

1: Parent's Guide to Teen Depression: Recognizing the Signs and Symptoms and Helping Your Child

Teens want to shock their parents and it's a lot better to let them do something temporary and harmless; save your objections for things that really matter, like tobacco, drugs and alcohol, or permanent changes to their appearance.

From Lerner, et al. For example, among to year-old African American youth, social support from kin was related to self-reliance and good school grades; however, when kinship support was low the youth experienced feelings of distress Taylor, Students from intact families are least likely to drop out. Similarly, youth from such families are less likely to experiment with drugs than are adolescents from single-parent families Turner, Irwin, Millstein, Of course, however, adults differ in the ways in which they enact their role as parent. They show different styles of raising their children. Differences in child rearing styles is associated with important variation in adolescent development. Child rearing styles in adolescence The classic research of Diana Baumrind , resulted in the identification of three major types of child rearing styles: Authoritative, authoritarian, and permissive. The first style of rearing is marked by parental warmth, the use of rules and reasoning induction to promote obedience and keep discipline, non-punitive punishment e. Indeed, because of the diversity of behavioral patterns that can characterize the permissive parenting style, Maccoby and Martin proposed that this approach to parenting can best be thought of as two distinct types: Whether the three categories of rearing style originally proposed by Baumrind , , the four categories suggested by Maccoby and Martin , or other labels are used, it is clear that the behavioral variation summarized by use of the different categories is associated with differences in adolescent behavior and development Lamborn, et al. For example, in a study of over 4, 14 to 18 year olds, adolescents with authoritative parents had more social competence and fewer psychological and behavioral problems than youth with authoritarian, indulgent, or neglectful parents Lamborn, et al. In fact, youth with neglectful parents were the least socially competent and had the most psychological and behavioral problems of any group of adolescents in the study. In turn, youth with authoritarian parents were obedient and conformed well to authority, but had poorer self concepts than other adolescents. Finally, while youth with indulgent parents had high self confidence, they more often abused substances, misbehaved in school, and were less engaged in school. Moreover, adolescents with authoritative parents are more likely to have well-rounded peer groups, that is, groups that admire both adult as well as youth values and norms, e. In turn, youth with uninvolved parents had peer groups that did not support adult norms or values, and boys with indulgent parents were in peer groups that stressed fun and partying Durbin, et al. Considerable additional research confirms the generally positive influence on adolescent development of authoritative parenting and, in turn, of the developmental problems that emerge in youth when parents are authoritarian, permissive, indulgent, or uninvolved e. Socialization in adolescence Whatever style parents use to rear their adolescents, the goal of parenting is to raise a child who is healthy and successful in life, who can contribute to self and to society, who accepts and works to further the social order. The process--the behaviors that are used over time--to reach these goals is termed socialization. Although all societies socialize their youth in order that, as future contributors to society, the society can survive and prosper , there are marked differences in what different societies, or groups within society, want to see in a youth that has been "successfully" socialized. Said another way, there is great diversity in the specific goals parents have in socializing their youth. One way of illustrating this contextual variation and, as well, of judging whether parents and society at large have been successful in shaping youth to accept social values, is to ask youth what it means to be a good or a bad child. In one study that took this approach American, Japanese, and Chinese adolescents were asked "What is a bad kid? In America, youth answered that a lack of self control and substance abuse were the marks of being bad. In China, a youth who engaged in acts against society was judged as bad. In Japan, a youth who created disruptions of interpersonal harmony was regarded as bad. Another way of understanding the socialization process is to see how immigrants to a new country give up the values and customs of their country of origin and adopt those of their new one--a set of changes termed acculturation. This approach was used in a series of studies involving youth of Chinese ancestry, who were either first generation Americans their parents were born in China and immigrated before the adolescent was

