Hope for the Hurting: Strategies for School Counselors

Working With Heartbroken Students

Merry Leigh Dameron and Russ Curtis Western Carolina University

Abstract

The dissolution of adolescent romantic relationships can lead to a host of detrimental mental health, academic, and social issues for students. The purpose of this article is to discuss specific ways in which school counselors, using direct and indirect services can support students experiencing the trauma of a severed relationship. The article also emphasizes the importance of partnerships between school counselors, students, parents, teachers, and community practitioners. Two case studies are provided with specific recommendations for how school counselors can assist heartbroken students.

Keywords: school counseling, heartbreak, school community partnerships

Hope for the Hurting: Strategies for School Counselors

Working With Heartbroken Students

Relationship problems are the most common reason adolescents seek counseling (Price, Hides, Cockshaw, Staneva, & Stoyanov, 2016), and the dissolution of romantic relationships may be associated with a host of issues, including but not limited to: depression, academic difficulties, self-harm, and suicide attempts (Mirsu-Paun & Oliver, 2017; O'Sullivan, Hughes, Talbot, & Fuller, 2019). For this reason, the emotional turmoil that adolescents experience during a romantic break-up is not inconsequential and needs to be taken seriously (Davis & Benshoff, 1999). To illustrate this point, Hunt (2012) provides a picture of the anguish associated with heartbreak:

You feel wretched, powerless, utterly miserable. You can't imagine yourself ever feeling better, ever again. You're undignified, petulant, self-pitying. You obsess over details . . . You think constantly about the awfulness of your situation, you spew a kind of irrepressible autobiography, monologuing to anyone who'll listen . . . You can look back on your time of being in that state with a kind of wonder that that person doing those things was really you. (p. 1)

According to the American School Counselor Association's (ASCA) National Model, school counselors promote student achievement by advocating for and addressing students' developmental needs on three levels: academic, career, and personal/social (ASCA, 2019). Some students experiencing heartbreak, of course, may be able to navigate the experience without school counseling support. Many students, however, will need assistance from the school counselor to address this traumatic experience and its impact on their lives.

The Consequences of Heartbreak

The dissolution of a romantic relationship can lead to heartbreak, which is defined as the overwhelming pain and sorrow associated with disappointment, cheating, rejection, or failure in love (Katyal, 2014). The terms heartbreak and heartache are often used metaphorically but emerging research indicates that the loss of a romantic relationship can cause physical symptoms (Kross, Berman, Mischel, Smith, & Wagner, 2011), which, if untreated, can lead to a serious cardiovascular abnormality called Takotsubo Cardiomyopathy, more colloquially known as Broken Heart Syndrome (Koch, 2013; Maldonado, Pajouhi, & Witteles, 2013). This may be most aptly illustrated in a quote by Flaskerud (2011), "When people say, 'I really feel in pain about this breakup,' they are being accurate" (p. 790).

Indeed, research supports the physical and emotional consequences associated with heartbreak. For example, Baumeister, Wotman, and Stillwell (1993) studied undergraduate students' (N = 71) accounts of unrequited love (i.e., feeling affection for someone who does not experience or return the same sentiment). They categorized students as either "would-be lovers" or "rejectors" and determined that 49.2% of would-be-lovers reported lowered self-esteem as a result of unrequited love. While only 1.4% of rejectors reported decreased self-esteem, 33.8% reported feeling guilty over having hurt someone. They conducted a second study with another group of undergraduate students (N = 82), with the goals of replicating the results of their first study and examined the power, frequency, and consequences of unrequited love experiences. Ninety-three percent of participants reported at least one moderate or powerful experience of unrequited love, with an average of 6.60 experiences with unrequited

attraction within the past five years. In summary, Baumeister et al. acknowledged the positive impact of loving relationships, but also noted their data revealed that love can also produce, "profound disorganization, including distress, uncertainty, and erratic behavior" (p. 390).

Additionally, research by Kross et al. (2011) demonstrated the interrelatedness of emotional and physical pain in the brain by utilizing functional MRI (fMRI) scans while participants performed a social rejection task and a physical pain task (N = 40, mean age = 20.59). Participants were individuals who reported experiencing an undesired romantic relationship break-up within the last six months. Results revealed that physical pain and social rejection share a common representation in somatosensory brain systems. Based on the results of the fMRIs and their own analysis of literature, Kross et al. concluded that the intense social rejection associated with relationship dissolution, "may represent a distinct emotional experience that is uniquely associated with physical pain" (p. 6273).

