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Institute of Medicine, National Research Council.

Reilly, N.N., Editor (2006). Preventing Depression: A Toolkit for Schools. Boston, MA: Children's Hospital Boston.

Stein, G.L., Hersh, J., Silva, S.G., Curry, J.F., Breland-Noble, A., March, J., Reinecke, M.A., & Jacobs, R. (2010). Ethnic Differences Among Adolescents Beginning Treatment for Depression. *Cultural Diversity and Ethnic Minority Psychology*, 16: 2, 152-158.

Top 15 Misconceptions of Self-Injury. (n.d.). Retrieved December 12, 2009 from Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults Web site: <http://www.crpsib.com/default.asp>

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, DC: HHS, September 2012.

Van Voorhees, B. W., Paunesku, D., Gollan, J., Kuwabara, S., Reinecke, M., & Basu, A. (2008). Predicting future risk of depressive episode in adolescents: The Chicago adolescent depression risk assessment (CADRA). *Annals of Family Medicine*, 6(6), 503-511.

Wagner, K. D. Cognitive Behavioral Therapy for Childhood Anxiety and Depression. (December 28, 2009). Retrieved January 13, 2010 from Psychiatric Times Web site: <http://www.psychiatrictimes.com>.