born or second generation Americans their grandparents were born in China, but their parents had been born in the United States. These youth were contrasted to Chinese adolescents from Hong Kong, to youth of Chinese ancestry whose parents had immigrated to Australia, to European American youth, and to Anglo Australian youth. Still another approach to understanding socialization is to appraise whether different groups within a society direct their youth to comparable developmental achievements. Research in Israel, for instance, suggests that youth from Arab Israeli families are raised to view the father as having more power than the mother; in turn, Jewish Israeli youth see more maternal than paternal power Weller, Florian, Mikulincer, In turn, male and female adolescent immigrants from Third World countries to Norway differ in their attitudes toward acculturation Sam, ; although both groups place a lot of importance on maintaining their cultural heritage, boys favor acculturation more than girls. In the United States, while there is evidence of consistency in some socialization practices across diverse groups e. By virtue of the fact that society continues to evolve, and is not characterized by intergenerational warfare or revolution, and that the vast majority of youth become contributing adults to society, we can conclude that socialization "works," that the "apple does not fall far from the tree" Adelson, ; Lerner, It is through the relationships that parents and their adolescent children have that the most immediate bases are provided of youth behavior and development. Parent-child relationships in adolescence There are a range of behaviors and associated emotions exchanged between parents and their adolescent offspring: Some of these exchanges involve positive and healthy behaviors and others involve the opposite; some of the outcomes for adolescent development of these exchanges reflect good adjustment and individual and social success, whereas other outcomes reflect poor adjustment and problems of development. As is true for all facets of human development, there is then diversity in the nature and implications of parent-child relations in adolescence. Similarly, among German adolescents, parental behaviors marked by approval and attention to the positive behavior of the youth is associated with an adolescent who feels he or she is capable of controlling events that can affect him or her Krampen, ; however, when parental behaviors disparage the child and fail to attend to his or her specific behavior, the adolescent feels that chance determines what happens to him or her in life. As illustrated by the above studies, warmth, nonhostility, and closeness seem to be characteristics of parent-adolescent interaction that are associated with positive outcomes among youth. Other research confirms these linkages. The characteristics of parent-child interaction that are associated with positive outcomes for the adolescent are similar in that they reflect support for and acceptance of the developing youth. When such emotions occur in adolescence, positive outcomes for the youth are seen. In sum, then, parent-child relationships marked by behaviors supportive of the youth and by positive feelings connecting the generations are associated with psychologically and socially healthy developmental outcomes for the adolescent. However, some families do not have parent-child relations marked by support and positive emotions; and no family has such exchanges all the time. Families experience conflict and negative emotions. Such exchanges also influence the adolescent; but, as we might expect, the outcomes for youth of these influences differ from those associated with support and positive emotions. At the least, conflicts are a ubiquitous part of all families at some times in their history. Just as the reasons for conflicts between individuals, on the one hand, or nations, on the others, varies, so too do the reasons for conflicts in families. In turn, in a study of over 1, Latino, African American, and European American parents of adolescents, conflicts were said to occur in the main over everyday matters, such as chores and style of dress, rather than in regard to substantive issues, such as sex and drugs Barber, The presence of conflicts between youth and parents is, then, a fact of family life during adolescents. Arguments with their youngsters are events with which parents must learn to cope. Nevertheless, despite its developmental course, the presence of conflict at any point in the parent-adolescent relationship may influence the behavior and development of the youth. In addition, conflict is associated with "externalizing" problems e. Moreover, the negative emotions exchanged between adolescents and their parents can themselves result in problems for the youth. Moreover, parents of tenth graders with conduct problems are more hostile than parents of tenth graders with depression Ge, et al. Moreover, the presence of problem behaviors in parents per se is linked to problems in adolescent development. In short, the rearing of adolescents is not accomplished in the same way and with the same outcomes by all parents. Adults vary in their parenting styles and in the manner in which they socialize their

children. This variation is linked to different individual characteristics of parents and, as well, to the features of the proximal and distal contexts within which parents and families are embedded. This variation is associated also with differences in other contextual factors--relating, for instance, to parental education, family social support, parental mental health, family stability, and poverty. In turn, in regard to family stability, there is a considerable body of research that indicates that divorce is associated with social, academic, and personal adjustment problems, including those associated with early initiation of sexual behavior e. In addition, parent-child relations are less hierarchical and children are pushed to grow up faster in divorced families Smetana, Furthermore, in some cases there are gender differences in the reaction of adolescents to divorce. However, in the case of remarriage, there is evidence that although both male and female adolescents may have difficulty interacting with stepfathers, girls may have particular problems e. Moreover, both male and female adolescents show no improvement in relationships with their step fathers, or in behavior problems e. For instance, adolescents living with their fathers adjust more poorly than youth living in other arrangements e. These women must support themselves and their children and thus, in such contexts, maternal employment is virtually a necessity. Of course, women work outside the home even when they live in intact, two-parent families. Indeed, the majority of American mothers work outside the home, and do so for personal, social, and economic reasons that correspond to those found among men Hernandez, ; J. Despite their reasons for working, maternal employment per se has generally not been found to have adverse affects on the personal or social development of youth J. Simply, the mother feels stress because of the nature of her multiple roles. Lerner, ; J. Parental work and adolescents in self-care In addition, there may be implications for youth simply because, when their mother is at work, there is no parent in the home. Unsupervised time, especially the hours of 3: However, in such cases it is the lack of supervision and not maternal employment per se that is the source of these difficulties for youth. These problems can be counteracted, however. In addition, effective community programs for youth, for example, 4-H, Boys and Girls Clubs, and community athletics, can provide youth with attractive, positive, and productive ways to spend their time. Current opinion among leaders of such youth-serving organizations is that if such community programs are strengthened young adolescents will have richer experiences and fewer life problems Carnegie Corporation of New York, However, the positive effect of community programs may not be as readily achievable when the parents in a family are themselves adolescents. In such cases, the risks to offspring are increased. We turn, then, to this focus.

2: The Parenting of Adolescents and Adolescents as Parents: A Developmental Contextual Perspective

Gifted teenagers require special understanding in order to thrive. Learn how to understand your adolescent's intensity and excitability, how to nurture creativity and self-directed learning, how to offer support without taking control, and how to care for yourself as the parent of an intense and creative teen.

