

HOW TO UNDERSTAND YOUR CHILDREN & TEENS



WHAT TO DO?

COMMON CONCERNS
AFFECTING CHILDREN & TEENS
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IN THE U.S., NEARLY 17%
OF ALL CHILDREN EXPERIENCE SOME
FORM OF DEVELOPMENTAL OR
BEHAVIORAL DISABILITY.

RECOGNIZING A PROBLEM EARLY
IS KEY FOR PARENTS AND HEALTH
CARE PROVIDERS ACROSS THE

CDC CAMPAIGNS:

<http://www.cdc.gov/cdctv/babysteps/>,

<http://www.cdc.gov/ncbddd/childdevelopment/documents/cmh-feature20130514.pdf//>



COMMON PARENTAL CONCERNS

- How the child is developing
- The emotional well-being of the child
- What the child says, thinks, and feels
- How the child acts:
 - Eating and sleeping patterns
 - Behavior at school
 - Getting along with family and friends
 - Coping with stress




http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Normality_22.aspx

It is likely that infants, children, and teenagers are within standard norms when, at the appropriate age, they fully participate in and enjoy their:

- Learning, school, and/or work
- Relationships within the family
- Relationships with friends
- Play



The family/friend or professional carefully supports the parents and child to determine:

- Long-term factors that tend to lead to--or protect against--the child's developing issues
 - Short-term factors that trigger the child's issue
 - Factors causing these issues to persist
 - Possible roles of other medical conditions
 - Contribution of school learning, social and emotional growth to the child's functioning.
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- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

BASED ON THE EVALUATION, THE CHILD AND ADOLESCENT PSYCHIATRIAN MAY:

- Reassure the parents, explaining how they can enhance normal development
- Suggest an activity or an educational program for the child, and/or education for parents, which will support normal development and effective parenting
- Provide or arrange for brief counseling to help the child and parents with minor developmental problems, stressful life situations or difficulties due to the child's temperament



Movement Towards Independence

- Struggle with sense of identity
- Feeling awkward or strange about one's self and one's body
- Focus on self, alternating between high expectations and poor self-esteem
- Interests and clothing style influenced by peer group
- Moodiness
- Improved ability to use speech to express one's self
- Realization that parents are not perfect; identification of their faults
- Less overt affection shown to parents, with occasional rudeness

http://www.complaints.org/papers/families_with_and_without_parents_for_families/facts_for_families_pages/normal Adolescent behavior, Developmental Rawls 57.aspx




Future Interests and Cognitive Changes

- Mostly interested in present, with limited thoughts of the future
- Intellectual interests expand and gain in importance
- Greater ability to do work (physical, mental, emotional)



Sexuality

- Display shyness, blushing, and modesty
 - Girls develop physically sooner than boys
 - Increased interest in sex
 - Movement toward heterosexuality with fears of homosexuality
 - Concerns regarding physical and sexual attractiveness to others
 - Frequently changing relationships
 - Worries about being “normal”
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Morals, Values, and Self-Direction

- Rule and limit testing
- Capacity for abstract thought
- Development of ideals and selection of role models
- More consistent evidence of conscience
- Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)



Younger Children


- Marked fall in school performance
- Poor grades in school despite trying very hard
- Severe worry or anxiety, as shown by regular refusal to go to school, go to sleep or take part in activities that are normal for the child's age
- Threatens to harm or kill oneself
- Hyperactivity; fidgeting; constant movement beyond regular playing with or without difficulty paying attention
- Persistent nightmares
- Persistent disobedience or aggression (longer than 6 months) and

http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/When_To_Seek_Help_For_Your_Child_24.aspx


- Frequent, unexplainable temper tantrums

provocative opposition to authority figures

Pre-Adolescents and Adolescents

- Marked decline in school performance
 - Inability to cope with problems and daily activities
 - Marked changes in sleeping and/or eating habits
 - Extreme difficulties in concentrating that get in the way at school or at home
 - Sexual acting out
 - Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death
 - Severe mood swings
 - Strong worries or anxieties that get in the way of daily life, such as at school or socializing
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Pre-Adolescents and Adolescents

- Repeated use of alcohol and/or drugs
 - Intense fear of becoming obese with no relationship to actual body weight, excessive dieting, throwing up or using laxatives to loose weight
 - Persistent nightmares
 - Threats of self-harm or harm to others
 - Self-injury or self destructive behavior
 - Frequent outbursts of anger, aggression
 - Repeated threats to run away
 - Aggressive or non-aggressive consistent violation of rights of others;
 - Opposition to authority, truancy, thefts, or
- 

Data collected from several sources between the years 2005-2011 show:

Children aged 3-17 years currently had:

- ADHD (6.8%)
- Behavioral or conduct problems (3.5%)
- Anxiety (3.0%)
- Depression (2.1%)
- Autism spectrum disorders (1.1%)
- Tourette syndrome (0.2%) (among children aged 6–17 years)

Adolescents aged 12–17 years had:

- Illicit drug use disorder in the past year (4.7%)
- Alcohol use disorder in the past year (4.2%)
- Cigarette dependence in the past month (2.8%)

NEURODEVELOPMENTAL DISORDERS
MOOD DISORDERS
TRAUMA & STRESS DISORDERS
ANXIETY DISORDERS
OBSESSIVE COMPULSIVE DISORDERS
DISRUPTIVE IMPULSE CONTROL
/CONDUCT DISORDERS
SLEEP DISORDERS
ELIMINATION DISORDERS
FEEDING AND EATING DISORDERS



WHAT YOU CAN DO

Parents. You know your child best. Talk to your child's health care professional if you have concerns about the way your child behaves at home, in school, or with friends.

- ▶ **Youth:** It is just as important to take care of your mental health as it is your physical health. If you are angry, worried or sad, don't be afraid to talk about your feelings and reach out to a trusted friend or adult.
- ▶ **Health care professionals:** Early diagnosis and appropriate treatment based on updated guidelines is very important. There are resources available to help diagnose and treat children's mental health disorders.
- ▶ **Teachers/School Administrators:** Early identification is important, so that children can get the help they need. Work with families and health care professionals if you have concerns about the mental health of a child in your school.

Building A Foundation for Wellness

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ASPIRE Program

- 8-week intensive outpatient program for teens ages 13-18 (Mon, Tues, Thurs, Friday 3-6pm)
- Common symptoms: depression, anxiety, suicidal thoughts, self-harm
- Impacting peer relationships, academic functioning, family relationships, self-worth

Three Areas for Early Intervention



- Technology use

- Healthy habits

- Parent-child relationship

Technology Use: Set limits early!

- Human brains are not evolved for our technology
- Internet/videogames are extremely stimulating and reinforcing
 - A high potential for addictive patterns of use to develop
- Kids especially need external limit-setting
 - Setting limits with a 7 year-old is much easier than with a 17 year-old
- Goal is independence by 18 (gradual increase)

Healthy Habits

- Daily physical activity: a powerful buffer against depression and anxiety
- EAT! (especially breakfast and lunch)

• SLEEP

(no matter what HW is left)

Parent-Child Relationship

- Why does this matter?
 - As your child reaches adolescence, your power and authority are increasingly dependent upon having a good connection with your teen
 - Anger and threats of punishment are significantly less useful with teens
 - Encouraging healthy habits and setting firm limits on electronics use will be much more successful when the relationship is a (mostly) positive one
 - You should get to enjoy being a parent even to a teenager!

What do parents talk to their kids about?

- Homework/school
- Chores
- Appointments
- “Stop doing _____!”
- Homework/school
- Hygiene
- “Did you remember to _____?”

