**Parent Transitional Resource Information**

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**Parent-Child**

**Relations in Adolescence**

Parent-child conflict increases as children move into adolescence. Although this trend is not inevitable, it is common and can be quite distressing for parents and adolescents. Both can feel baffled about what happened to the good old days of family harmony. Adolescents may see their parents as having turned harsh, controlling, and irrational. Parents may wonder why their formerly cooperative and responsible children now seem hostile and destructive. These perspectives often feed on one another, increasing misunderstanding on both sides. Many parents and adolescents report a decrease in closeness during this time.

In most families, conflict is more likely to be about clothing, music, and leisure time than about more serious matters such as religion and core values. Family conflict is rarely about such major issues as adolescents' drug use and delinquency. Nevertheless, it has been estimated that in about 5 million American families (roughly 20 percent), parents and adolescents engage in intense, prolonged, unhealthy conflict. In its most serious form, this highly stressful environment is associated with a number of negative outcomes, including juvenile delinquency, moving away from home, increased school dropout rates, unplanned pregnancy, membership in religious cults, and drug abuse (Steinberg & Morris, 2001). In general, conflict increases in early adolescence, reaches its height in mid-adolescence (ages 14-16), and declines in late adolescence (ages 17-18).

Many of the changes that define adolescence can lead to conflict in parent-adolescent relationships. Adolescents gain an increased capacity for logical reasoning, which leads them to demand reasons for things they previously accepted without question, and the chance to argue the other side (Maccoby, 1984). Their growing critical-thinking skills make them less likely to conform to parents' wishes the way they did in childhood.

Their increasing cognitive sophistication and sense of idealism may compel them to point out logical flaws and inconsistencies in parents' positions and actions. Adolescents no longer accept their parents as unquestioned authorities. They recognize that other opinions also have merit and they are learning how to form and state their own opinions. Adolescents also tend toward ego-centrism, and may, as a result, be ultra sensitive to a parent's casual remark.

The dramatic changes of puberty and adolescence may make it difficult for parents to rely on their children's preadolescent behavior to predict future behavior. For example, adolescent children who were compliant in the past may become less willing to cooperate without what they feel is a satisfactory explanation. Parents, accurately perceiving that children are behaving differently than in late childhood, may take this behavior in their adolescent children as resistant and oppositional. They may then respond to this perceived lack of cooperation with increasing pressure for future compliance, which adolescents experience as a reduction in their autonomy, just when they want more.

Changes in adolescents' environments outside the family may also bring new stresses back home. The transition from elementary to middle school and then from middle to high school can be stressful even when it is eagerly awaited. Young people move from a social setting in which they are the oldest and most competent to one in which they are physically the smallest, the least experienced, the lowest status, and have the fewest privileges. They have to master a new set of academic expectations and social arrangements. The growing importance of peers and the emergence of romantic attachments introduce a whole new set of potential stressors, including some that lead back to parents: “*Everybody* wears clothes like this.” “Why can't I go with Jeff in his car?”

Starting early is the best way for parents to prepare for their child's adolescence. The following are ways that parents can prepare themselves and their child for a smoother transition and greater success in achieving the tasks of adolescent development:

* Providing a safe, loving, supportive and consistent home environment
* Creating an atmosphere of honesty, mutual trust, and respect
* Allowing age appropriate independence and assertiveness
* Developing a relationship that encourages your child to talk to you
* Teaching responsibility for their belongings and yours
* Teaching basic responsibility for household chores
* Teaching the importance of having and accepting limits
* Teaching the importance of thinking before acting

One under-appreciated dimension of parent-child relations in adolescence is that parental changes can contribute greatly to the dynamic. Certainly adolescents change greatly as they make the transition from childhood to adulthood, but their parents also change—both in responses to their children and in response to challenges in their own lives. In one study, 40 percent of parents of adolescent children reported two or more of the following difficulties during a child’s transition to adolescence: lowered self-esteem, decreased life satisfaction, increased depression, increased anxiety, and more frequent negative thoughts about middle age (Steinberg, 2001). The parents of adolescents are usually in midlife, when they face the prospect that their future lives may not get a lot better than the present. Just as their children are bursting with idealism, they may feel increasingly pessimistic. Similarly, middle age can bring declines in physical vigor and attractiveness, which can seem all the harder to bear when one's children are blooming. A couple that has worked together effectively to raise children may find their relationship strained by the new demands of parenting adolescents.