Withdrawal from friends and family
Loss of interest in activities
Poor school performance
Changes in eating and sleeping habits
Restlessness and agitation
Feelings of worthlessness and guilt
Lack of enthusiasm and motivation
Fatigue or lack of energy
Difficulty concentrating
Thoughts of death or suicide
Depression in teens vs. The following symptoms are more common in teenagers than in their adult counterparts: Irritable or angry mood. As noted, irritability, rather than sadness, is often the predominant mood in depressed teens. A depressed teenager may be grumpy, hostile, easily frustrated, or prone to angry outbursts. Unexplained aches and pains. Depressed teens frequently complain about physical ailments such as headaches or stomachaches. If a thorough physical exam does not reveal a medical cause, these aches and pains may indicate depression. Extreme sensitivity to criticism. Depressed teens are plagued by feelings of worthlessness, making them extremely vulnerable to criticism, rejection, and failure. While adults tend to isolate themselves when depressed, teenagers usually keep up at least some friendships. However, teens with depression may socialize less than before, pull away from their parents, or start hanging out with a different crowd. Hormones and stress can explain the occasional bout of teenage angst—but not continuous and unrelenting unhappiness, lethargy, or irritability. Suicide warning signs in depressed teens Seriously depressed teens, especially those who also abuse alcohol or drugs, often think about, speak of, or make attempts at suicide—and an alarming and increasing number are successful. For hour suicide prevention and support in the U. To find a suicide helpline outside the U. To learn more about suicide risk factors, warning signs, and what to do in a crisis, read Suicide Prevention. If you suspect that your teen is depressed, bring up your concerns in a loving, non-judgmental way. Then ask your child to share what he or she is going through—and be ready and willing to truly listen. How to communicate with a depressed teen Focus on listening, not lecturing. Resist any urge to criticize or pass judgment once your teenager begins to talk. The important thing is that your child is communicating. Be gentle but persistent. Talking about depression can be very tough for teens. Simply acknowledging the pain and sadness they are experiencing can go a long way in making them feel understood and supported. If your teen claims nothing is wrong but has no explanation for what is causing the depressed behavior, you should trust your instincts. The important thing is to get them talking to someone. Helping a depressed teen tip 1: Encourage social connection Depressed teens tend to withdraw from their friends and the activities they used to enjoy. But isolation only makes depression worse, so do what you can to help your teen reconnect. Make face time a priority. Do what you can to keep your teen connected to others. Encourage them to go out with friends or invite friends over. Participate in activities that involve other families and give your child an opportunity to meet and connect with other kids. Get your teen involved. While your teen may lack motivation and interest at first, as they reengage with the world, they should start to feel better and regain their enthusiasm. Doing things for others is a powerful antidepressant and self-esteem booster. If you volunteer with them, it can also be a good bonding experience. Make physical health a priority Physical and mental health are inextricably connected. Depression is exacerbated by inactivity, inadequate sleep, and poor nutrition. Unfortunately, teens are known for their unhealthy habits: But as a parent, you can combat these behaviors by establishing a healthy, supportive home environment. Get your teen moving! Exercise is absolutely essential to mental health , so get your teen active—whatever it takes. Think outside the box: Set limits on screen time. Teens often go online to escape their problems, but when screen time goes up, physical activity and face time with friends goes down. Both are a recipe for worsening symptoms. Provide nutritious, balanced meals. Make sure your teen is getting the nutrition they need for optimum brain health and mood support: Encourage plenty of sleep. Teens need more sleep than adults to function optimally—up to hours per night. No one therapist is a miracle worker, and no one treatment works for everyone. Talk therapy is often a good initial treatment for mild to moderate cases of depression. Therapy, Medication, and Lifestyle Changes

Unfortunately, some parents feel pushed into choosing antidepressant medication over other treatments that may be cost-prohibitive or time-intensive. In all cases, antidepressants are most effective when part of a broader treatment plan. Medication comes with risks. Antidepressants were designed and tested on adults, so their impact on young, developing brains is not yet fully understood. Some researchers are concerned that exposure to drugs such as Prozac may interfere with normal brain development—particularly the way the brain manages stress and regulates emotion. They are also known to increase the risk of suicidal thinking and behavior in some teenagers and young adults. The risk of suicide is highest during the first two months of antidepressant treatment. Teenagers on antidepressants should be closely monitored for any sign that the depression is getting worse.

3: A Parent's Guide to Child & Adolescent Anxiety | Therapy That Works

The difference between what teenagers know and do. Most children demonstrate an understanding of "right" and "wrong" behaviour from an early age.

Meg Durbin , M. Depression is a serious medical condition that affects approximately one in five teens before they reach adulthood and is the leading cause of teen suicide. Parents often feel concerned and unsure of what to do when they think their teen may be depressed. Talking with your teens regularly, listening to what they have to say, and keeping up with their activities, go a long way to preventing and identifying any depression they may be experiencing. I think my teenage son may be depressed. What should I do? Try to make your teen comfortable by asking questions in a nonjudgmental way. Keep an open mind while listening to what he has to say. Consider asking questions such as: Are you feeling stressed? Have you been feeling sad or down most of the time? Sharing how you cope with stress can be helpful, too. For example, you could say: How can I tell if they are depressed? In addition, look for the following signs and symptoms that can indicate teen depression: Persistent mood changes, especially irritability or sadness Feeling hopeless, helpless or worthless Increased anger, fighting and self-destructive behavior Loss of interest in normal activities Withdrawal from friends Increase or decrease in sleep or appetite Excessive or uncontrollable crying Difficulty concentrating and making decisions Preoccupation with thoughts of death Drop in academic performance My year-old daughter seems depressed. Direct questioning about self harm does not push people over the edge and drive them to attempt suicide. Continue reading the article here. If you are concerned about your teen, Adolescent Counseling Services offers affordable counseling for youth and parents through our After-School Counseling Program. To book an initial assessment with a trained therapist contact, Connie Mayer, Director of Outpatient Counseling Services, at connie@acs-teens.org. Share Search accessible mental health services for all A donation of any size to Adolescent Counseling Services can mean therapy, substance abuse treatment, support groups, or education for a youth in need.

