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# The Couch Collective, A Supportive Program to Help Communities Address Youth with Depression

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The Couch Collective

A Supportive Program to Help Communities Address Youth with Depression

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### **Abstract**

The problem of depression and anxiety among the youth of this country is overwhelming. From news reports about teen suicide to statistics regarding the mental health of teenagers, it is obvious that there is an issue. This issue is not just confined to the inner city, it also touches the most rural areas and small towns. Depression and anxiety affect kids from all types of backgrounds. With all the options for treatment, why is there still such a problem?

This paper explains the problem and the causes of youth depression and talks about the need for more creative solutions. Out of this need the “Couch Collective” was created. The Couch Collective is a supportive program designed to help communities engage in conversations with youth about depression and other mental health issues. It gives the youth a place to be able to freely discuss what they are going through and helps them feel accepted and not feel alone.

### **Introduction**

The headline reads, “10-year-old Kentucky boy who killed himself was bullied mother says.” NBC news reported on January 23<sup>rd</sup> of 2019 that his death marked the eighth suicide this school year in the Jefferson County public schools around Louisville. Seven Bridges was only a fifth grader when he decided that life was not worth living. According to the report, Seven had to wear a colostomy bag due to a birth defect and was bullied because of it. Mother Tami Charles told reporters that “My son took his life due to bullying, it has probably ongoing for about seven months horribly.” Jefferson County school’s spokeswoman Renee Murphy said that Seven’s death marked the eighth student suicide this year.” Ms. Murphy also said that they are seeing ten, eleven, and twelve-year old’s that see suicide as an option for whatever issues they are facing (Li, 2019). It has become commonplace to see these sad stories on the news. From school shootings to social media bullying, the youth today are facing many challenges that other generations had never had to experience. Kids today are struggling! With technology like social media and outlets like YouTube, kids are losing their identity and are basing their worth on how many like their selfie and Facebook posts. This combined with stress from what comes from being a teenager, can lead to depression.

Today, well-meaning parents do everything they can to shield their kids from stress. But stress is not necessarily a bad thing. Doctor Lisa Damour, author of *Under Pressure: Confronting the Epidemic of Stress and Anxiety in Girls*, is a graduate with honors from Yale University and earned her doctorate in clinical psychology at the University of Michigan. In this book, Dr. Damour talks about healthy stress. She states that stress can be a good thing that has the potential to take us out of our comfort zone and build strength and character. In her book, she talks about how a stressful event to a teenager is like a snow globe. The stressful event can be compared to

shaking the snow globe. The contents of the snow globe float around in chaos and take a while to settle. That is what it is like in a teenager's brain when a stressful event occurs. She said that we as adults need to give them time to let the "contents" settle and allow them time to work through emotions. She alludes to the fact that parents are not letting their kids deal go through stress. However, Dr. Damour writes that stress becomes unhealthy when it exceeds what a person can absorb or benefit from. "Psychologists consider stress to be healthy when it interferes with well-being in the shorth or long term. Whether or not a stressor harms well-being has surprisingly little to do with the source of the stress and much more to do with whether adequate resources such as personal, emotional, social, financial are available to address the problem" (Damour, 2019, p5).

Not only is depression among youth at a high in the nation, it is also on the rise in Muhlenberg county and the surrounding regions of Kentucky. According to the 2016 KIP survey, 24.4% of tenth graders in the Pennyroyal region (which includes Muhlenberg county) - were experiencing serious psychological distress and felt nothing could cheer them up (KIP, 2016).

More and more youth are getting diagnosed with depression every year. There are treatment options available but can be difficult to obtain due to several reasons. The hard thing to realize is that youth these days do not have to be diagnosed to experience depression. With such a prevalence of depression disorders in today's youth, there is an urgency to think outside the box when it comes to treatment options. As an individual that had struggled with anxiety and depression as a teenager, I can remember how alone I had felt during those times. Part of depression is the feeling of being alone and that no one understands. There is a lot to be said about receiving support from someone who knows what you are going through. My personal experience with twelve step groups has helped me tremendously throughout my life. I have worked for a non-profit ministry that helps people with addictions and I have found that depression and other mental

health issues are at the core of substance abuse. Many times, a person will start to cope by drinking and using drugs to deal with the extreme feelings that come with those issues. “Depressed youth are more likely to smoke cigarettes, to report substance use and abuse, to exhibit conduct disorders, to experience academic problems, and to drop out of school (Keyes, 2006).

### **My Personal Interest in This Topic**

I grew up in a household where my parents were happily married and never went without anything. From the outside looking in, it would be easy to say that I had no reason to struggle like I did. I had already developed rejection issues due to the fact I looked different than other kids and found it hard to make friends. To make matters worse, I was diagnosed with Attention Deficit Disorder and Dyslexia at the age of fifteen and didn't know how to interpret that inwardly. I saw myself as stupid and the diagnosis was proof in my mind. Later, in my teenage years, I had developed substance abuse issues because I had used substances to ease the pain and sadness that was going on inside me. It was difficult for me to talk to my parents because I had felt like they were not taking me seriously and I found it hard to describe how I felt. I ended up in treatment for substance abuse and while I was there, I had gotten diagnosed with bi-polar depression. I spent several years making several attempts to be at peace with myself only to find myself sinking even further. I can remember feeling like I did not belong anywhere and had always felt alone. Now, I am able to say that I have been clean for over twelve years. I know I can take what I have experienced to be able to help other teenagers who are going through what I have gone through. Personal experience and a desire to help youth has inspired me to create the Couch Collective.

