

Resources

General Reading for Parents and Educators:

Barkley, RA&AL Robin - *Your Defiant Teen: 10 Steps to Resolve Conflict and Rebuild Your Relationship*, Guilford Press (2008).

Bell, Ruth -*Changing Bodies, Changing Lives: A Book for Teens on Sex and Relationships*, Times Book (2005).

Dolin, Ann K. - *Homework Made Simple: Tips, tool, and Solutions to Stress-Free Homework*, Advantage Books (2011).

Humphrey, SM. - *If You Had to Choose, What would You Do?*, Prometheus Books (2003).

Lamed, Marianne - *Stone Soup for the World: Life-Changing Stories of Ordinary Kindness and Courageous Acts of Service*, Three Rivers Press (2002).

Levin, Diane and Kilbourne, Jean - *So Sexy So Soon: The New Sexualized Childhood And What Parents Can Do to Protect Their Kids*, Ballantine Books (2009).

Pipher, Mary and Ross, Ruth - *Reviving Ophelia: Saving Lives of Adolescent Girls*, Riverhead Trade (2005).

Thomsen, Kate - *Parenting Preteens with a Purpose, Navigating the Middle Years*, Search Institute Press (2008).

Willard, Nancy - *Cyber-Safe Kids, Cyber-Savvy Teens: Helping Young People learn To Use the Internet Safely and Responsibly*, Jossey-Bass (2007).

Reading on Specific Disorders:

Adelizzi, JU and D.B. Goss – *Parenting Children with Learning Disabilities*, Bergin Garvey Trade (2001).

American Academy of Pediatrics – *ADHD: What Every Parent Needs to Know* (2011).

Chansky, Tamar E – Freeing Your Child from Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility, and Happiness, Da Capo Lifelong Books, (2008).

DePaulo, J.R. – *Understanding Depression: What We Know and What You Can Do About It*, John Wiley & Sons, Inc. (2002).

Heinrichs, Rebekah – *Perfect Targets: Asperger Syndrome and Bullying – Practical Solutions for Surviving the Social World*, Autism Asperger Publishing Co. (2003).

Jamison, Kay Redfield – *An Unquiet Mind: A Memoir of Moods and Madness*, Vintage (1997).

Shapiro, Ouse – *Autism and Me: Siblings Stores*, Albert Whitman and Company (2009).

Sheff, David. – *Beautiful Boy*, Houghton Mifflin (2008). (about a teen's drug addiction)

Spencer, Elizabeth duPont et al – *The Anxiety Cure for Kids: A Guide for Parents*, Wiley (2003).

Web Resources

American Academy of Child & Adolescent Psychiatry:
www.aacap.org

American Asperger's Association:
www.americanaspergersassociation.net

American Society for Suicide Prevention:
www.afsp.org

The Brown University Child and Adolescent Behavior Letter:
www.childadolescentbehavior.com

Children and Adults with Attention Deficit Hyperactivity Disorder:
www.chadd.org

The Gay, Lesbian, Straight education Network (GLSEN):
www.glsen.org

Healthy Children.org:
www.healthychildren.org

Family Doctor.org:
familydoctor.org

KidsPsych website:
www.kidspsy.org

Mayo Clinic:
www.mayoclinic.com/health-information

Mental Health America:
www.mentalhealthamerica.net/go/information/we-educate

National Alliance for the Mentally Ill:
www.nami.org

The National Association of Parent Teacher Associations:
www.pto.org

National Autism Association:
www.NationalAutismAssociation.org

National Eating Disorders Association:
www.nationaleatingdisorders.org

National Institute of Mental Health:
www.nimh.nih.gov

National Library of Medicine's Medline Plus Website:
medlineplus.gov

Parents, Families and Friends of Lesbians and Gays (PFLAG):
www.pflag.org

Stop Bullying Now:
www.stopbullying.gov

Teaching Tolerance:
www.teachingtolerance.org

Information for Families

This information has been adapted from
information sheets developed by

The National Institute of Mental Health,

Brown University Child & Adolescent
Behavior Letter

familydoctor.org

Mental Health America

American Academy of Child &
Adolescent Psychiatry



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How to Help
Your Children with
Mental Health Issues

Your teen’s emotional/mental health:

The teen years are a time of turmoil for many teens and their parents. Both struggle with balancing the desire for increased independence with the continuing need for guidance and support. Teens might feel overwhelmed by the many physical, social, emotional, sexual, and intellectual changes they are undergoing and the pressures from peers to conform and parents/other adults to perform well in school and extracurricular activities. Many teens today have the additional pressure of having to contribute financially to their families.

Prepare for the teenage years:

Continue the loving relationship you hopefully have established from the beginning with your children. Your opinion and regard for your children IS important to them even if they act like they do not care. Do whatever you can to create an atmosphere of honesty, trust and mutual respect at home. At the same time encourage their attempts at independence and assertiveness.

Spend time with your child. Even though your pre-teen or teen may prefer to spend time with friends, be sure you still have time together as a family. If problems develop (as they will), help your child solve them in respectful, cooperative ways.

Know your child’s friends. Invite friends to your house and supervise their activities. Get to know the parents of your child’s friends and do not be afraid to call them to discuss issues and plans.

Communicate, communicate, communicate! Reinforce that your children, including teens, can talk to you about anything. Talk about your own insecurities and experiences when you were a teen. Be sure there are no off-limits topics.

