



YOUTH TYPICAL or TROUBLED?

A majority of children go through mood swings and behavior changes as they develop; it is normal to experience troubled symptoms on occasion. However, it is when the symptoms occur over an extended period of time that is a cause for concern. Teenagers are seeking to become individuals from their families and in doing so they try to emulate their role models. Our goal is to help identify risk factors, patterns of behavior and enable discernment between appropriate learning “curves” versus potential risk behaviors. We hope to create an environment of awareness that supports healthy choices and identifies unhealthy patterns that might be emerging.

TROUBLED

Risks

- Family history and learned behaviors
- In most cases, stressful events are correlated with onset of diagnosable mental disorders
- Loss of a family member/parent through death or divorce
- Moving to a new area or changing schools
- Problems in the home (e.g., abuse or neglect)
- A break-up with a girlfriend or boyfriend
- Problems at school
- Ongoing rejection by other students
- Accumulation of minor stressors may also be linked to minor or major depression
- Negative or lack of social support
- Parents that think that just because their child has everything – they should be happy
- Parents that think that their children don’t have a lot of pressures – from the age of 10 – 12 pressures at school and with peers do become intense
- Parents with unresolved emotional and/or addiction issues

Behavioral Warning Signs

- **Infants & Toddlers**
 - too little or too much crying or excessive whining
 - sad or deadpan expression
 - little motor activity
 - lack of pleasure in developmentally appropriate activities
 - lack of social interest
 - failure to grow and thrive
- **Pre - Schoolers**
 - frequent, unexplained headaches, stomach aches and/or fatigue
 - over activity or excessive restlessness
 - frequent sadness
 - low tolerance for frustration
 - irritability
 - lack of pleasure in previously enjoyed activities
- **School Aged Children**
 - frequent, unexplained headaches and/or stomachaches
 - significant weight gain or loss
 - feeling sad, hopeless, weepy or empty

- feelings of being “bad” or “stupid”
- changes in sleep patterns/problems with sleeping
- unprovoked anger or aggression
- refusal or reluctance to attend school or skipping school
- dropping out of favorite activities
- withdrawal, little interest in playing with others, running away

- **Adolescents** (with older children you may want to discuss this list with them to determine if professional intervention would be helpful)

Any of the symptoms for school aged children and/or any of the following:

- sudden drop in grades or change in behavior
- self - destructive behavior, including drug or alcohol use
- difficulty with relationships
- antisocial or delinquent behavior
- inattention to appearance, hygiene or grooming
- risk taking behaviors with little thought to consequences
- extreme sensitivity to rejection or failure
- slowed physical responses or increased physical agitation
- social isolation
- low self-esteem

Factors that make it more difficult to diagnose depression in teens:

- Expression of symptoms varies with the developmental stage of the child
- Adolescents do not always understand or cannot express feelings
- Symptoms are often dismissed as “just part of growing up”
- There is a strong tie between getting into trouble and feeling depressed
- Parents are less likely to identify depression in their adolescents than are the adolescents themselves

What parents can do to help their child

- Talk to your child
- Listen to your child
- Offer help
- Contact your child’s primary care physician
- Contact your child’s therapist if he/she already has one
- Contact your child’s teachers
- Foster peer support
- Educate yourself and your family
- Let your child know that they are not alone – connect them with family, support groups, or other adolescents
- Help your child now because it will impact their future.

If your teen has a substance abuse disorder ...

- Don’t regard it as a family disgrace. Recovery is possible just as it is with other illnesses.
- Encourage and facilitate participation in support groups during and after treatment.
- Don’t nag, preach, or lecture.
- Don’t use the “if you loved me” approach. It is like saying, “If you loved me, you would not have tuberculosis.”
- Establish consequences for behaviors. Don’t be afraid to call upon law enforcement if teens engage in underage drinking on your premises. You can be held legally responsible for endangering minors if you do not take timely action.
- Avoid threats unless you think them through carefully and definitely intend to carry them out. Idle threats only make the person with a substance abuse disorder feel you don’t mean what you say.
- During recovery, encourage teens to engage in after-school activities with adult supervision. If they cannot participate in sports or other extracurricular school activities, part-time employment or volunteer work can build self-esteem.
- Don’t expect an immediate, 100-percent recovery. Like any illness, there is a period of convalescence with a brain disorder. There may be relapses and times of tension and resentment among family members.
- Do offer love, support, and understanding during the recovery.

You can feel better and recover. We ask that you learn more about support groups, counseling, medications, changing to positive thought patterns, and enhancing your coping skills. Healthy lifestyles are also important. They include exercise, stress management, a balanced diet, faith and hope. For information, free screenings, and resources please refer to www.guidetofeelingsbetter.org or call your local Mental Health America.