4: Parent's Guide: How to Talk to Your Kids About Drugs & Alcohol

Parenting teens can be stressful. Because your teen is going through hormonal changes and dealing with the rigors of approaching adulthood, it's common to deal with moodiness, irrational behaviors, misplaced anger, and frustrating behaviors.

The number of youth diagnosed with ADHD grew by about 3 percent each year from to and by about 5 percent per year from to , according to the Centers for Disease Control and Prevention. Doctors often prescribe stimulant medications that contain amphetamines to children with ADHD. Research indicates that children may become dependent on these drugs over time, but not addicted. Illicit drugs such as cocaine and crystal meth have similar effects on teens with ADHD as these medications, so parents need to explain why prescription medications are preferable as their teens get older. Bullying and Depression Bullying online and in person can have a number of damaging effects on youth. A study published in the Journal of Adolescent Health found that cyberbullying increased the chances of a teen developing depression. In addition, teens who used drugs were more likely to be victims of violence and bullying. Teens may find temporary relief from unhappy feelings by drinking or using drugs, but the substances worsen symptoms of depression over time. Parents may have been prescribed anti-anxiety drugs to treat sleep problems or to relieve anxious feelings, or they may have prescription painkillers left over from a surgery. It may seem to make sense to give them to your children if they get injured or feel anxiety before a big event, but that can be incredibly risky. Try to have a safe discussion, and determine how often they use drugs. If you believe it was a one-time occurrence, enforce consequences and reinforce the message that drinking or using drugs is dangerous. Take your teen to the doctor or a therapist for an evaluation. He or she may recommend further visits or outpatient therapy for minor substance abuse problems. Moderate or severe substance use disorders often require inpatient therapy and long-term treatment. Laura Clarke of Advanced Recovery Systems lists warning signs for substance abuse and offers advice to parents about determining whether their teen needs treatment for addiction. The Partnership for Drug-Free Kids recommends that parents wait to start the conversation if: The child is drunk, high or hungover. Know what to do before you do it. Get on the same page with your spouse or partner, and set a goal for the conversation. Examples of goals include setting a curfew, coming to agreement about not hanging out with certain friends, and seeking advice from a doctor. They may even accuse you of lying. Explain that you love them and you only want what is best for them. That may include grounding them or forcing them to see a doctor for an assessment. How Interventions Can Motivate Youth Motivating teens to seek and participate in treatment usually leads to better treatment outcomes. As a parent, you can force your children to go to rehab. But you should try to convince them to go willingly first. Sometimes formal interventions are the best way to convince them they need professional assistance. Interventions do not have to be dramatic or confrontational like the interventions seen on TV. Research indicates that compassionate interventions may be more effective than dramatic ones. Interventions should be calm, carefully planned conversations. The goal is to get the teenager to agree to visit a doctor or addiction specialist. Deciding Which Treatment Option is Right for Your Teen Parents should learn as much as they can about a treatment center before sending their teen there for treatment. Search for a center that specializes in teen treatment such as the Next Generation Village in Sebring, Florida. Make sure the center treats co-occurring disorders if your child has other mental health issues. Ensure that treatment is comprehensive and sets them up for success after they leave the facility. Work with a therapist, doctor or addiction specialist to determine if inpatient or outpatient treatment is best for your child. During outpatient treatment, teens may be able to continue to attend school while attending therapy three to five days per week. More severe addictions require inpatient treatment, but some facilities employ tutors to help teens keep up with school work. Talk to your health care provider about the best treatment options for your adolescent , and make sure they used evidence-based therapies. Addiction treatment teaches patients how to avoid relapse and live a purposeful life in recovery. Treatment should include evidence-based therapies such as cognitive behavioral therapy or dialectical behavior therapy. These therapies teach people how to identify and correct problematic behaviors and develop ways to cope with stress

and other triggers. Several other types of therapy have been effective with teens, including: In addition to practicing evidence-based therapies, treatment providers should prepare teens for transitioning back to school, work and everyday life. Insurance plans have to cover substance use disorder treatment the same way that they cover other chronic health conditions such as diabetes or hypertension. Parents may still have to pay copays or meet deductibles, but there are a number of other ways they can pay for treatment. Once the child has started treatment, you should support the recovery process. That might mean driving them to appointments or picking up and keeping track of medications. It also means supporting your child during emotionally difficult times. If a doctor recommends family therapy, parents and other family members should participate with an open mind. During other therapy appointments, it may be best to give your teenager privacy with his or her counselor. You should encourage your child to be completely honest the counselor or therapist at all times. Kevin Wandler, chief medical officer of Advanced Recovery Systems. Seeking help for your child? Our recovery programs are designed to meet the specific needs of young adults. Try to maintain a low-stress environment at home, discontinue your own alcohol or drug use in front of your children and continue to enforce rules. Tips for parents to help teens during recovery: Encourage them to seek aftercare treatment. Provide transportation to appointments.