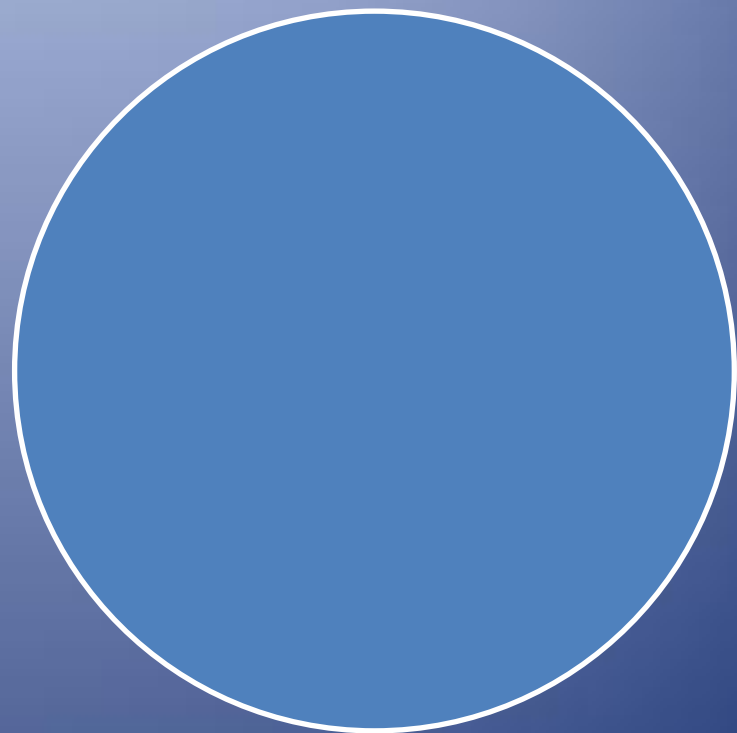
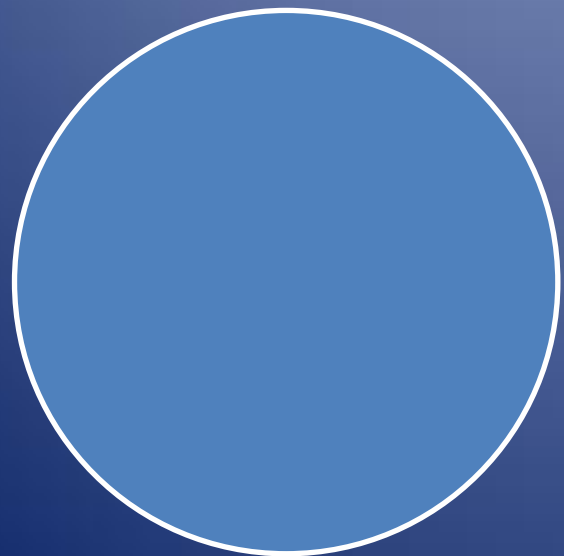
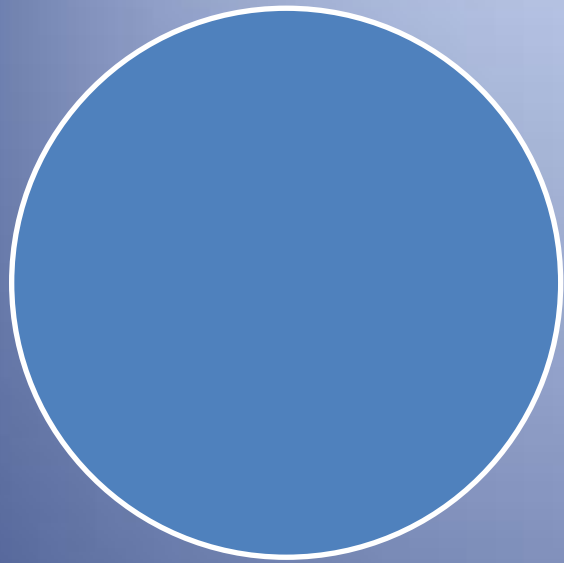


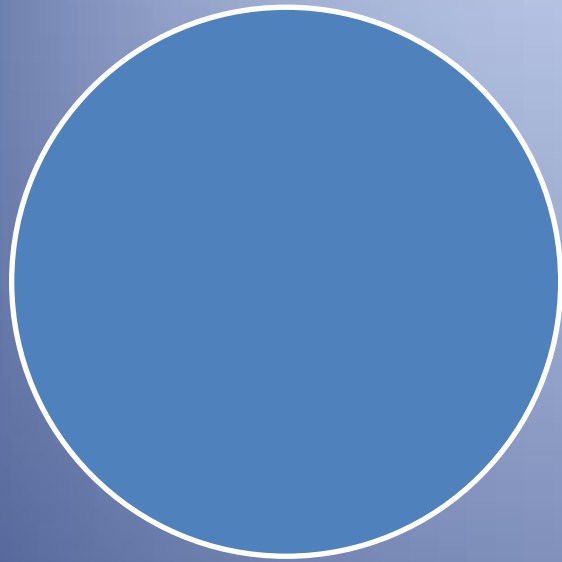
Keeping the ears open: Tool #1— Agenda-free time

- Spending time together talking and/or doing fun things together is the route to a good, positive relationship with your child
 - Can get harder as your kids get older
 - “How was school?” “Fine.”
 - Look for brief moments (e.g., in the car)
 - Don’t stop inviting them to spend time with you
 - Asking counts, and they will notice if you stop
- Shifting the balance opens the ears back up (versus anger, which results in ears closing and often gets anger back in return—this is biology!)

Tool #2—Validation

- Validation is any word or gesture that sends the message:
 - Your feelings, thoughts, and actions make sense to me (at least in the current circumstances)
 - I accept you as you are (i.e., I'm not going to reject or get rid of you)
- Validation is NOT:
 - Agreement
 - Encouragement or praise





**Agenda-
free**



**Strong
relationship**

**Agenda-
free**



Validation

**Strong
relationship**

When the relationship is strong...

- Kids are:
 - Less at risk for developing later emotional problems
 - Healthier if they can express/show their emotions
- Kids can learn to:
 - Feel good about themselves and who they are
 - Speak their minds and have opinions
 - Know what a healthy, supportive relationship is
- And find out important information
 - Example: bullying