### **The Problem**

The Kentucky Incentives for Prevention puts out a survey to students in the state of Kentucky every two years. Students in grades 6, 8, 10, and 12 are asked questions about various topics from substance use to feelings of depression. The answers are then compiled to provide information to schools about student's drug, alcohol, and tobacco use as well as mental health. The 2016 KIP survey results plainly show an issue that youth in Kentucky are experiencing more mental distress and thoughts of suicide than before. (see Appendix A for 2016 KIP survey results for the Pennyroyal Region of the state of Kentucky).

Adolescent depression not only touches the youth in Kentucky, it effects the youth Nation-wide (see Appendix B for nation-wide statistics on youth and depression). Looking at all the statistics, one has to wonder how it has gotten so bad.

Kids today are forced to go through a different set of life circumstances that are beyond their control, much different from older generations. Technology and social media have put unrealistic expectations on the youth of today. There are also stressors like an unstable home life and poverty can alter a young person's mentality drastically. "Life's major changes experienced during adolescence, academic pressure, gaining independence from parents, intimate relationships with peers, physical maturation, starting romantic relationships, expectations from parents etc. are accompanied by drastic increase in the frequency which stressful events occur" (Camara, Bacigalupe, & Padilla, 2017). These stressful events lead to issues like depression.

Statistic after statistic, the evidence of the problem of youth and depression is made more real. According to Keyes, nearly one in every ten children has an episode of major depression before their fourteenth birthday. By the time they can legally vote, drive a car and drink alcohol in some states as many as twenty percent of youth will have some form of an anxiety or mood disorder or some form of a disruptive or substance use disorder (p395).

More and more, youth are lacking the coping skills that are needed to handle emotions accordingly. Unfortunately, some youth only see suicide as a way out. According to Kentucky's Suicide Data and Surveillance Committee, the number of youths in Kentucky who died by suicide doubled from 2014 – 2015. They also found evidence for an upward trend in suicidal behaviors and deaths among youth in Kentucky that mirrors the national increasing trend in youth suicide and that younger children are also attempting and dying by suicide more frequently than in the past. In order to get to the reason why this is happening, we have to take a look at the cause.

Low self-esteem plays a major role in depression. It is hard to have a positive outlook on life when you do not feel good about yourself. A lot of how kids see themselves stems from their home life. Kids have a desire to make their parents proud. Several kids that I have spoken to have said that they do not get the encouragement they feel they need from home. I had one fifteen-year-old tell me that her mom is always gone and when she is home, her mom just sleeps because her mom gets high and only comes home when she needs to sleep. When kids feel rejected by parents, it effects their self-esteem. “Self-esteem and parenting behavior most likely play major roles in the creation of depression in both males and females” (MacPhee & Andrews, 2006).

For every cause, there is an effect. Depressed youth are more likely to smoke cigarettes, to report substance use and abuse, exhibit conduct disorders, experience academic problems, and to drop out of school (MacPhee & Andrews, 2006). I have worked with people coming out of addiction for over twelve years. I often hear from the people in our program that they first struggled with depression and anxiety and had started to use drugs and alcohol to attempt to stop the feelings that were going on. Most people I know have a dual diagnosis of depression and



substance abuse disorder. The ripple effect of untreated depression has consequences that go well into adulthood.

### **The Area**

The Pennyroyal region covers the south-central area of Kentucky. The Pennyroyal region covers the counties of Crittenden, Caldwell, Lyon, Hopkins, Trigg, Christian, Todd, and Muhlenberg. The Couch Collective will cover certain towns in Muhlenberg County. The Pennyroyal Region ranked highest in reports of self-harm and having a suicide plan for tenth graders in the state (Kentucky) according to the 2016 KIP survey. The Pennyroyal region also has the highest ranking for tenth graders who experience psychological distress for the same year. It is because of statistics like this that the Couch Collective will serve 14-18-year old's. There is plenty of evidence that treatments for depression are successful. However, if there are no resources for treatment, it is difficult to receive treatment.

After speaking with several members of the community, I found out that there was not much being done specifically for youth who have depression and other mental health issues. There are several programs and prevention efforts in the area of substance abuse, but not mental health. Speaking from personal experience, I believe you cannot separate the two topics. Mental health issues, such as depression, can lead to substance abuse to cope with what is going on in and around you.

Everyone that I had spoken with, from youth group leaders to school board members as well as guidance counselors expressed that there is a need for programs and activities that promote ways to deal with mental health issues. Statistics from the KIP survey from 2016 show that an

estimated 24 percent of tenth graders reported that they were experiencing serious psychological distress and felt hopeless in the Pennyroyal region. It was expressed that there is a need for more support and aid for these kids.

Out of the need for more support for youth with mental health issues, a mental fitness focus group was formed. This group is comprised of school officials, guidance counselors, students, and other concerned members of the community. The purpose of the first meeting in March was to get together and start a conversation using community conversations as a guide about how to best help the youth with mental health issues in Muhlenberg County. We discussed what we should do, how we can help, and the most effective way to go about doing so. All of the students in the group gave many examples on why something needs to be done. One student shared the story about how her cousin had committed suicide and that no one had any clue that she was even struggling. The school superintendent discussed how all of the students seem to be using him as a source of support because they are not getting it from other places for various reasons. He shared how it broke his heart what these kids are going through and can only do so much. He also shared personal experience about his son's struggles with anxiety. After the discussion, we were handed a survey to hand out to people before the next meeting.