5: A parent's guide to why teens make bad decisions

Parents learn how to understand teenagers for effective parenting and encourage a healthy and successful transition to adulthood. Navigation Parenting articles, news and tips on raising happy, healthy, successful kids and teens.

Using marijuana prior to or during driving is certainly one of those dangerous factors, as well. Since marijuana impairs reaction time, those under the influence have a harder time stopping ahead of or swerving around unforeseen obstacles in the road. A good case study is to look at Colorado, one of the two states to first legalize recreational marijuana. In the first year since pot became available at retail stores in the state, 94 people died in crashes where at least one driver tested positive for marijuana. That was more than the 71 such deaths in the year prior. In , about 10 percent of all traffic fatalities in Colorado involved a driver who had marijuana in his or her system. That number rose to 19 percent in the first year of pot being available recreationally. It simply appears to be one of the many inhibitors of fully attentive driving. In Colorado, recreational and medical marijuana users can be penalized alike for being found under the influence or having an open container of the drug or a container with a broken seal. Anyone suspected to be under the influence of marijuana may be asked to take a blood test. Drivers with five or more nanograms of active tetrahydrocannabinol THC, the most potent chemical in marijuana can be prosecuted for driving under the influence DUI in Colorado.

Common Names For Marijuana

If you have a teen whom you suspect may be using marijuana, you will want to be aware of several common names for marijuana that he or she may be using when talking to friends. The terms below have to do with slang for marijuana itself, as well as paraphernalia and accessories that could be involved in the consumption of marijuana:

Other Teenage Marijuana Use Statistics

Here are a few other teenage marijuana use statistics that will give you an idea of the current climate surrounding the drug and what your children face when they enter their adolescent years: Roughly 40 percent of teen marijuana smokers say they began before the age of One in four 10th-graders and one in three 12th-graders have used marijuana over the last year, at least according to a survey. From to , the percentage of 12th-graders who saw becoming a regular marijuana user as a great risk fell from 58 percent to 40 percent. A plus-year study of more than 1, participants found that those who used pot regularly as teens and young adults permanently lost an average of 6 points off their IQ scores. One out of 11 adults who try marijuana will become dependent or addicted. One out of six teens who try pot will become daily or near-daily users. The following 10 items are ongoing strategies you can use as you discuss the topic of marijuana with your teen.

Having A Two-way Conversation

For starters, each time you talk about cannabis with your child needs to be a back-and-forth conversation. Body language is crucial in this process, too. As previously mentioned, choosing the right time and setting to have these conversations each time is also crucial in this ongoing process. Make it into a routine, and your teen will soon understand what to expect each time you sit down to talk. If the teen is struggling with something related to the topic, how can you offer a solution? A key to this process is maintaining active listening. You have to listen carefully to everything your teen is saying, while also asking open-ended questions and even offering empathy. Approach the conversation as a problem solver rather than judge, jury and executioner , helping to either keep them away from the drug or figure out how to stop using. If your teen has tried pot, ask them how it made them feel and what setbacks or side effects they may have noticed. Ask them what prompted them to try the drug in the first place. Let the child respond to these questions at length, and save any disagreements and directions until they are finished. While you may have to draw up some form of punishment based on what you hear, try to save these measures until the end or after the conversation. You want to hear their side of the story as fully as possible. How does it come up around friends, and do any friends frequently use it? How do others appear to be affected while under the influence of marijuana? From there, you will have more ideas on what to research and how to offer more broad-ranging and concrete solutions in future discussions with your child. It almost always backfires when you sharply criticize a particular friend or group of friends. Lastly, you can set rules to mitigate how much time your teen spends with a questionable group of friends, such as not letting them go out on a weekend, etc. Before you discuss marijuana with your teen, do some research about the drug that you can include as part of

your conversation and education on the topic. This way, you can discuss their findings and be more aware of the risks and even myths surrounding cannabis use. This will also help them be more honest and open down the road. Coming home from a stressful day of work and pouring a drink or smoking a joint sends the wrong message to a child who needs to learn positive coping mechanisms to difficult situations. **Discuss How To Say No** While having conversations about marijuana, work with your teens on ways they can say no to friends or peers who are using cannabis in the vicinity. You may have to role play and figure out which phrases or rationale your teen is comfortable with saying in turning down somebody who is offering them pot. I have a big game or test, meeting, event, etc. **Brainstorming** with your teen and practicing turning somebody down will give them the right tool and confidence when the time comes. **Turning To Other Activities** Help your teen find dedicated activities that will help keep the temptation of marijuana and other substances at bay. Just lending them an empathetic ear and offering constructive solutions can make all the difference. These are crucial years for your child, so setting aside some time to have these discussions regularly will play a big role in the person they will become 10, 20, 30 years down the road. For any questions or concerns you may have about your loved one, please feel free to call us today. Also be sure to **Subscribe** to our blogs to stay current on all news and get some helpful advice.

