

SELF-INJURY:

What parents need to know

Many parents are becoming aware of the practice of self-injury, also commonly called “cutting.” Some kids who are experiencing stress or other forms of emotional distress resort to cutting or some other mutilating behavior (burning, scratching, hair pulling) to relieve stress.

This can be extremely distressing to parents. It’s important to know that it is generally not about suicide, but is a sign that your child is struggling to cope with some negative feelings. If you suspect your child may be self-injuring (see box), how you respond can have a big impact on your child’s recovery. Try not to panic; listen and be supportive. The best thing you can do is seek professional treatment as soon as possible.

More information: www.human.cornell.edu/hd/outreach-extension/upload/CHE_HD_Self_Injury-final.pdf

Signs of self-injury:

- Unexplained or clustered wounds or scars
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate clothing for the season (e.g., always wearing long pants or sleeves in the summer)

Three Ways to Foster RESILIENCE IN YOURSELF

As a parent, you spend a lot of time and energy trying to raise your child(ren) to be as happy and resilient as possible. Don’t forget that setting an example by being resilient yourself is a powerful way to foster a good attitude in them, and will help you, too.

Three steps to be more resilient:

- 1 REACH OUT.** Building strong and positive relationships is vitally important to your health, wellbeing, and ability to handle adversity. If making friends is a challenge, participate in your community. You can volunteer, join a faith or spiritual community, or get active on an athletic team.
- 2 LEARN FROM EXPERIENCE.** Next time you are facing something difficult, think about how you got through a past challenge. Maybe even write about it.
- 3 BE PROACTIVE.** Don’t ignore a problem you are experiencing. Instead, figure out what needs to be done, make a plan and take action. Although it can take time to recover from a major setback, traumatic event or loss, know that your situation can improve if you work at it.

More information: www.mayoclinic.org/tests-procedures/resilience-training/in-depth/resilience/art-20046311?pg=2

HELPFUL WEBSITES:

Kidshealth.org/teen Thecoolspot.gov
Toosmarttostart.samhsa.gov stopbullying.gov

SMH Screening for Mental Health®



School is a SAFETY ZONE

Adolescence is a time of many changes and challenges. Some are wonderful and some are extremely difficult. Each child handles it differently, but most parents and adolescents wonder: How do I know if someone is really struggling and needs help, or is just going through a “rough patch?” The SOS Signs of Suicide® Prevention Program teaches students what to do when they are worried about a friend by employing the ACT® message.



ACKNOWLEDGE | CARE | TELL

- ACKNOWLEDGE** that you are seeing signs of depression or suicide in yourself or a friend and that it is serious.
- CARE** Let your friend know that you care about them, and that you are concerned that they need help you cannot provide.
- TELL** a trusted adult -- take your friend with you or go alone if you need to.

TALKING TO YOUR CHILD

Adolescence is a time when kids often do not open up as much with their parents. Some tips to get the conversation flowing:

- » **Ask open-ended questions** such as “What was fun at school today?”
- » **Don’t rush to solve their problems.** Instead, ask your child what he or she thinks would help a situation.
- » **Be available and make sure your child knows it.** A simple “I’ll be at my desk if you decide you want to talk later” may help.
- » **Try talking in the car.** The relaxed atmosphere makes it easier for some kids to open up.

MOODY VS DEPRESSED

It's easy for parents to assume that most adolescent outbursts are the result of hormones, stress, and a changing brain. How can you tell if your child's moodiness is actually depression, anxiety or something else?

There are **three** things to consider when you're assessing your adolescent's moods.

- 1 SEVERITY:** Keep an eye on your child's emotions, whether it's a down mood, outbursts, crying, or other symptoms. The more severe these signs are, the more likely it is that he or she may be depressed or troubled in some way.
- 2 DURATION:** How long is the distressed mood lasting? If it seems to go on for a while, like a couple of weeks, it could mean your child is struggling and needs help.
- 3 DIFFERENT AREAS OF LIFE:** Is your child acting out at home and struggling at school? Noticing changes in multiple venues may signify a mood disorder instead of just moodiness.

It's important to remember that the things we call "protective factors" when it comes to depression and anxiety, such as social interaction, sports, and good rest, are often not enough. A child who is suffering from depression needs medical care.

More information: www.health.harvard.edu/blog/distinguishing-depression-from-normal-adolescent-mood-swings-20100913335



1-800-273-TALK (8255)

If you are concerned that your child is having suicidal thoughts, call the National Suicide Prevention Lifeline, available 24/7 at:

Is My Child Being BULLIED?