In order to assist with parent-child relations in adolescence, researchers recommend the following (Steinberg, 2001). First, in order to further understand their child’s behavior, parents obtain basic information about the developmental changes of adolescence. Second, in order to adapt to their child’s changing needs, parents have basic information about effective parenting during the adolescent years (see Baumrind, 1991). For example, research has determined that although authoritative parenting styles are effective both in childhood and in adolescence, that there is an added dimension of “psychological autonomy granting” that is crucial in adolescence—that is, the extent to which parents permit adolescent sons and daughters to develop their own opinions and beliefs. The opposite of psychological autonomy granting, namely psychological control, can become intrusive or overprotective (Steinberg, 2001). Third, in addition to understanding how their adolescent children are changing, parents need to understand how they and their family are changing (see Baumrind, 1991).

**ADOLESCENT DEVELOPMENT**

**Middle School and Early High School Years** Parents are often worried or confused by changes in their teenagers. The following information should help parents understand this complex phase of development. Each teenager is an individual with a unique personality and special interests likes and dislikes. However, there are also numerous developmental issues that everyone faces during the adolescent years. The normal feelings and behaviors of the middle school and early high school adolescent are described below.

**Movement Towards Independence**

* Struggle with developing one’s own 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
* Complaints that parents interfere with independence
* Tendency to return to childish or immature behavior, particularly overwhelmed or stressed

**Future Interests and Cognitive Changes**

* Interests focused on the 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
* Begin exploring issues and questions about their sexuality and sexual orientation
* Concerns regarding physical and sexual attractiveness to others
* Frequently changing relationships
* Worries about being normal

**Morals, Values, and Self-Direction**

* Greater testing of rules and limits
* Capacity for abstract thinking
* Development of ideals and selection of role models
* More consistent evidence of conscience
* Experimentation with sex and drugs (cigarettes, alcohol, and marijuana)

Each young teenager is unique and does vary from the above descriptions, but the feelings and behaviors listed are considered normal.

**DISCIPLINE**

Children do not always do what parents want. When a child misbehaves, the parent must decide how to respond. All children need rules and expectations to help them learn appropriate behavior. How does a parent teach a child the rules and, when those rules are broken, what should parents do?

Parents should begin by talking to each other about how they want to handle discipline and establish the rules. It is important to view discipline as teaching not punishment. Learning to follow rules keeps a child safe and helps him or her learn the difference between right and wrong.

Once rules have been established, parents should explain to the child that broken rules carry consequences. For example, *Here are the rules. When you follow the rules, this will happen and if you break a rule, this is what will happen*. Parents and the child should decide together what the rewards and consequences will be. Parents should always acknowledge and offer positive reinforcement and support when their child follows the rules. Parents must also follow through with an appropriate consequence when the child breaks a rule. Consistency and predictability are the cornerstones of discipline and praise is the most powerful reinforcer of learning.

Children learn from experience. Having logical consequences for misbehavior helps them learn that they are accountable for their actions, without damaging their self-esteem. If children are fighting over the television, computer or a video game, turn it off. If a child spills milk at the dinner table while fooling around, have the child clean it up. A teenager who stays up too late may suffer the natural consequences of being tired the next day. Another type of consequence that can be effective is the suspension or delay of a privilege. If a child breaks the rule about where they can go on their bike, take away the bike for a few days. When a child does not do chores, he or she cannot do something special like spend the night with a friend or rent a movie.

There are different styles and approaches to parenting. Research shows that *effective* parents raise well-adjusted children who are more self-reliant, self-controlled, and positively curious than children raised by parents who are punitive, overly strict (authoritarian), or permissive. Effective parents operate on the belief that both the child and the parent have certain rights and that the needs of both are important. Effective parents don't need to use physical force to discipline the child, but are more likely to set clear rules and explain why these rules are important. Effective parents reason with their children and consider the youngsters' points of views even though they may not agree with them.

**Tips for effective discipline:**

* Trust your child to do the right thing within the limits of your child's age and stage of development.
* Make sure what you ask for is reasonable.
* Speak to your child as you would want to be spoken to if someone were reprimanding you. Don't resort to name-calling, yelling, or disrespect.
* Be clear about what you mean. Be firm and specific.
* Model positive behavior. "Do as I say, not as I do" seldom works.
* Allow for negotiation and flexibility, which can help build your child's social skills.
* Let your child experience the consequences of his behavior.
* Whenever possible, consequences should be delivered immediately, should relate to the rule broken, and be short enough in duration that you can move on again to emphasize the positives.
* Consequences should be fair and appropriate to the situation and the child's age.

Parenting classes and coaching can be helpful in learning to be an effective parent. If parents have serious concerns about continuing problems with their child's behavior, consultation with a child and adolescent psychiatrist or other qualified mental health professional may be helpful.