The March 28<sup>th</sup> focus group discussed the survey results and what to do next. The first question on the survey was what types of issues do you believe our students are dealing with? The point was made that the answer to that question really varied depending on the person that was asked. For example, when someone in the group surveyed a couple of adults that she went to church with, they had found it hard to see that anything was wrong and believed that kids are doing well these days. When the high schoolers were asked this question, the answer was completely different. Body image, lack of resources, trying to be perfect for parents, fitting in, family issues,

social media, peer pressure, not knowing how to cope or express feelings, having no one to talk to, parents not providing emotional support, personal hygiene issues were just some of the issues that the teens said they were facing. This clearly presents a problem. Things are way different for kids today than they were twenty years ago. It is hard for the average adult to understand the fact that what is not a big deal to them, may be a big deal to a young person. When asked what common challenges our youth face when seeking mental health treatment, several that were surveyed said that fear of being treated differently and perceived as crazy or incapable. Other common challenges include the lack of ability to afford care, misrepresentations that people with mental illness are violent, lack of transportation to get help, lack of providers, and lack of consistency with providers. Some interesting points that were brought up as a result of the surveys were the importance of teaching kids to embrace flaws and mistakes and the need to learn how to deal with their own behavior. Kids have expressed how they need a supportive group that they can trust and the need to learn coping skills due to not knowing how to handle them without lashing out on self or others. It was also discovered that there are many reasons why youth find it hard to talk about problems and emotions. One student said that he has heard his parents say that it is just a phase and that he will get over it so he has convinced himself it is not a big deal and ignores the issue until it gets really bad. Another student said she feels like adults do not take kids seriously enough. Yet another student shared how most kids feel like no one cares or understands. These are all reasons they said as to why many kids don't open up to the guidance counselors as well.

We then discussed what mental health resources do we currently have in place in Muhlenberg County. The first resource mentioned was the Pennyroyal Mental Health Center. Pennyroyal offers individual and group therapy, psychiatric services, among other services. One of the services they offer for children is called IMPACT. IMPACT is service coordination for

children who are identified as severely emotionally disabled and need assistance and support in accessing medical social, educational and/or other services in the community. IMPACT serves children ages three through twenty-one and a psychiatric disorder by a behavioral health professional is required. Pennyroyal also offers a text line for teens who need to reach out to someone during their struggles. Pennyroyal also has a partnership with the Muhlenberg County school district. Some other mental health resources that were mentioned during the meeting are youth/adult partnerships, PACS transportation to help get to appointments, and the mental health fitness group. There is also a mentoring program in the county. Muhlenberg Mentors is a school-based mentoring program that matches caring adults from the community with students in need of additional support. Trained adults work one-on-one with students one day a week for up to an hour. This mentoring program focuses to provide referred youth a positive role model, resulting in increased social and emotional development. One of the students in the group mentioned that peers are a good resource too. He said that a lot of times kids will not open up to adults due to lack of trust, and that they tend to open up to others their own age. There is a need for peer support. Support groups like Alcoholics Anonymous are built on “one alcoholic can best help another alcoholic.” The same could be said about people who have been through depression and anxiety. Kids need a sense of belonging. While therapy and medication help, there is still a need for place where youth feel free to talk openly with people they can trust.

### **Best Practice Models**

There are several options for the treatment of adolescent depression and anxiety. Treatment is based on an individual model. Each individual responds to treatment differently. Multiple forms of treatment can be used as well. It is the job of the professional to figure out the best plan of treatment for their clients. Ian Michael Goodyer mentions three treatments in his

article “New Ways to Treat Depression in Teenagers.” They are short-term psychoanalytic psychotherapy, brief psycho-social intervention, and cognitive behavioral therapy. (Goodyer, 2017).

Short term psychoanalytic psychotherapy focuses on troubling feelings or thoughts that interfere with relationships, communication, and/or functioning at school or at work. The aim of therapy is to uncover the feelings or thoughts that are often hidden from the client. There are things a person goes through as a child that can affect them later in life if not dealt with. This form of therapy sheds light to the deep emotional issues of a person and helps them to understand themselves better.

Psychosocial interventions are basically actions taken to bring about change in an individual. Webster’s dictionary defines intervention as “the act or method of interfering with the outcome or course especially of a condition or process as to prevent harm or improve functioning.” The Oxford dictionary defines intervention as “acting to intentionally interfere with an affair so to affect its course or issue.” According to the National Center for Biotechnology, “psychosocial interventions for mental health and substance use disorders are interpersonal or informational activities, techniques, or strategies that target biological, behavioral, cognitive, emotional, interpersonal, social or environment factors with the aim of improving health functioning and well-being. Psychosocial interventions combine two elements, action and outcome. The Couch Collective can be seen as a Psychosocial intervention due to the emotional, social, and interpersonal factors and the aim of improving well being for the youth that attend.

Seemingly the most commonly talked about therapy in treating adolescent depression is cognitive behavior therapy. Founded by Aaron Beck in the 1960’s, cognitive behavior therapy is

a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression.