6: Teens And Marijuana: A Parents'™ Guide

Parents should learn to recognize stress in their teens. While people respond differently to stress, there are some common signs. For the most part, stress is a healthy response to challenge.

So why is the word "teenager" causing you so much worry? So, although it can be a period of conflict between parent and child, the teen years are also a time to help kids grow into the distinct individuals they will become. Understanding the Teen Years So when does adolescence start? Most of us think of puberty as the development of adult sexual characteristics: These are the changes of adolescence. Many kids announce the onset of adolescence with a dramatic change in behavior around their parents. At the same time, kids this age are increasingly aware of how others, especially their peers, see them and are desperately trying to fit in. Kids often start "trying on" different looks and identities, and they become very aware of how they differ from their peers, which can result in episodes of distress and conflict with parents. Butting Heads One of the common stereotypes of adolescence is the rebellious, wild teen continually at odds with mom and dad. Although it may be the case for some kids and this is a time of emotional ups and downs, that stereotype certainly is not representative of most teens. But the primary goal of the teen years is to achieve independence. As teens mature, they start to think more abstractly and rationally. And parents of teens may find that kids who previously had been willing to conform to please them will suddenly begin asserting themselves "and their opinions" strongly and rebelling against parental control. You may need to look closely at how much room you give your teen to be an individual and ask yourself questions such as: Here are some tips: Educate Yourself Read books about teenagers. Think back on your own teen years. Remember your struggles with acne or your embarrassment at developing early "or late. Expect some mood changes in your typically sunny child, and be prepared for more conflict as he or she matures as an individual. And the more you know, the better you can prepare. You know your kids. This is a good time to jump in with your own questions such as: Are you noticing any changes in your body? Are you having any strange feelings? A yearly physical exam is a great time to talk about this. A doctor can tell your preadolescent "and you " what to expect in the next few years. The later you wait to have these talks, the more likely your child will be to form misconceptions or become embarrassed about or afraid of physical and emotional changes. And the earlier you open the lines of communication, the better your chances of keeping them open through the teen years. Give your child books on puberty written for kids going through it. Share memories of your own adolescence. Pick Your Battles If teenagers want to dye their hair, paint their fingernails black, or wear funky clothes, think twice before you object. Ask why your teen wants to dress or look a certain way and try to understand how your teen is feeling. You also might want to discuss how others might perceive them if they look different " help your teen understand how he or she might be viewed. Still, they usually understand and need to know that their parents care enough about them to expect certain things such as good grades, acceptable behavior, and sticking to the house rules. If parents have appropriate expectations, teens will likely try to meet them. Inform Your Teen " and Stay Informed Yourself The teen years often are a time of experimentation, and sometimes that experimentation includes risky behaviors. Regular communication between parents can go a long way toward creating a safe environment for all teens in a peer group. Know the Warning Signs A certain amount of change is normal during the teen years. But too drastic or long-lasting a switch in personality or behavior may signal real trouble " the kind that needs professional help. Watch for these warning signs:

7: Parents - Drug Information | NIDA for Teens

Depression and Violence in Teens - Explores the problem of teen violence, the possible link to depression, and what parents can do about it. (HealthDay) (HealthDay) Treatment of Children with Mental Illness - Answers to frequently asked questions about the treatment of mental disorders in children, including depression.

Share Tweet Share Parenting teens can be stressful. Borderline personality disorder, or BPD, is a mental health condition that can cause severe mood swings, difficulty functioning, and general instability. They might lash out in irrational anger or have severe mood swings. They often have volatile and unstable relationships with friends, family, romantic partners, and acquaintances. Your teen with BPD might engage in risky behaviors, like unprotected sex, racing in a car, and drug use. Your teen might have a distorted perception about who he or she is. Separation can be a huge obstacle, and your teen might be terrified that any small separation will lead to abandonment. For example, he or she might overreact to you going away for a weekend on business or coming home late from work unexpectedly. There can be paranoid delusions and suicide attempts, too. Often, other types of mental health conditions exist at the same time as BPD. Otherwise, make an urgent appointment with his or her primary care doctor or mental health professional. In a sizable percentage of people with the disorder, there is a genetic component. If a parent or sibling of your teen has been diagnosed with or shows signs of BPD, your child has a five times greater chance than average of developing it. Also, if your teen has had some type of traumatic episode or was a victim of any type of child abuse, the signs might be higher of him or her developing BPD. Finally, some people with borderline personality disorder have changes in their brains that could contribute to the condition. Researchers are still looking into why some people develop the disorder and others do not. There are many different kinds of therapy that might be tried to see what is most successful. Counseling can make a big difference and make the condition easier to cope with. Medications can also be used, but because people with BPD are at a higher risk of suicide than the general population, many practitioners will try not to prescribe anything that would be lethal in case of an overdose or which might raise the risk of suicide. Also, medication will not be effective for some of the symptoms of BPD. Also, control the medication yourself by keeping it locked up or otherwise inaccessible if your teen is at risk of suicide or is showing symptoms of suicidal ideation. Sometimes, parents of teens with mental health conditions get into the habit of letting boundaries go by the wayside, but this can make things even more difficult. A home rules contract might help by having everything in writing. Also, be sure to get support for yourself and any other children or teens in your home. Having a child or sibling with a severe mental health disorder is stressful and can be overwhelming. This may include family therapy in addition to individual counseling for each family member. Parenting an adolescent with borderline personality disorder can be an overwhelming task. Rely on your circle of friends and family members, as well as your mental health care team, to help you with the things that you need to do to help your teen get healthier and to keep the other members of your household safe and healthy. Remember to take care of yourself and to keep the lines of communication open with your teenager. You can support him or her through this disorder now and lay a framework so your teen will be able to continue to care for him- or herself through adulthood.