In addition to the physical symptoms of heartbreak, there are also emotional implications as well. According to Vogel (2005), the loss of an important relationship may lead to confusion, a decrease in self-worth, and feelings of helplessness. Speaking specifically to the grief and loss associated with heartbreak, Vogel explains that a difficulty within this context is that former partners remain a part of our world and this serves as a reminder of the future we wished to have with them. This may be particularly difficult for students trying to function within the same school, social groups, or academic classes as their rejectors. These feelings of hopelessness, which may lead to depression, can result in several negative consequences for heartbroken

adolescents. Research indicates that depression is linked with poor academic performance, cardiovascular disease, coronary artery disease, and suicidal thoughts or behaviors (Jaycox et al., 2009; Moilanen & Bradbury, 2002; Nemeroff & Goldschmidt-Clermont, 2012; Samaan & MacQueen, 2008).

The link between heartbreak and depressive symptoms is particularly disconcerting because it adds to the already numerous and tumultuous developmental hurdles most adolescents encounter (Kim, 2012). Before delving into the research correlating heartbreak with depression, however, it is first important to understand the deleterious effects of adolescent depression in general. In a longitudinal study, Jaycox et al. (2009) completed structured survey interviews with teens with probable depression (N = 184), non-depressed teens (N = 184), and their parents (N = 339). The researchers completed follow-up interviews with teens (N = 328) and parents (N = 302) six months after the initial interviews. Results indicated depressed teens reported significantly more impairment in nearly all domains of family, peer, and academic functioning. Compared to the non-depressed group, depressed teens reported increased days of impairment and lower levels of physical health-related quality of life. Depressed teens also reported more substance use, PTSD, aggression, anxiety, and inattention/hyperactivity, in comparison to non-depressed teens. Specifically, regarding academic functioning, depressed teens had lower reports of academic engagement, academic efficacy, and grade point average. Teens with elevated depressive symptoms reported almost twice as many grade point averages below C than teens with the lowest levels of depression.

Specifically related to heartbreak, in an analysis of 4,019 adolescent romantic relationship-based counseling sessions, Price et al. (2016) reported that the most mental health distress, self-harm behaviors, and suicidal ideation was related to the dissolution of relationships. There were no gender differences regarding mental health concerns and suicidal ideation at this stage, but females were significantly more likely to engage in self-harm behaviors during and after the break-up. They concluded that these results warrant the need for counselors to reach out, assess, and counsel adolescents experiencing break-ups so they can more smoothly traverse this chaotic and possibly life altering event (Price et al., 2016).

Mirsu-Paun and Oliver (2017) conducted a meta-analysis of 21 studies related to adolescent and young adult relationship quality, break up, and mental health outcomes. Their analysis supported those found by Price et al. (2016), in that relationship dissolution resulted in small yet significant mental distress, but they found a stronger significant relationship between mental health issues and poor relationship quality without a break up. These results suggest that while the dissolution of relationships can lead to mental health issues, staying in a negative relationship may have an even stronger association with mental health distress.

Supporting the aforementioned meta-analysis, both Soller (2014) and Olson and Crosnoe (2017) found the deleterious effect of adolescent relationships without dissolution. Meaning, adolescent relationships, in general, can lead to increased depressive symptoms. Olson and Crosnoe further found that adolescent relationships are associated with increased mental distress markers; however, once they transition into young adulthood, romantic relationships tend to improve mental health functioning. Both studies acknowledged the challenges associated with adolescent relationships but also implored researchers to more closely investigate individual variables that may affect adolescents' ability to mitigate the mental health issues caused by romantic relationships.

Finally, regarding individual differences, O'Sullivan et al. (2019) examined breakup resilience with adolescents. The sample consisted of 866 participants between the ages of 18 and 22 years old who had recently experienced relationship dissolution. Optimism, self-esteem, and grit were measured to determine their ability to mitigate the effects of romantic break-up. Results indicated that the level of optimism was the only significant predictor of reduced depressive symptoms post-break up. It was suggested that participants with higher levels of optimism may more quickly perceive the situation as an opportunity for self-improvement (O'Sullivan et al., 2019).

These studies reveal the emotional, academic, social, and physical toil relationship dissolution can impose on adolescents. It seems imperative for all school counselors to take adolescent relationships seriously and to utilize a comprehensive approach to addressing adolescent relationship issues (Davis & Benshoff, 1999). In the subsequent section, a comprehensive counseling approach is delineated along with two case studies to exemplify the specific steps school counselors should take to best help adolescents traverse the turbulent water of romantic relationships.