Beck's Institute.org speaks of the Cognitive Model. The cognitive model in a nutshell is about how an individual's perception can influence behavior. The purpose of Cognitive Behavior Therapy is to bring awareness to these perceptions and help them correct their thinking and in turn lessen the stress in their lives. "Therapists use a gentle Socratic questioning process to help clients take a look at their thoughts and belief systems." People who are depressed have no hope and see no positivity in anything. They are unable to process reality as it is. A negative cognitive triad is associated with depression; a negative view of self, the world around them, and their future. This comes from what cognitive behavioral therapy calls early maladaptive schemas. These can be created early on in life by traumatic events or life stress.

There are traumatic events the children go through that shape their perception of life. Events like loss and abuse can transform a young mind and can cause the development of wrong thinking patterns. These wrong thinking patterns are called early maladaptive schemas in cognitive therapy. Early maladaptive schemas may not surface later on in life, but once they do, it causes a problem. "This means that EMS can be latent, but once activated, it can organize and guide daily thought, feelings, and behavior in a biased way which can lead to spirals of negative thoughts, sad feelings. Cognitive behavioral therapy helps get to the root of depression and helps the individual process through misperceptions to see the truth." (Braet, Vlierberghe, Vandevivere, Theuwis, & Bosman's, 2013).

One of the purposes of the couch collective meetings is to help teenage girls change the way they view themselves. Interventions designed to alleviate or prevent this negative cognitive

pattern appear crucial to the prevention (MacPhee & Andrews, 2006). If you do not get the weed out by the root, the weed will always come back. Changing the thought will change the action.

There are also ways to help with depression and anxiety outside of the medical field. Appropriate coping skills are necessary for one to handle stress and anxiety. Coping skills can be taught by anyone. Some coping skills include meditation, journaling, and deep breathing techniques. There are activities that can help combat depression such as exercising and the use of support networks.

Two of the best practice models to treat depression are prevention and intervention. One model of suicide intervention is the QPR model. QPR stands for question, persuade, and refer. The model was created by Doctor Paul Quinnett and is designed to be a way to intervene and help direct someone who is contemplating suicide to the resources they need to get help. Step one of QPR is to ask questions like have you been unhappy lately. This will hopefully open up a conversation where the individual can open up. The next step in QPR is to persuade the individual to go seek help. Listening and giving your full attention will be important at this time. It also will be important not to be critical or pass judgement. The final step in QPR is to provide resources. Make sure to have available a list of options in the area for treatment.

There are several areas of treatment for depression and anxiety for youth that are often overlooked. Activities and supportive groups can play an important role in the treatment of depression as well. I have talked to several young people and most of them have expressed a desire to see more conversations among kids and adults about mental health issues so as to come to agreement on what can be done. There are several conversation guides that can help start and facilitate such conversations.

### **Better Conversations Model**

After searching on the ‘Civil Conversations’ website, I had found a guide called ‘Better Conversations: A Started Guide.’ Although this is a guide on how to have difficult conversation with adults, it can be tailored to help with the couch collective discussions. (see appendix C for the six grounding virtues of conversation taken from the Better Conversations model).

According to the better conversations guide, the first step in any gathering will be to plan the space. It is important to consider things like comfortability and does it look inviting. The plan is to start the couch collective in a church environment. There are several churches in the area that have spaces where the youth meet on a regular basis. These spaces are usually geared towards young people and tend to have an inviting atmosphere. Adding a couch and some bean bags (things I will bring) will also add to the comfortability to a space. The second step is about framing your guiding intention. It is important to think about the questions and topics of discussion ahead of time. It will be easier to remain focused with one particular purpose in mind. The third step is to consider who to invite. Since this program will be specifically for girls ages 14-18 that is who will be invited. It will also be important to have other adults in the room. I would like to involve youth leaders and others who have a heart for this topic. These meetings will not just be for the girls in the youth group, but for any girl who would like to attend. The fourth step is to lay the groundwork. I would design a specific invitation for the youth leaders to hand out. I would also announce it on the Facebook page. I would include on the invitation an explanation of what the couch collective is on what is going to be the activity and discussion for the night (The Better Conversations Guide).

I have also found another conversation guide that deals with creating teen-adult conversations that was prepared by What Kids Can Do, Inc. What Kids Can Do, Inc. is a national



non-profit organization founded in 2001 for the purpose of making public the voices and views of adolescence. This guide is specifically for community conversations between adults and young people but can be useful for the couch collective conversations. The guide contains sample teen-adult forums and hand outs and exercises that will be extremely useful. Like I said previously, active listening will be very important for those who wish to get involved with these gatherings. This conversation guide comes with an appendix about active listening. It is addressing parents on how to actively listen to their teens. This will help me as a facilitator of the meetings as well. The guide talks about how active listening is a communication tool that can help people speak with each other clearly and be understood. It talks about three types of responses in active listening. Asking good questions about what the speaker is saying, paraphrase what you are hearing back to the speaker, and try to put yourself in the shoes of the speaker

### **Proposed Model**

Imagine that you have had a long day at work and can't wait to get home and relax. You finally make it home and the first thing you do after getting through the front door is sit on the couch and take a deep breath. A couch represents a place of rest and relaxation. As a kid, I remember when I would get sick, I would lay on the couch. A couch represents a place of safety and comfort. A couch is where conversations are started. My dad would call a family meeting where we would all sit on the couch to talk. These are the reasons why I am calling this program the "Couch Collective."