8: A Parent's Guide to Teen Depression | Adolescent Counseling Services

In Colorado, recreational and medical marijuana users can be penalized alike for being found under the influence or having an open container of the drug (or a container with a broken seal).

There will be a time in the life of every parent in which his or her child is struggling and the path to understanding and overcoming this struggle is unclear. In order to help a child overcome distress, it is first important to identify the problem. Anxiety disorders in childhood are the greatest predictors of anxiety, mood, and substance abuse difficulties in adulthood; thus, it is important to identify and treat anxiety difficulties as early as is feasible. Early identification and intervention is associated with positive long-term outcome. It can be motivating and helpful to us in meeting our goals. However, in excess, it can cause us to feel overwhelmed and leave us unable to carry out our daily activities. There are a number of anxiety disorders common to children of which parents should be aware: Generalized Anxiety Disorder is characterized by persistent, pervasive worry that is difficult to control. Children with GAD often worry about issues such as their family relationships, friendships, romantic relationships in adolescence, school performance, or recreational activities. These children commonly report worries about not meeting the expectations of others. They may exhibit difficulties with sleep, reassurance seeking, irritability, stomachaches, and headaches. Their concerns are often related to real-life problems, but are exaggerated and excessive. Separation Anxiety Disorder is characterized by acute distress when separated from caregivers and typically begins prior to 10 years of age. Social Anxiety Disorder is characterized by excessive concern about being judged by others. That extends well beyond being shy. Children experiencing social anxiety are extremely worried about the possibility of embarrassing themselves. The anxiety typically centers around performing in public, such as in having to speak, eat, write, or engage in some other behavior which can be observed and judged by others. Children who experience social anxiety disorder fear being criticized or humiliated. Older children may be avoidant of situations they anticipate may cause them to be socially anxious, while younger children may exhibit distress by acting out. They may also experience physiological symptoms of arousal when faced with their fears, including racing heart, breathlessness, trembling, dizziness, lightheadedness, sweating, or gastrointestinal distress. Selective Mutism is a disorder in which anxiety causes a child to be unable to speak in certain settings, while able to talk and interact in other settings. SM may be seen in settings such as schools in children who are experiencing this extreme level of distress. This disorder typically presents itself in a child as being able to talk freely at home and other comfortable settings, while nonverbal in other settings such as school or in the presence of others with whom they are not familiar. These children may use gestures or other nonverbal efforts to communicate, but appear unable to speak. Specific Phobias are characterized by excessive and irrational fears about a particular object or situation that is not typically considered to be dangerous. Children may not have insight into the unreasonableness of their fear and may avoid exposure to these anxiety-provoking stimuli or demonstrate acting out behavior. Compulsions are enacted with the goal of reducing or neutralizing anxiety or distress brought about by the obsession. This disorder, which can manifest itself in early childhood, may be exhibited by excessive hand washing, locking and relocking doors, checking behaviors, reassurance seeking, touching or tapping in a certain order or to the count of a particular number, re-writing, re-reading, carrying out specific behavioral sequences, or counting. It is unrealistic or irrational. The level of distress far exceeds the seriousness of its cause. It is unwanted and uncontrollable. It results in avoidance or inability to engage in activities the child would otherwise enjoy. In discussing fears with a child: Refrain from reinforcing the fear by appearing anxious themselves. Avoid unintentionally reinforcing the fear by providing reassurance or allowing avoidance behavior or school absence. Although this will reduce anxiety in the short-term, it will reinforce their anxiety and prevent children from having the opportunity to learn adaptive coping skills or to learn that their anxiety was unrealistic, not harmful, and would diminish even when faced with their fear. Model good coping and problem-solving skills. Be mindful that anxiety tends to increase when that which is causing anxiety is unpredictable, unfamiliar, or imminent. Prepare children for anxiety provoking situations by discussing them in advance, covering what could happen, how they may feel, what they may do, and if the

worst were to happen, how would they manage that. Psychologists specialized in providing evidence-based cognitive behavioral therapy have the ability to successfully treat these difficulties and help children to overcome their anxiety. When therapy alone is insufficient, medication may also be a useful supplement to an effective treatment plan. Deibler, PsyD Marla W. She is the Founder and Executive Director of The Center for Emotional Health of Greater Philadelphia in New Jersey, an outpatient facility specialized in providing evaluation and evidence-based, cognitive-behavioral therapies for these and other difficulties. She gained specialized behavior therapy experience in the treatment of obsessive-compulsive spectrum disorders at the nationally-recognized Behavior Therapy Center of Greater Washington. Deibler has published scientific research in peer-reviewed journals and has presented clinical training seminars and research findings at national and international meetings. She has appeared on the Dr. Deibler holds licenses to practice psychology in New Jersey Lic. Deibler resides in suburban Philadelphia with her husband who is also a psychologist and three children.