School Counselors: Positioned to Help

For three quarters of the year, students spend an average of 50% of their waking hours at school (Rotter & Boveja, 1999). Some students view school as a surrogate home and the adults within this second home as auxiliary parents. Consequently, some

students may be more likely to disclose details about their lives to school personnel, including school counselors, than they are their parents (Rotter & Boveja, 1999). As such, school counselors have the distinct opportunity to provide support to adolescents while they navigate this mercurial and often tumultuous time of their lives (Davis & Benshoff, 1999). While some students may self-disclose heartbreak to a school counselor, others may not, which is why it important for other stakeholders, including teachers and parents to be attentive when an adolescent is experiencing heartbreak. The two case studies included in this article provide examples of how stakeholders can work with school counselors to address the needs of heartbroken students. Due to heartbreak's connection with physical and emotional consequences and poor academic performance, helping students manage heartbreak can be seen as supporting student development and academic achievement.

The national model described by ASCA is comprised of four components: (a) define, (b) manage, (c) deliver, and (d) assess (ASCA, 2019). Approximately 80% of the school counselor's time, according to the model, should be spent on direct and indirect services to students. Direct services, which are elements of the deliver component, are face-to-face interactions between school counselors and students. In addition to direct services, indirect services to students include referrals, consultation, and collaboration (ASCA, 2019). Hence, the ASCA National Model implores school counselors to utilize a multivariate approach when serving students with issues such as the dissolution of romantic relationships.

School Counseling Strategies for Helping Students Through Heartbreak

According to ASCA, direct services include counseling, advisement, instruction, and appraisal, and involve "the school counselor and students work(ing) together toward a specific goal" (ASCA, 2019, p. 78). Indirect services, delivered through strategies such as referrals, consultation, and collaboration, are a means to "support student success and to promote equity and access for all students" (ASCA, 2019, p. 81). Since heartbreak has the potential to impact students on physical, social, emotional, and academic levels (Flaskerud, 2011; Jaycox et al., 2008; Moilanen & Bradbury, 2002), effective school counselors utilize both direct and indirect services to address students' needs. What follows, then, are specific strategies for addressing adolescent heartbreak according to each ASCA delivery method.

Direct Services: Counseling and Crisis Response

Within the school counseling relationship, counseling should be short-term in nature and based on counseling techniques and theories that are successful in promoting social/emotional, academic, and career development within the school setting (ASCA, 2019). According to ASCA (2019), counseling can be utilized in response to a crisis both during and after times of extreme problems, danger, or distress that require a timely response. Crisis response involves interventions and follow-up to help students navigate critical or emergency situations to prevent the situation from becoming more acute.

Counseling. School counselors may use many approaches to meet student counseling needs if they feel that a student's issues can be appropriately addressed through individual counseling (i.e., person-centered, solution-focused brief therapy).

What is more critical for the heartbroken teen than the school counselor's theoretical paradigm, however, is that the adolescent understands that the counselor takes the relationship seriously and does not minimize the importance of the loss. Vogel (2005) identifies the need for supportive and authentic relationships, taking time to grieve losses, and the opportunity to make meaning of their romantic experiences as three elements that will allow someone experiencing heartbreak to "create a compassionate" context for the experience, and perhaps, to free our hearts to love again" (p. 136). Specific interventions include: expressive writing, a "future relationship" activity, and a photography exercise that is intended to help the heartbroken work through their emotions, thoughts, self-perceptions, and doubts (Vogel, 2005). In the subsequent first case scenario, the school counselor utilizes the future relationship activity to allow the student to describe and process what a future relationship might look like. This activity, in addition to instilling hope, allows the student to process and discuss the dynamics they would like to have in their next relationship. Furthermore, anecdotal evidence based upon years of school counseling experience suggest that the following recommendations for both classroom instruction and counseling can help adolescents navigate romantic relationships:

- Make students aware that most people at some point in their lives experience the pain and distress of heartbreak.
- Reassure students of the courage it takes to be in relationships. Only the most intrepid people can allow themselves to be vulnerable enough to be in relationships, as such, school counselors should help students recognize the strength it takes to be in relationships.
- Help students develop a self-help toolbox to weather relationship storms. Such tools can include: knowing who to consult when having difficulties and what

music, movies, activities, friends, and family members best help during the crisis of heartbreak.