SOMETIMES, KIDS WILL NOT SEEK HELP WHEN THEY ARE BEING BULLIED, so it's important for parents to recognize the signs:

- **Unexplainable injuries**
- **Lost or destroyed** clothing, books, electronics, or jewelry
- **Changes in eating habits**
- **Difficulty sleeping** or frequent nightmares
- **Frequent headaches or stomach aches,** feeling sick or faking illness

PARENTS CAN TAKE STEPS TO ADDRESS BULLYING by talking to their child, documenting what's happening, and talking to the school. But what about the kids who are bullying others? Some signs include:

- **Getting into physical or verbal fights**
- **Becoming increasingly aggressive**
- **Getting sent to the principal's office** or to detention frequently
- **Having friends who bully others**
- **Blaming others** for their problems
- **Having unexplained extra money** or new belongings

Media reports often link bullying with suicide, but most youth who are bullied do not have thoughts of suicide. However, we do know that bullying can be linked to mental illness (such as depression) for everyone – those who are bullied, those who bully, and those who witness bullying.

KIDS WHO WITNESS BULLYING OFTEN SUFFER TOO:

- **Vulnerability** to becoming victimized
- **Pressure** to participate in the bullying
- **Worry** that the adults are not in control
- **Guilt** for not having defended the victim
- **Powerlessness** to stop bullying
- **Anxiety** about speaking to anyone about the bullying

More information: www.stopbullying.gov/at-risk/warning-signs/index.html#bullying • www.eyesonbullying.org/bystander.html • www.stopbullying.gov/at-risk/effects/

TEENS & ALCOHOL

Ask parents of an adolescent about their biggest social concern for their child and you will likely hear alcohol and drugs.

Advertisements for alcohol feature people who are beautiful, popular, and in control -- all things many adolescents strive to be. It's a powerful message. The organization Students Against Destructive Decisions (SADD) estimates that about ¾ of high school students and ⅓ of 8th graders have consumed alcohol.

Adolescents drink for many of the same reasons as adults-- to alter their mood -- and for some, to cope with feelings of depression and anxiety. It is important to remember that alcohol use and depression can be a dangerous combination. Alcohol use among adolescents who are sad or depressed has been linked to suicidal thoughts and behaviors.

Avoiding the subject of alcohol with your child and hoping it's not an issue is not the best approach to preventing teenage drinking.

TALK EARLY AND OFTEN, in developmentally appropriate ways, with children and teens about your concerns—and theirs—regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.

ESTABLISH POLICIES EARLY ON, and be consistent in setting expectations and enforcing rules. Adolescents do feel that parents should have a say in decisions about drinking, and they maintain this deference to parental authority as long as they perceive the message to be legitimate; consistency is central to legitimacy.

WORK WITH OTHER PARENTS to monitor where kids are gathering and what they are doing. Being involved in the lives of adolescents is key to keeping them safe. Work in and with the community to promote dialogue about underage drinking and the creation and implementation of action steps to address it.

BE AWARE OF YOUR STATE'S LAWS about providing alcohol to your own children and never provide alcohol to someone else's child.

More information: <http://pubs.niaaa.nih.gov/publications/adolescentflyer/adolflyer.htm>
www.sadd.org/stats.htm
[www.jahonline.org/article/S1054-139X\(08\)00337-6/abstract?cc=y](http://www.jahonline.org/article/S1054-139X(08)00337-6/abstract?cc=y)



TEENS AT WORK

What's happening in my teen's brain?

Teens think that they are just like adults, but science tells us that their brains are not fully developed until they reach their twenties. Those differences contribute to some of what we think of as typical teen behavior.

DECISION-MAKING: When you think to yourself, "why did my child do this?" remember that the frontal lobe of the brain, which controls decision-making, is not fully insulated, so the signals move slower than they do in adults.

EMPATHY & IMPULSE

CONTROL: These areas are also in the frontal lobe and therefore late to be completely developed.

ADDICTION: The adolescent brain is, unfortunately, more efficient at becoming addicted to a substance than the adult brain. In the same way an adolescent brain learns a fact more efficiently than an adult, it also gets addicted easier, which is important for adolescents to know.

More information: www.npr.org/blogs/health/2015/01/28/381622350/why-teens-are-impulsive-addiction-prone-and-should-protect-their-brains