The word collective is defined as something done by people as a group. I can remember growing up that all I wanted was to fit in somewhere. That desire to fit in lead me to making bad choices just to be accepted by other kids. I often wonder if I just had a place to be able to navigate and express what I was going through without fear of being judged, would things have been different. As was shown by the survey results in the mental fitness focus group, kids just want a place to belong and be heard. “The kind of support that adolescents most value is emotional support presented in different forms. What they most associate with being emotionally supported is feeling that others are concerned about them and that they are not invisible to others. (Camara et al., 2017). Many young people do not get emotional support from home. They find it hard to be open with adults because they feel they won’t understand. The stigma that is associated with mental health issues is another factor in why kids find it hard to share what they are going through.

The Couch Collective will be a place of refuge and a safe place to express issues such as depression and learn ways to cope with feelings. According to the survey that was done in the mental fitness focus group, high schools students expressed a desire to have a true connection that is consistent. They expressed the reason why they do not talk to many adults is that they feel adults just don’t get it. They need more positive influences in their lives. According to the World Health Organization, depression is the leading cause of disability worldwide and is a major contributor to the overall global burden of disease. The couch collective is a prevention measure that will help youth deal with the issues of depression and anxiety to help them be more successful and reach their potential in life.

### **The Importance of Social Support**

There is a lot of discussion on the use of social supports. Social support is defined as having a supportive network to help cope better with stress. There are four types of social support: emotional, instrumental, informational and appraisal (Canara et al, 2017). Unfortunately, there are a lot of kids that do not have the social support they need. Here are some facts about social support.

- Having and using social supports has been directly associated with lower rates of depression, better academic adjustment and lower rates of substance use. (Canara et al, 2017).
- Social support has been revealed as a protector to the impact of stress in adolescence. (Canara et al, 2017).
- When adolescents are distressed and need support, they draw on informal sources that are familiar to them such as friends and family rather than professionals (Canara et al, 2017).

The Couch Collective will be a means of social support for kids who may not have it in other areas. The goal is to get these kids to learn to be social support for one another.

The Couch Collective would also be a nurturing environment for kids. “Environments that foster successful development and prevent the development of psychological and behavioral problems are usefully characterized as nurturing environments (Biglan, Flay, Embry, & Sandler, 2012). A nurturing environment provides a safe place for one to learn and grow.

When this all started, I had planned on involving both boys and girls in the couch collective but after the first Couch Collective meeting I had with the girls of the Church of God

youth group and looking at research, I decided to start out with focusing on the girls. Here is why:

### **Gender Differences in depression and anxiety**

- Some researchers have found that problematic interpersonal relationships are more closely tied to depression in girls than boys (MacPhee & Andrews 2006).
- Finally, it was demonstrated that females exhibit a significantly higher level of depressive symptoms than males at ages 12 and 13 (MacPhee & Andrews 2006).
- Twice as many adolescent girls experience a depressive episode as compared to boys (Camara et al, 2017).

The Couch Collective will be loosely based on the cognitive model. The purpose of the couch collective is to provide a safe space where youth can talk about their issues and receive some tools to help them with dealing with their emotions.

### **Outline of the Program**

There are several aspects to starting a new program. How to get others involved, advertising, and thinking about potential problems are important issues that need to be addressed for any program to be successful

Before I get into the outline, I was to first discuss how I plan on advertising. Kids these days are all on Facebook. From my experience working for a non-profit, Facebook is a good way to get information out to several people at one time. I would first create a Facebook and Instagram account that would explain what the Couch Collective is, post events and use the page as an encouragement to the kids who need it. It also is a way to for the kids to communicate their ideas on what they would like to see happen through the program. I want to be able to

provide them with a voice because I want them to feel a part of something bigger than themselves. I also would print off an informational flyer that puts into detail what the program is and topics of discussion for the meetings to hand out to youth group leaders as well.

It is also important to think of ways on how to get others involved. The plan is to initially start out by implementing these meetings in a church setting by targeting the teenage girls that go to youth groups in these churches. I would love to ask for the church members, especially those who are involved in youth ministry, to sponsor a meeting by supplying snacks and a possible activity. For example, after the meeting doing something like self-esteem building activities.

Another issue is being prepared for problems that may arise. I have thought about what I need to do if a kid says they are suicidal and what direction I need to point them to. I have a friend who I interviewed who has worked with the suicide hotline and she shared some information with me on what training she had gone through. We discussed some do's and don'ts when talking to someone who is suicidal, and I believe this is good information for the couch collective. She said it is important not to invalidate the person you are talking to and do not minimize their feelings. It will also be necessary to have resources prepared to hand out if a young person is feeling suicidal. I also have to be prepared to tell the appropriate people if one of the kids talks about abuse and certain situations. It is important to be able to be prepared for each meeting that is why I have chosen two conversation models starter guides to help me to prepare.