- Teach students cognitive reframing techniques. For example, after a breakup a student may be thinking, "I must be inadequate, and there must be something wrong with me." Help the student restructure this belief with, "This break up is really hard, but at least I had to courage to be in a relationship, and it has taught me more about who I am and what I want in future relationships."
- Help students practice effective coping mechanisms, such as, mindfulness, relaxation and deep breathing techniques, gratitude, and forgiveness strategies (for details see Curtis et al., 2016).
- Although terribly distressing at the time of the breakup, educate students that the pain does eventually decrease and their hope and enthusiasm for future relationships often increases.
- Remember that is not uncommon to have ill feelings towards people who cause heartbreak, but keep in mind the age-old idiom, "success is the best revenge." Meaning, the dissolution of a relationship gives students an invaluable opportunity to learn about themselves, increase their resilience, and reevaluate what is most important to them in future relationships.
- Encourage students who are having difficulty coping with heartbreak to seek personal counseling, normalizing this help-seeking behavior.
- Teach students about healthy and unhealthy relationships.
- Affirm that healthy romantic relationships can be a significant source of joy, and thus, can immeasurably increase one's capacity for love, empathy, and compassion for all people.

Crisis response. Foxx, Baker, and Gerler (2017) identity a severed relationship as a traumatic experience that my cause a student to panic and, as such, they define crisis counseling as "an immediate, time-limited treatment process" (p. 241). The following steps are recommend to quickly and appropriately address a student in crisis: (a) assess student functioning and potential need for an immediate referral; (b) if immediate referral is unnecessary, use basic counseling skills to help the student cope, accept, and find out the causes of the affect; (c) use basic counseling skills to co-create an immediate or planned resolution of the problem with the student; (d) if the student desires to end the interview, and once it is established that it is appropriate for the student to leave (e.g., determine if the student is expressing suicidal ideation), determine whether an appointment, referral, or termination is most appropriate. As students will have a wide range of reactions to heartbreak, school counselors should be prepared to respond to their varied reactions, which may include depression or suicidal ideation. In the second case scenario, for instance, the student's presentation necessitates a crisis response.

Indirect Services: Consultation, Collaboration, and Referrals

Consultation is multifaceted and includes gathering pertinent and timely information and providing strategies to teachers, parents, and other educators. Collaboration involves working with stakeholders to advocate for equity and access as well as support student achievement. One aspect of collaboration includes providing parent workshops, which include informal sessions about issues related to student development and issues commonly faced by students. Finally, school counselors, when needed, may refer students and parents to school or community resources, including community agencies that treat mental health issues (e.g., suicidal ideation, depression, violence; ASCA, 2019). **Consultation**. School counselors should work to establish relationships with teachers and parents through consultation. Baker, Robichard, Dietrich, Wells, and Schreck (2009) noted that consultants provide indirect assistance to clients (in this case students) by providing direct assistance to consultees. Baker et al. described five different consulting modes that may take place within consultation relationships and provided examples of how each of these modes might emerge within the school setting. Kurpius (1978) introduced the first four modes: prescription, provision, initiation, and collaboration, and Baker (1981) introduced the mediation mode (Baker et al., 2009). The school counselor's actions within the first case study in this manuscript fall within the prescription mode of consultation. Within this mode, the school counselor (in the role of consultant) offers a response plan to a teacher (consultee) based on evaluation of situation that the teacher is trying to address with a student (Baker et al., 2009).

Schoffner and Morris (2010) recognize the need for school counselors to collaborate with teachers to help them understand students' emotional, social, intellectual, and physical development to support students' personal and academic achievement. While the school counselor should be an integral part of the school environment, establishing partnerships with teachers is critical because teachers see students daily and are in a position to recognize when student behavior deviates from normal. Accordingly, school counselors can consult with teachers to provide strategies for helping heartbroken students within the classroom (i.e., teacher offering the student a word of empathy, normalizing, understanding).

Consultation with the school counselor may also be a valuable resource for parents (Foxx et al., 2017). The parent of a heartbroken student may find it difficult to

understand how the situation is impacting their child based on his or her specific stage of development. Consequently, school counselors can teach parents developmentally appropriate interventions to support their adolescents during this difficult time (Foxx et al., 2017). In the second case scenario, for instance, the school counselor consults with the student's parents in order to help the parent distinguish between what is typical adolescent behavior and what may be a sign that the student needs further assistance.

Collaboration. While school counselors may be in a unique position to help, research indicates that friends and family are often the first persons that depressed adolescents may approach for support (Wisdom & Green, 2004). Keep in mind that a heartbroken adolescent may rely on support from peers and parental figures rather than approaching a school counselor. As such, school counselors can provide workshops to parents on issues related to heartbreak, including how to detect signs of depression and suicidal ideation. As an illustration, in a qualitative study examining how adolescents make sense of depression and respond to a diagnosis of depression, Wisdom and Green found that the teens in the sample reported strong reliance on feedback from peers and parents. Based on their findings, they suggested providing psychoeducational information about depression and treatment options to both teens and their parents.