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| **HELPING TEENAGERS WITH STRESS** |

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| Teenagers, like adults, may experience stress every day and can benefit from learning stress management skills. Most teens experience more stress when they perceive a situation as dangerous, difficult, or painful and they do not have the resources to cope. Some sources of stress for teens might include:   * school demands and frustrations * negative thoughts and feelings about themselves * changes in their bodies * problems with friends and/or peers at school * unsafe living environment/neighborhood * separation or divorce of parents * chronic illness or severe problems in the family * death of a loved one * moving or changing schools * taking on too many activities or having too high expectations * family financial problems   Some teens become overloaded with stress. When it happens, inadequately managed stress can lead to anxiety, withdrawal, aggression, physical illness, or poor coping skills such as drug and/or alcohol use.  When we perceive a situation as difficult or painful, changes occur in our minds and bodies to prepare us to respond to danger. This "fight, flight, or freeze" response includes faster heart and breathing rate, increased blood to muscles of arms and legs, cold or clammy hands and feet, upset stomach and/or a sense of dread.  The same mechanism that turns on the stress response can turn it off. As soon as we decide that a situation is no longer dangerous, changes can occur in our minds and bodies to help us relax and calm down. This "relaxation response" includes decreased heart and breathing rate and a sense of well being. Teens that develop a "relaxation response" and other stress management skills feel less helpless and have more choices when responding to stress.  **Parents can help their teen in these ways:**   * Monitor if stress is affecting their teen's health, behavior, thoughts, or feelings * Listen carefully to teens and watch for overloading * Learn and model stress management skills * Support involvement in sports and other pro-social activities   **Teens can decrease stress with the following behaviors and techniques:**   * Exercise and eat regularly * Avoid excess caffeine intake which can increase feelings of anxiety and agitation * Avoid illegal drugs, alcohol and tobacco * Learn relaxation exercises (abdominal breathing and muscle relaxation techniques) * Develop assertiveness training skills. For example, state feelings in polite firm and not overly aggressive or passive ways: ("I feel angry when you yell at me" "Please stop yelling.") * Rehearse and practice situations which cause stress. One example is taking a speech class if talking in front of a class makes you anxious * Learn practical coping skills. For example, break a large task into smaller, more attainable tasks * Decrease negative self talk: challenge negative thoughts about yourself with alternative neutral or positive thoughts. "My life will never get better" can be transformed into "I may feel hopeless now, but my life will probably get better if I work at it and get some help" * Learn to feel good about doing a competent or "good enough" job rather than demanding perfection from yourself and others * Take a break from stressful situations. Activities like listening to music, talking to a friend, drawing, writing, or spending time with a pet can reduce stress * Build a network of friends who help you cope in a positive way   By using these and other techniques, teenagers can begin to manage stress. If a teen talks about or shows signs of being overly stressed, a consultation with a child and adolescent psychiatrist or qualified mental health professional may be helpful. |

**BULLYING**

Bullying is a common experience for many children and adolescents. Surveys indicate that as many as half of all children are bullied at some time during their school years, and at least 10% are bullied on a regular basis.

Bullying behavior can be physical or verbal. Boys tend to use physical intimidation or threats, regardless of the gender of their victims. Bullying by girls is more often verbal, usually with another girl as the target. Recently, bullying has even been reported in online chat rooms and through e-mail.

Children who are bullied experience real suffering that can interfere with their social and emotional development, as well as their school performance. Some victims of bullying have even attempted suicide rather than continue to endure such harassment and punishment.

Children and adolescents who bully thrive on controlling or dominating others. They have often been the victims of physical abuse or bullying themselves. Bullies may also be depressed, angry or upset about events at school or at home. Children targeted by bullies also tend to fit a particular profile. Bullies often choose children who are passive, easily intimidated, or have few friends. Victims may also be smaller or younger, and have a harder time defending themselves.

If you suspect your child is bullying others, it's important to seek help for him or her as soon as possible. Without intervention, bullying can lead to serious academic, social, emotional and legal difficulties. Talk to your child's pediatrician, teacher, principal, school counselor, or family physician. If the bullying continues, a comprehensive evaluation by a child and adolescent psychiatrist or other mental health professional should be arranged. The evaluation can help you and your child understand what is causing the bullying, and help you develop a plan to stop the destructive behavior.

If you suspect your child may be the victim of bullying ask him or her to tell you what's going on. You can help by providing lots of opportunities to talk with you in an open and honest way.