After having the first Couch Collective meeting with only girls, I decided to start by only speaking with girls initially. With several churches in my area, my plan is to go to the youth group leaders and explain to them what the couch collective is and ask them what they think needs to be discussed with the girls of their group. There would be several options. Taking what

are risk factors that can lead to depression and anxiety and using them as focus points to discuss ways to turn those risk factors into positive factors. Listed are five factors that lead to depression and anxiety. (See Appendix D for five risk factors)

### **Facilitator Information**

There are several other risk factors and topics that can be discussed but I wanted to start small as to not get overwhelmed. This is just a starting point. I hope that by doing these that other adults will get interested and it will grow. I want the girls at each meeting to see that the community cares about them. I would ask local business to donate items for the girls. I would at some point like to have the meetings for boys, but I feel like I would have to find a male to lead those discussions. There will be a specific format for each meeting to help keep order and uniformity (See Appendix E for Facilitator Handbook and details on meeting format)

With so many topics that can be covered, I decided to start basic. I wanted to start basic to keep things simple. Starting a program can be complicated and there are always unexpected issues that come up as you go. That is why I decided to have these meetings in church buildings.

### **Setting Up Meeting**

As I mentioned earlier, my goal is to have a meeting once a month and go from there. I have several churches with youth groups in mind to ask about hosting a meeting. (See Appendix G for church listings).

After much consideration, I decided that having these meetings in a church building would be easier than struggling to find a location every month. It will also be a way to have adults get involved because of already established youth group leaders. I will be able to ask each church to

host the meeting and see if they would be willing to help with snacks and whatever supplies are needed.

### **The First Meeting**

March 30<sup>th</sup>, 2019, I was asked to give my testimony to the youth group and the Church of God of Prophecy in Central City, Kentucky. I had made reference to my senior project and asked the youth what they thought about the idea of the couch collective. I had initially got no response from anyone that night. A few days later, I had received a call from one of the youth leaders who was interested in doing a couch meeting for the girls. I had told her that I would love to, and it would give me some experience. She said that the girls were supposed to go to a youth conference, but it had been canceled at the last minute. She told me the girls were disappointed, so she decided to do a girl's night out and wanted to try a couch meeting. I had shared with her that it would be a rough trial run but I was willing and excited to do it. One of the ladies made the picture and shared it on Facebook announcing the date, time, and location. I was fortunate to have so many people do most of the advertising for me. As you can see from the picture (Appendix F), we were able to borrow an inflatable couch and asked the girls to bring pillows. This made it a comfortable atmosphere. Church sanctuaries can be intimidating so the use of the couch and body pillows made it more inviting. We started out by eating pizza and talking to each of the girls. There were about eight girls total with about seven adults there as well. After eating, we went down into the sanctuary and one of the women opened up the meeting by talking about what the night is going to be about. One of the ladies there sang a few songs for us. One of the women shared about how she has been dealing with the disappointment in her life. The next woman, who was the youth leader, opened up about having an abusive step mom growing up and how that led her to making bad choices as a teenager. She shared about

how her faith has helped her to forgive and see herself in a different way. Then it came time for me to speak. I have to be honest and admit I had no plan on what I was going to share. I had started by telling my struggle with low self-esteem and depression growing up. I shared how that led me to addiction to drugs and alcohol. I knew that in order for them to relate to me, I had to share some personal stories. I believe that opening every meeting with me telling a little about my past, the girls could relate to me more instead of just seeing me as an adult they don't know. After I finished talking, I asked the girls what they thought about themselves. I had asked where they get their self-worth from. What they said showed the reality of the issues with social media. One thirteen-year-old talked about her family life and how she was already on medication for depression. My purpose was to listen. My intention of starting the couch collective is to provide a supportive place where kids can be heard. Every kid needs someone just to listen to them without judgement. This is what happened this night. All the girls gave me a hug afterward and asked me when I was coming back. I had one sixteen-year-old approach me in the back of the church and had asked me if I would be willing to talk to her mom when she gets out of jail. She said that she was in jail for drugs and needs help. I stayed after and talked to the young lady and helped her express her feelings about her mom. After the meeting, one of the women who shared her story had painting party for the girls. The one thing that I wished I was more prepared for is the realization that I will not have all the answers. I had found myself thinking of what to say to the girls instead of really listening to them. I realized that the girls were not looking for answers as much as they were looking for someone just to listen. I had started the meeting thinking I was not prepared. By the end of the meeting I realized that the meetings purpose was accomplished and that I didn't have to worry about being prepared. The night was a big success and it has me



really looking forward to doing this after graduation. (See Appendix F for pictures from the first Couch meeting).

### **Conclusion**

The problem of youth depression and anxiety seems overwhelming. The warning signs of depression are not always obvious. Whether people see it or not, it is a problem. Depression is an issue that does not fit into a stereotype. It can affect youth from any walk of life, no matter how good it may seem. Statistic after statistic proves that there is an issue with teen depression and suicide. It is an issue that touches more than just those in big cities, it reaches all the way to the smallest communities. Whether it be lack of resources or distrust of providers, youth are not seeking treatment for depression and anxiety. I have spoken with several of the high schoolers in the Muhlenberg County area and asked them what they thought would help. A majority of them had expressed a need to have more support and they want to see more of an effort to get rid of the stigma that surrounds depression and other mental health issues. There needs to be more conversations about this issue. The Couch Collective is supportive program to help members of the community start conversations about depression and provide a safe place where youth can talk about their struggles with.