The importance of collaboration between school counselors and families in addressing the mental health needs of students is widely recognized (Jaycox et al., 2009; Moilanen & Bradbury, 2002). For example, in a study of N = 179 rural high school students, Weber, Puskar, and Ren (2010) found that perceived family social support was significantly negatively correlated with depression (-.44, p < .001). In response to

15

these findings, Weber et al. recommend educational programs for parents and school staff about how to identify depressive symptoms, perceived social support from peers and parents, optimism, and self-esteem. Based on this research, psychoeducational workshops for parents could encourage parents to take their teens' breakups seriously and provide information about depression, suicidal ideation, as well as the importance of social support, self-esteem, and optimism.

Referrals. It is the school counselor's ethical responsibility to make referrals "when a student needs support beyond short-term service or counseling" (ASCA, 2019, p. 82). School counselors should partner with parents and clinical counselors to address possible serious issues that result from heartbreak (Rotter & Boveja, 1999). When a school counselor recognizes the need for a referral to an outside agency, the parent or guardian should be contacted and made an integral part of the referral process. As always, it is important for both school counselor and community therapist to be aware of, and open to considering, how familial and other cultural influences are impacting the presenting problems (Rotter & Boveja, 1999).

Heartbroken Middle School Student – Case Study 1

Carlee is a female middle school student who was recently *dumped* by her boyfriend, Jamal. Carlee and Jamal are in the same English class and the students' teacher, Mr. Garcia, asks to speak with you (the school counselor) because the breakup is impacting the Carlee's academic progress. Mr. Garcia explains that Carlee and Jamal are part of a learning group within his class and that they frequently break into these groups for class discussions and to work on small projects. Carlee refuses to speak to her ex-boyfriend and is often withdrawn in class. As the school counselor, you consult with Mr. Garcia and suggest that he restructure the learning groups so that Carlee and Jamal are no longer having to work together on these projects. You also provide psychoeducation to Mr. Garcia on signs of depression (e.g., withdrawal from friends or family, loss of interest in activities, poor school performance) and ask him to monitor the Carlee's behavior. You ask Mr. Garcia to contact you if Carlee's engagement does not improve. Knowing that teachers' schedules are very busy, you also make a note on your calendar to check in with Mr. Garcia in two days.

The morning that you plan to check back in with Mr. Garcia, he contacts you to let you know that Carlee is still withdrawn in class and has not turned in her homework for the past several days. You ask him to send Carlee to your office. You are forthright and transparent with Carlee about Mr. Garcia's concerns and ask her if she would like to talk. Carlee willingly opens up about her break-up with Jamal and admits that being in class with him is difficult. "I do fine in all my other classes," she explains, "but being in there with him is really hard." Throughout your interview with Carlee, you ask questions to determine if she is exhibiting any of the behavioral warning signs for depression or suicide. You do not feel that Carlee is displaying any of these warning signs and feel that it is appropriate to establish a short-term counseling relationship to help support her through this difficult experience. In addition to basic counseling skills (e.g., reflecting, genuineness, empathy), you are intentional in your acknowledgement of about the importance of the relationship with Carlee and are careful not to minimize her emotions or the significance of the relationship. After meeting with Carlee once a week for four weeks, Carlee expresses that she has accepted that the relationship is over and is looking forward to what her future holds. You feel, then, that the future relationship

activity (Vogel, 2005) is appropriate to include as one of the final activities you complete with Carlee as you conclude your short-term counseling relationship. In this activity, you ask Carlee to write things that she might be looking for in her next relationship. You ask her to include things such as what types of things they might do together and the qualities she hopes that person will possess. This activity helps Carlee establish hope for future relationships and provides her the opportunity to express and process the characteristics that she hopes to find in someone in the future. After four sessions, you and Carlee mutually agree that she is at a place where she no longer needs to see you regularly, but you make her aware that your door is always open should she need further assistance. You reach out to Mr. Garcia, who reports that Carlee is engaged in class and is once again turning in her homework assignments.