Convey your values and expectations for their behavior through modeling respect and self-control. Set limits that are based on your child’s developmental level and individual characteristics. Do not discipline your child in public or in ways that hurt them physically or emotionally.

Supervise your child’s use of social media, video/ computer games, and their access to violent or sexually explicit television shows and movies. Use the media as a way to generate discussions and “teachable moments.”

Teach basic responsibility through assigning household chores. Expecting that children treat their belongings and yours with respect and care.

Provide positive feedback in addition to more critical feedback about problem behaviors. Teens typically respond better to praise than to negativity.

Warning signs of possible mental health issues in children and adolescents?

In general, be aware of severe, dramatic or abrupt changes in your child’s behavior, including:

- agitated or restless behavior
- excessive complaints about physical symptoms
- weight loss or gain, loss of appetite
- drop in grades
- trouble concentrating/focusing
- ongoing feeling of sadness
- apathy about people, things, and activities
- lack of motivation
- fatigue, loss of energy
- low self-esteem
- trouble sleeping or too much sleeping
- personality shifts and changes, especially aggression and extreme anger
- defiance of authority, including run-ins with the law
- substance abuse

In younger children you might also notice:

- poor grades despite trying
- excessive worry or anxiety (e.g., refusing to go to bed or school)
- persistent nightmares
- frequent temper tantrums
- persistent disobedience or aggression

In particular, these behaviors may indicate more serious problems:

- problems across a variety of settings (e.g., at home, at school)
- returning to behaviors more common to younger children, such as bed-wetting
- signs of self-destructive thoughts/behaviors, such as head-banging or getting hurt often
- repeated thoughts of death
- social withdrawal or fear towards things which previously did not cause fear

What should you do if you are concerned about behavioral/ mental health issues in your child/ adolescent?

- Talk to your child’s doctor or health care provider. Share your concerns and ask questions.
- Consult with your child’s teachers in order to collect more information
- Determine if your child needs evaluation by a specialist (e.g., psychologist, psychiatrist, social worker, mental health counselor)
- Work with the school to get your child special education services, if applicable. If your child is eligible under the Individuals with Disabilities Education Act (IDEA), the school district must develop an individualized education program (IEP) for him/her within 30 days. Even if your child is not eligible for special ed services, he/she is still entitled to a free appropriate public education available under Section 504 of the Rehabilitation Act of 1973 if he/ she has a disability.
- Take care of yourself. Accept that feelings of denial and being overwhelmed are normal for families of those with mental illnesses. Take time out for yourself. Seek counseling FOR YOURSELF if necessary. If you are too stressed out, it may make it more difficult for your child to stick to a treatment plan.
- Get support for yourself and your family. Talk with extended family and friends and/or join a self-help group. These kinds of groups exist for almost every kind of problem, including alcoholism and substance abuse, eating disorders, and mental illness.

Most common forms of mental illnesses in teens:

Depression -- About 11% of adolescents have a depressive disorder by the age of 18. Girls are more likely than boys to experience depression, and the risk for depression increases as a child ages. The symptoms of depression may be different in teens than in adults, including sulking, getting into trouble, being irritable and feeling misunderstood. Most teens with depression respond best to treatment that is a combination of anti-depressant medication and psychotherapy.

Anxiety Disorders – Anxiety can be a normal reaction to stress, but when anxiety becomes excessive and leads to avoidance, it can become disabling. Anxiety disorders include obsessive compulsive disorder, PTSD, generalized anxiety disorder, panic disorders, and specific phobias. About 8% of teens have an anxiety disorder, with symptoms commonly emerging around 6

years of age. High quality cognitive behavioral therapy (CBT) with or without medication is the treatment of choice for teens with anxiety disorders.

Attention Deficit Hyperactivity Disorder (ADHD) – Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and very high levels of activity. The number of children with ADHD has been increasing, but the reasons for this are not clearly known. ADHD likely develops as an interaction between genes and environmental factors. In some cases medication is needed for ADHD. Different kinds of psychotherapy can also be effective in terms of teaching practical organizational skills and how to deal with emotions. Parent education can help decrease ADHD problem behavior because parents are better informed and know how to redirect behaviors.

Eating Disorders – Although this disorder appears to be about food and weight control, it is really a device people use to cope with anxiety and depression or other issues. Teens with eating disorders may restrict certain foods, lose or gain a lot of weight; count calories obsessively, avoid family meals, disappear into the bathroom after eating, exercise excessively, and talk negatively about their bodies. If you suspect your child has an eating disorder, seek professional help right away. The more entrenched the illness becomes; the harder it can be to overcome. Family support is crucial to treatment and recovery from an eating disorder.

Autism Spectrum Disorder (ASD) — these are developmental disabilities including what was previously called “Asperger’s syndrome.” Children who fall on this spectrum display problems with communication and social interactions, including difficulties in building friendships with others their age. These children may also be overly dependent on routines, unusually sensitive to changes in their environments, or intensely focused on specific items. A recent CDC study found the rate of ASD in the population to be 1 in 88 children (1 in 54 boys, 1 in 252 girls). The outcome for children with ASD is related to intellectual functioning and communication skills. Children with ASD who have normal or above normal intellectual and normal speech and language skills often finish high school and go on to college. The most effective treatment for ASD currently is a combination of psychotherapy, special education, behavior medication, and support for families with medication also being used at times.