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## Appendix A

## The Pennyroyal Region of Kentucky KIP Survey Results

- According to the 2016 KIP Survey, 24.4 % of tenth graders in the Pennyroyal region reported that they were experiencing serious psychological distress (felt nervous, hopeless, restless or fidgety, nothing could cheer them up, everything was an effort, worthless).
- The 2016 KIP survey stated that 17.6% of tenth graders in the Pennyroyal region reported seriously considered suicide.
- The 2016 KIP survey reported that 14.6% of tenth graders in the Pennyroyal region reported they had made a plan on how they would kill themselves (this was the highest percentage for a region in the state of Kentucky) and that 10.4% of tenth graders in the same region had attempted suicide at least one time in the past year ( another percentage that was the highest in the state of Kentucky).
- The 2016 KIP survey reported that 24.4% of tenth graders in the Pennyroyal region responded to doing self-harm (hurt self on purpose).
- The 2016 KIP state and regional data report showed the rise of serious psychological distress by tenth graders in the Pennyroyal region for 15.8 percent in 2012 to 21.4 percent in 2016. The same report also showed a rise in self harm from 22.4 percent in 2014 to 24.4 percent in 2016 for the Pennyroyal region.

## Appendix B

## Nation Wide Statistics on Youth and Depression

- According to the Office of Adolescent Health (<https://www.hhs.gov/asl/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/united-states/index.html>) 31% of high school students in the United States reported feeling sad or hopeless almost everyday for two or more weeks in a row so that they stopped doing some usual activities (during the twelve months before the survey).
- According to the Office of Adolescent Health 17% of ninth to twelfth graders in the United States reported having suicidal thoughts, had attempted suicide, and had related injuries in 2017.
- According to the Youth Risk Behavior Survey (2017), 17.2% of high school students in the United States reported that they seriously considered attempting suicide.
- According to [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net) Recent surveys indicate that as many as one in five teens suffer from clinical depression.
- According to [www.mentalheathamerica.net](http://www.mentalheathamerica.net) 5000 young people, ages 15 to 24, kill themselves each year. The rate of suicide for this age group has nearly tripled since 1960, making it the third leading cause of death in adolescents and the second leading cause of death among college age youth.
- The Youth Risk Behavior Survey shows the percentage of high school students in the nation that experienced persistent feelings of sadness or hopelessness rose from 28.5 percent in 2007 to 31.5 percent in 2017. It also showed a rise in high school students who seriously considered attempting suicide from 14.5 percent in 2007 to 17.2 percent in 2017.

- Before the age of 18, the best estimate is that two of every ten children will have had some form of mental illness.

## Appendix C

## The Better Conversations Guide to the six grounding virtues

The six ground virtues to keep in mind when having a conversation are adventurous civility, hospitality, generous listening, patience, humility, and words that matter

- Adventurous civility refers to “creating new possibilities for living forward while being different and even continuing to hold profound disagreement. Basically, it is the ability to have a conversation discussing different views in a calm respectful manner. I will have to be ready for heating discussions amongst the kids and have to be prepared to diffuse the situations.
- Hospitality is defined as the friendly and generous reception and entertainment of guests, visitors, or strangers. It will be important to create a warm, welcoming environment for the kids so they can feel like it is a safe place to talk openly
- Generous listen refers to active listening and paying attention to what others say. The kids that I have talked to expressed how important it is to them to be heard. They feel like no one listens to them and that is why it will be important to practice active listening
- Patience and humility go hand in hand. It requires humility to be patient with others. Being patient with kids can be especially difficult so it will be important to remember what they are going through and put myself in their shoes.
- Using words that matter will be important as well. It is important to use words that are clear and to the point.



## Appendix D

### Five Risk Factors that Lead to Depression

- Low self-esteem (low self-esteem emerged as the strongest predictor of depression in both genders).
- Negative cognitive pattern
- Life stress/pressure
- Rejection issues
- Substance use/abuse

## Appendix E

### Facilitator Handbook

This information is to be used as a guide for each Couch Collective meeting

- Each discussion would have a specific format: Introduction and guidelines for the meeting, ice breaker, topic introduction, discussion, and closing.
- Each meeting will have a time limit; however I do not want to discourage any of the girls from talking.
- Make sure to ask the girls input on what they would like to see happen with the couch collective and what they think should happen next and ideas for other meetings as well as make sure to give them some “tools” (worksheets etc) that they can take home with them. I would like to come up with projects they can do at home or with friends that would allow them to practice what was talked about in the meeting. I would also like to make sure they have something special like for example journals that they can write in.

### Five Topics of Discussion for Meetings

- Please stick as close to the topic as possible. If the conversation goes off track, gently get back on topic. Remember your purpose is to guide the conversation and just listen

### Self-Esteem

To start out this conversation, I would ask the girls to fill out a worksheet that I found on [www.self-esteem-experts.com](http://www.self-esteem-experts.com) The worksheet would start as a form of an ice breaker. The questions on the worksheet ask the individual to think of a situation in which you experienced confidence and a feeling of satisfaction and self-worth and write down what the situation was, what do you say to yourself about the situation (self-talk), How do you feel physically and what

do you do as a result of this? Then it asks the same questions about a current situation in which you experienced a lack of confidence that you would like to change if you could. This will bring about self-awareness. I would ask the girls one thing you do not like about yourself and we would discuss why. The goal is to get to the bottom of why the girls feel bad about themselves then give them tools to change their view of themselves. Going on the idea that “thoughts become words, words become actions, actions become habits, habits become your character, character becomes your destiny.” We will discuss the importance of changing the way you see yourself before it affects your choices. The girls need to know it’s okay to have flaws and to be able to embrace them. I have a friend that is a Mary Kay consultant. She said she would love to come and give the girls manicures and pedicures and can talk to them about her struggle with self-esteem.