Analysis. In working with Carlee, the school counselor engaged in consultation with the student's teacher, Mr. Garcia, and then provided individual counseling to the student. The consultation, which was initiated by the teacher, was prescriptive in nature. The school counselor provided Mr. Garcia with a plan by suggesting he change the learning groups and asking the teacher to monitor the student's behavior. When the teacher recognized that Carlee's engagement in class was not improving, he contacted the school counselor, who invited the student to her office for an interview. Within the initial interview, it was important to establish that the student was not depressed or having suicidal ideation (for more information on teen warning signs of depression and suicide see King & Vidourek, 2012). Once the school counselor determined that the student was an appropriate candidate, they moved forward with a short-term, goal-focused counseling relationship focused on dealing with her grief and then working

toward improving her social, emotional, and academic functioning. When selecting counseling strategies, it is important to consider the stage of grief the student is experiencing (Vogel, 2005). The school counselor recognized that the student was moving into a place of accepting the loss and feeling hopeful about the future. The school counselor selected the future relationship activity to process the traits that the student might desire in a future partner and further foster hope for the future.

Heartbroken High School Student – Case Study 2

In this scenario, a high school counselor is contacted by the parents of one of his students. The parent, Mrs. Antar, recently attended a parent workshop the school counselor conducted about the impact of adolescent heartbreak and recognizing warning signs for teen depression and suicide. Based on these warning signs, Mrs. Antar is concerned about her son, Samir, who recently experienced being *dumped* by his first boyfriend. According to Mrs. Antar, Samir's boyfriend of six months broke up with Samir over a text message, stating that he was no longer in love with Samir. Mrs. Antar explains that Samir was devastated by the unrequited love. Mrs. Antar further explains to the school counselor that Samir is showing a great deal of sadness and, at times, irritability towards other family members. "He is usually a very happy kid," the parent relates. "Recently, though, he's been very impatient with all of us. He even yelled at his four-year-old sister, which is very unusual for him." The school counselor offers to check in with the Samir's teachers to see if they have noticed a change in his behavior. The school counselor reminds Mrs. Antar of the warning signs of depression and suicide and asks her to monitor Samir for these indicators when he is at home. The school counselor and parent plan to check in again the following afternoon. The next

morning, the school counselor receives a phone call from Mrs. Antar. She says that she noticed a strange message on her son's Facebook page. It simply read, "Nothing makes sense anymore. I'm out." The school counselor tells Mrs. Antar that he plans to call Samir into his office for an immediate interview, and the parent agrees with the plan.

The school counselor meets with Samir for crisis counseling. Based on Samir's Facebook post, the school counselor assesses for suicidal ideation with the suicide risk assessment tool utilized by the school counselor's school district. Although Samir states that he does not currently have a plan to complete suicide, he does report a loss of interest in activities he used to find enjoyable and admits that he feels tired much of the time. Based on his responses, the school counselor identifies Samir as a low risk for suicide, but also recognizes that he may be experiencing depression or be at risk for increased risk of suicide if his symptoms and the underlying issues are not addressed.

During the interview, the school counselor lets Samir know that he has been in touch with the student's mother. Having explained the limits of confidentiality, Samir understands that the school counselor is going to contact his mother again and recommend counseling outside of the school to help him work through the difficult emotions he is experiencing after his break-up. Rather than minimizing the situation, the school counselor is intentional in validating the importance of Samir's relationship and the difficulty of unrequited love. The school counselor, working closely with the Samir's parents and an outside agency, sets up a time that afternoon when he can be seen for immediate assistance. Mrs. Antar and her partner, Samir's father, agree to grant the school counselor written permission to speak to the counselor to whom Samir is being

referred and the school counselor, outside therapist, and parents remain in contact throughout the student's treatment.

Analysis. In this scenario, the school counselor engaged in collaboration, consultation, crisis response, and a referral. The workshop that Mrs. Antar attended, which is an example of school counselor and parent collaboration, provided her with information critical in helping her seek out help for her heartbroken son. When Mrs. Antar contacted the school counselor, they established a consultative relationship, and the school counselor provided a plan by asking Mrs. Antar to continue to monitor Samir's behavior. Although the school counselor and parent had plans to check in the next day, the school counselor engaged in a crisis response when Mrs. Antar contacted him regarding the Samir's Facebook post. Based on the nature of the post, the school counselor's first responsibility was to assess for suicidal ideation. When the school counselor determined that Samir's risk was low, he made a referral to an outside agency for counseling. The school counselor took a collaborative stance throughout the process, keeping an open line of communication between the student, parent, and outside counselor. In this scenario, readers should recognize the importance of taking the heartbroken teen's experience of unrequited love seriously. It is obvious that, for this high school student, there were serious emotional consequences that were likely disrupting other areas of his life (i.e., personal/social and academic).