9: A Parent's Guide to Adolescents | Auburn University

Parents of teenagers will know that there is no greater mystery than what is going on in their children's minds. Now, however, help could be at hand, with the release of a new parenting guide on.

Sign Up By Your Teen Magazine Do you romanticize your teen years with memories of hanging out with friends, dancing at homecoming and participating on a winning sports team? Or do you remember the gory details of every breakup, every failed test and every bad hair day? Whether your memory is reality or revisionism, somewhere you must remember the feeling of stress. Your teens are now confronting this stress. One slight from her friend was enough to put her over the edge. It is caused by emotions but it affects your mood and body. As adults, we face life with more emotional resources. Teenagers are confronted with many challenges that push the limits of their cognitive and psychological strengths. Stress is a personal and subjective experience. Why are teenagers are stressed, how do parents know when the stress level is too high, and what can parents do to guide their teenagers who are stressed? Stress Management For Teens: If you have more than one child, you probably witness this daily. Some teens seem to do it all: Even as you marvel at their capacity to keep so many balls in the air, you also know that they can feel overwhelmed. Sometimes they are simply stressed out. Esme, a mature and independent year-old from Ohio, has learned to both recognize and alleviate her own stress. Practicing yoga or going for a walk helps me feel better. A father of a year-old boy reports that when his son feels too much pressure, he simply quits trying. The frustration felt by both the teenager and his father is palpable. They are currently working on healthy responses to stress. Simply being a teen is stressful. Regardless of the number of commitments, teens often feel too much is asked of them. Typical Stressors Teens are constantly dealing with demands from school, extracurricular activities, parental expectations, social pressures, time constraints, negative self-image and changes in their bodies. Occasionally, more serious situations are part of the mix, such as family conflict, divorce, death of a loved one, an unsafe living environment, family financial worries and worries about the future. Signs of Stress Parents should learn to recognize stress in their teens. While people respond differently to stress, there are some common signs. For the most part, stress is a healthy response to challenge. However, when a person has not developed successful coping mechanisms to ongoing stressors, such as being bullied, dealing with divorce, or juggling too many activities, the body begins to respond through physical symptoms. These include, but are not limited to, fatigue, insomnia, nausea or headaches. Destressors Parents can help their teens work through their stress by sharing the following tips: Decide what needs to be done first. Learn how to break a large task into smaller, more attainable tasks. It is normal to feel overwhelmed when there is a lot to do. If you are feeling especially stressed or depressed, let someone know and try to figure out a way to cut down on some of your activities until you feel better. Take a break from stressful situations. Listen to music, talk to a friend, draw, write or watch a movie. Build a network of friends who help you cope in a positive way. Avoid negative ways of responding, such as using alcohol or tobacco. Share your talents by helping someone else. This will make both of you feel great. Recognize that sometimes making little changes in your life can really add up to big feelings of relief. Learn stress management skills, such as deep breathing, progressive muscle relaxation and positive self-talk. Learn to accept yourself as you are. Identify your unique qualities and strengths. Learn to build on these strengths but always remember that no one is perfect. Last, but certainly not least, take care of yourself. A combination of a healthy diet, regular exercise and plenty of sleep helps relieve stress. In this situation, it might be wise to have them talk to a professional who can help them sort out their feelings and get their life back in working order. Bell recommends that parents present professional help in a positive light in order to decrease the negative stigma associated with seeking help. Parents are Role Models Along with helping teens recognize and deal with their stress, parents can play additional roles. By using healthy stress management techniques, parents can serve as positive role models for their teens. Taking care of yourself, monitoring your own stress levels and living a balanced life impacts how your teen manages his or her own life. On the flip side, if your teen watches you take a drink of alcohol or smoke a cigarette every time you are overwhelmed, they are more likely to imitate that behavior. Getting excited and worked up when your teen is acting out

exacerbates the situation, and things are likely to get out of hand. When a stressed-out teenager is met with a calm, confident, soothing parent, he or she can borrow that strength and begin to calm down. This can be difficult for parents who are dealing with their own stress, but a parent that has good coping skills will find that they have the resources to loan out to a struggling teenager. This might also give you an opportunity to share your own opinions and advice. Jane from New Hampshire did just that. She could have done better on her final exams that year, but she survived and she has made a commitment not to spread herself too thin next semester. If we constantly try to help our stressed teenagers avoid mistakes, they will miss out on valuable life lessons that will help them grow and acquire the tools needed to live in the world. Listening to your teenager is as important as ever. Sometimes, simply allowing your teen to talk without interrupting them is enough to help them feel better. Family Rituals Whenever possible, stick to the rituals and traditions that your family enjoys. This will bring stability to your teens when other aspects of their life might feel out of control.

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