#### Negative Thinking

- Psychology Today has 7 ways to deal with negative thoughts. These would make good discussion points and I could ask the girls about each one.
- The first point is about recognizing thought distortions. Thought distortions include black or white thinking, personalizing, filter thinking, and catastrophizing. Black or white thinking refers to seeing everything as one way or another without any gray area. Personalizing refers to assuming you are to blame for anything that goes wrong. For example, like thinking someone did not smile at you because you did something to upset that person instead of realizing that person may be having a bad day. Filter thinking refers to choosing to see only the negative side of a situation. Catastrophizing refers to the assumption that the worst possible thing is going to happen.

- The second point is about challenging your negative thoughts. In other words think about what you are thinking about. Stop and take a minute and think how you would react if you heard your best friend talk about herself in a negative way. Apply what you would say them to yourself. Practice STOP. Stop what you are doing. Take a deep breath. Observe your thought and notice any emotions that you are experiencing. Proceed with something that will benefit you in the moment, like talking with a friend.
- The third point is to take a break from negative thoughts. Try to move your focus on something positive.
- The fourth point in dealing with negative thoughts is to release judgement. We all judge ourselves and other sometimes without even thinking about it. Comparing ourselves with others will rob us of joy and satisfaction. Some ways to take a break from judgmental thoughts is to try to look at the positive and realize your are on a journey and you have permission to make mistakes
- The fifth point is to have an attitude of gratitude. Research shows being grateful has a big impact on levels of happiness. Keep a gratitude journal and try to write things you are grateful for everyday.
- The sixth point is to focus on your strengths. Everyone has strengths and weaknesses. When you find that you are focusing on your weakness, ask someone to tell you your strengths. People always see things in you that you can't see in yourself. It is a good encouragement to be reminded of those strengths within ourselves.
- The last point in dealing with negative thoughts is to not be afraid of seeking help if your thoughts are hard to manage or you find they are interfering in your day to day life

There are sources of negative thinking. The girls that I have spoken with have all mentioned that someone in their lives has called them names and have talked down to them and when asked, they believe what the person is saying. This is why it would be important to stress to the girls they need to focus on the good.

### Coping Skills

- At the first meeting, I had asked the girls what they would like to learn about the most. All eight of them said they need a better way to deal with their emotions. The mental health fitness survey that the focus group gave, the students also expressed a desire to learn better ways to handle emotions. There is a lot of information regarding coping skills so I will stick to the basics for now. It is important for kids to have a outlet, whether it be a hobby, playing sports, or anything that can be productive and constructive. Teenagers tend to bottle up emotions due to fear of what adults may think. Some coping skills include talking to someone, journal, taking a break, focusing on the positive, and looking at the bigger picture. I would give an overview on what coping skills are and have a discussion on what the girls think would work for them. Another discussion point would be taken from Dr. Damour's book *Untangled*. She talks about how kids these days do not know how to handle stress for many reasons. Well-meaning parents have protected their children from problematic situations so much that their kids have never had to learn how stress can be positive and be a precursor to resiliency and strength.

- Reaching Out for Help

Reaching out for help is necessary for recovery of any type. Teenagers face many challenges when it comes to seeking help for mental health issues. As was discussed in the mental health fitness focus group survey, the stigma that surround mental health issues is a big road block for

teens seeking help. According to the survey, some challenges that our youth face while seeking mental health are

- Attitudes and beliefs about mental health can prevent a person from seeking help even though there is research that shows treatment is effective and people do recover.
- Lack of financial ability to afford help
- Misconceptions that people with mental illness are crazy and violent.
- Fear of being perceived differently and looked at as incapable.
- The mistrust of mental health providers
- The belief that no one cares or understands what they are going through.
- Being told by an adult that it is just a phase and they will get over it.

I would ask the girls what they thought other reasons were for not seeking help and we would discuss ways to overcome those.

I would also make print a list of resources for help in the Muhlenberg County area and give it to those in attendance. Here is an example of some resources:

National Suicide Prevention Lifeline 1-800-273-8255

Lifeline Chat @ [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Crisis Text Line text HOME to 741741

Pennyroyal Center 24-hour emergency respond 877-473-7766

### Sharing Stories of Hope

Teenage girls often struggle with rejection and feeling like they are all alone. Having other women share their story of how they have dealt with life issues such as mental illness and things of that nature will show them that they are not alone and that a good life is possible even with these issues. This is a good way to get members of the community involved. It also shows

the girls that there are people in the community that they can relate to. Community connection is important and is seen as a resilience factor.

Appendix F

Pictures taken From the First Couch Collective Meeting



Images by Anne Jakobson



## Appendix G

### Church to have Couch Collective Meetings

These churches are all within 20 miles of Greenville.

1. Second Baptist Church in Greenville
2. Awakenings Community Church in Central City
3. Church of God of Prophecy in Central City
4. United Methodist Church in Greenville
5. Ebenezer Baptist Church in Drakesboro.
6. First Missionary Baptist Church in Greenville
7. South Carrollton Baptist Church in South Carrollton
8. Living Word Church in Central City
9. Belton Beechmont General Baptist Church in Beechmont
10. Covenant of Grace Community Church in Greenville
11. First Baptist Church in Greenville
12. New Hope Baptist Church in Greenville