Discussion and Implications

The relationship issues that emerge during adolescence are fertile ground for growth and development but can be rife with complicated issues, such as the dissolution of romantic relationship. The school counselor can utilize elements of the deliver component to address a wide range of student emotional and behavioral reactions to heartbreak. School counselors are trained and fully equipped to provide the services described in the case scenarios. By recognizing the physical, emotional, and academic consequences of student heartbreak, school counselors can be more aware of a student's needs associated with heartbreak and can proactively recognize and address presenting issues that may arise.

Additionally, school counselors may encourage parents and teachers to take student heartbreaks seriously. Through collaboration and coordination, school counselors, parents, and teachers can partner to help students through this traumatic experience. School counselors are not only positioned to help heartbroken students but are also in a unique position to form bonds with parents and teachers. While students may not be able or willing to express their emotional needs, school counselors can help adolescents experiencing heartbreak navigate their own emotions, as well as provide support for surviving and thriving within the school and home settings.

School counselors also may refer students in need of additional help to outside resources. School counselors, partnering with clinical mental health counselors, may form collaborative relationships critical for assisting heartbroken students in need of more long-term counseling. Consequently, through direct and indirect services, school counselors have the unique opportunity to impact students' lives and help remove barriers to academic, emotional, and social prosperity.

Summary

Adolescent heartbreak should not be taken lightly as it can, for most students, cause significant emotional, physical, and academic distress. Indeed, adolescent

22

relationships in general, with or without dissolution, often result in various forms of distress during numerous developmental challenges and milestones. Fortunately, school counselors are available to play an important role in helping adolescents cope, heal, and grow personally and academically during such traumatic experiences. Counselors can utilize a comprehensive set of approaches that includes: (a) classroom guidance lessons; (b) individual and group counseling; (c) crisis assessment and management; and (d) collaboration, consultation, and referral to make sure students receive the care they need to learn and grow at this critical time in their lives. It is hoped that this article enhances school counselors' readiness to meet heartbroken adolescents during this dark time and shine a light on their path to hope.

References

- American School Counselor Association (2019). The ASCA National Model: A framework for school counseling programs (4th ed.), Alexandria, VA: Author.
- Baker, S. B. (1981). School counselor's handbook: A guide for professional growth and development. Boston, MA: Allyn and Bacon.
- Baker, S., Robichard, T. A., Dietrich, V. C. W., Wells, S. C., & Schreck, R. E. (2009).
 School counselor consultation: A pathway to advocacy, collaboration, and
 leadership. *Professional School Counseling, 12*, 200-206.
- Baumeister, R. F., Wotman, S. R., & Stillwell, A. M. (1993). Unrequited love: On heartbreak, anger, guilt, scriptlessness, and humiliation. *Journal of Personality* and Social Psychology, 64(3), 377-394. doi:10.1037/0022-3514.64.3.377
- Curtis, R., Frick, M., Thompson, H., Robertson, P., Li, Y., Graves, E., & Goetz, K.
 (2016). Effects of an online positive psychotherapy class on future counselors:
 Consensual qualitative research. *The Journal of Happiness & Well-Being, 4*(2), 196-211.
- Davis, K. M., & Benshoff, J. M. (1999). A proactive approach to couples counseling with adolescents. *Professional School Counseling*, *2*(5), 391-394.
- Foxx, S. P., Baker, S. B., & Gerler, Jr., E. R. (2017). *School counseling in the 21st century*. (6th ed.). New York, NY: Routledge.
- Hunt, K. (2012). I die each time I hear this sound: Getting dumped and the pop song. *Critical Quarterly*, *54*(3), 1-15. doi:10.1111/criq.12001

- Jaycox, L. H., Stein, B. D., Paddock, S., Miles, J. N. V., Chandra, A., Meredith, L. S., . . . Burnam, M. A. (2009). Impact of teen depression on academic, social, and physical functioning. *Pediatrics, 124*(4), 1180-1181.
- Katyal, S. (2014). Gender difference in resilience among undergraduate boys and girls with broken-heart. *Indian Journal of Positive Psychology, 5*(4), 505-507.
- Kim, K. J. (2012). The ecology of youth depression. *Prevention Researcher*, 19(4), 3-7.
- King, K. A., & Vidourek, R. A. (2012). Teen depression and suicide: Effective prevention and intervention strategies. *The Prevention Researcher, 19*(4), 15-17.
- Koch, H. J. (2013). Psychophysiological concepts of stress induced cardiomyopathy with broken heart syndrome as a paradigm. *Archives of Psychiatry and Psychotherapy*, 2, 37-43.
- Kross, E., Berman, M. G., Mischel, W., Smith, E. E., & Wagner, T. D. (2011). Social rejection shares somatosensory representations with physical pain. *Proceedings* of the National Academy of the Sciences, USA, 108, 6270-6275.
- Maldonado, J. R., Pajouhi, P., & Witteles, R. (2013). Case reports broken heart syndrome (takotsubo cardiomyopathy) triggered by acute mania: A review and case report. *Psychosomatics*, *54*(1), 74-79. doi:10.1016/j.psym.2012.03.009
- Mirsu-Paun, A., & Oliver, J. A. (2017). How much does love really hurt? A meta-analysis of the association between romantic relationship quality, breakups and mental health outcomes in adolescents and young adults. *Journal of Relationships Research*, 8(5), 1-12. doi:10.1017/jrr.2017.6

- Moilanen, D. L., & Bradbury, S. (2002). A high school depression and suicide prevention program: A collaboration between health education and psychological services. *American Journal of Health Education, 33*(3), 148-153.
- Nemeroff, C. B., & Goldschmidt-Clermont, P. J. (2012). Heartache and heartbreak-the link between depression and cardiovascular disease. *Nature Reviews Cardiology, 9*(9), 526-539. doi:10.1038/ncardio.201.91
- Olson, J. S., & Crosnoe, R. (2017). Are you still bringing me down? Romantic involvement and depressive symptoms from adolescence to young adulthood. *Journal of health and social behavior*, *58*(1), 102-115. doi:10.1177/0022146516
 684536
- O'Sullivan, L. F., Hughes, K., Talbot, F., & Fuller, R. (2019). Plenty of fish in the ocean:
 How do traits reflecting resiliency moderate adjustment after experiencing a romantic breakup in emerging adulthood? *Journal of Youth and Adolescence*, *48*(5), 949-962. doi:10.1007/s10964-019-00985-5
- Price, M., Hides, L., Cockshaw, W., Staneva, A., & Stoyanov, S. (2016). Young love:
 Romantic concerns and associated mental health issues among adolescent help-seekers. *Behavioral Sciences*, *6*(2), 9. doi:10.3390/bs6020009
- Rotter, J. C., & Boveja, M. E. (1999). Family therapists and school counselors: A collaborative endeavor. *Family Journal: Counseling and Therapy for Couples and Families, 7*(3), 276-279.
- Samaan, Z., & MacQueen, G. (2008). Depression, migraine, and cardiovascular disease: Sadness really can break your heart. *Journal of Psychosomatic Research, 65*(2), 103-106. doi:10.1016/j.jpsychores.2008.06.008

- Soller, B. (2014). Caught in a bad romance: Adolescent romantic relationships and mental health. *Journal of health and social behavior*, *55*(1), 56-72. doi:10.1177/0022146513520432
- Vogel, J. E. (2005). Overcoming heartbreak: Learning to make music again. *Journal of Creativity in Mental Health, 1,* 135-153.

Weber, S., Puskar, K. R., & Ren, D. (2010). Relationships between depressive symptoms and perceived social support, self-esteem, and optimism in a sample of rural adolescents. *Issues in Mental Health Nursing*, *31*(9), 584-588. doi:10.3109/01612841003775061

Wisdom, J. P., & Green, C. A. (2004). "Being in a funk": Teens' efforts to understand their depressive experiences. *Qualitative Health Research, 14*(9), 1227-1238. doi:10.1177/1049732304268657

Biographical Statements

Merry Leigh Dameron, PhD is a licensed school counselor and assistant professor of counseling at Western Carolina University in Cullowhee, North Carolina. She received her PhD in counselor education and supervision from The University of North Carolina at Charlotte. Merry Leigh has experience in traditional elementary school and high school settings, with most of her time as a professional school counselor spent working with at-risk middle and high school students in alternative school settings. From this work she developed an interest in social justice and advocacy for marginalized students. Her research interests include social justice in education, alternative education, school counselor cultural competence, and school counseling praxis.

Russ Curtis, PhD is a licensed professional counselor (LPC) and is professor of counseling at Western Carolina University where he serves as the coordinator of the clinical mental health counseling program. Prior to becoming a counselor educator, Russ worked in a clinical mental health center where he coordinated with medical providers to ensure optimal care for at-risk clients with co-morbid mental and physical illnesses. Dr. Curtis is co-editor of the book *Integrated Care: Applying Theory to Practice*, and producer of the instructional video, *Integrated Care in Action*. He also co-created the instructional video, *Positive Psychotherapy: Helping People Thrive*. For the past 20 years, Dr. Curtis has taught and supervised both school and clinical counselors and has researched and published in areas related to positive behavioral interventions and supports in schools, treating adolescent anxiety, and increasing growth mindset in students.