It's also important to respond in a positive and accepting manner. Let your child know it's not his or her fault, and that he or she did the right thing by telling you. Other specific suggestions include the following:

* Ask your child what he or she thinks should be done. What's already been tried? What worked and what didn't?
* Seek help from your child's teacher or the school guidance counselor. Most bullying occurs on playgrounds, in lunchrooms, and bathrooms, on school buses or in unsupervised halls. Ask the school administrators to find out about programs other schools and communities have used to help combat bullying, such as peer mediation, conflict resolution, and anger management training, and increased adult supervision.
* Don't encourage your child to fight back. Instead, suggest that he or she try walking away to avoid the bully, or that they seek help from a teacher, coach, or other adult.
* Help your child practice what to say to the bully so he or she will be prepared the next time.
* Help your child practice being assertive. The simple act of insisting that the bully leave him alone may have a surprising effect. Explain to your child that the bully's true goal is to get a response.
* Encourage your child to be with friends when traveling back and forth from school, during shopping trips, or on other outings. Bullies are less likely to pick on a child in a group.

If your child becomes withdrawn, depressed or reluctant to go to school, or if you see a decline in school performance, additional consultation or intervention may be required. A child and adolescent psychiatrist or other mental health professional can help your child and family and the school to develop a strategy to deal with the bullying. Seeking professional assistance earlier can lessen the risk of lasting emotional consequences for your child.

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| **TALKING TO YOUR KIDS ABOUT SEX** |

Talking to your children about love, intimacy, and sex is an important part of parenting. Parents can be very helpful by creating a comfortable atmosphere in which to talk to their children about these issues. However, many parents avoid or postpone the discussion. Each year about one million teenage girls become pregnant in the United States and three million teens get a sexually transmitted disease. Children and adolescents need input and guidance from parents to help them make healthy and appropriate decisions regarding their sexual behavior since they can be confused and overstimulated by what they see and hear. Information about sex obtained by children from the Internet can often be inaccurate and/or inappropriate.

Talking about sex may be uncomfortable for both parents and children. Parents should respond to the needs and curiosity level of their individual child, offering no more or less information than their child is asking for and is able to understand. Getting advice from a clergyman, pediatrician, family physician, or other health professional may be helpful. Books that use illustrations or diagrams may aid communication and understanding.

Children have different levels of curiosity and understanding depending upon their age and level of maturity. As children grow older, they will often ask for more details about sex. Many children have their own words for body parts. It is important to find out words they know and are comfortable with to make talking with them easier. A 5-year-old may be happy with the simple answer that babies come from a seed that grows in a special place inside the mother. Dad helps when his seed combines with mom's seed which causes the baby to start to grow. An 8-year-old may want to know how dad's seed gets to mom's seed. Parents may want to talk about dad's seed (or sperm) coming from his penis and combining with mom's seed (or egg) in her uterus. Then the baby grows in the safety of mom's uterus for nine months until it is strong enough to be born. An 11-year-old may want to know even more and parents can help by talking about how a man and woman fall in love and then may decide to have sex.

It is important to talk about the responsibilities and consequences that come from being sexually active. Pregnancy, sexually transmitted diseases, and feelings about sex are important issues to be discussed. Talking to your children can help them make the decisions that are best for them without feeling pressured to do something before they are ready. Helping children understand that these are decisions that require maturity and responsibility will increase the chance that they make good choices.

Adolescents are able to talk about lovemaking and sex in terms of dating and relationships. They may need help dealing with the intensity of their own sexual feelings, confusion regarding their sexual identity, and sexual behavior in a relationship. Concerns regarding masturbation, menstruation, contraception, pregnancy, and sexually transmitted diseases are common. Some adolescents also struggle with conflicts around family, religious or cultural values. Open communication and accurate information from parents increases the chance that teens will postpone sex and will use appropriate methods of birth control once they begin.

In talking with your child or adolescent, it is helpful to:

* Encourage your child to talk and ask questions.
* Maintain a calm and non-critical atmosphere for discussions.
* Use words that are understandable and comfortable.
* Try to determine your child's level of knowledge and understanding.
* Keep your sense of humor and don't be afraid to talk about your own discomfort.
* Relate sex to love, intimacy, caring, and respect for oneself and one's partner.
* Be open in sharing your values and concerns.
* Discuss the importance of responsibility for choices and decisions.
* Help your child to consider the pros and cons of choices.

By developing open, honest and ongoing communication about responsibility, sex, and choice, parents can help their youngsters learn about sex in a healthy and positive manner.

**THE INFLUENCE OF MUSIC AND MUSIC VIDEOS**

Singing and music have always played an important role in learning and the communication of culture. Children learn from the role models what they see and hear. For many years, some children's television has very effectively used the combination of words, music and fast-paced animation to achieve learning.

Most parents are concerned about what their young children see and hear, but as children grow older, parents pay less attention to the music and videos that hold their children's interest.

The sharing of musical tastes between generations in a family can be a pleasurable experience. Music also is often a major part of a teenager's separate world. It is quite common for teenagers to get pleasure from keeping adults out and causing adults some distress.

A concern to many interested in the development and growth of teenagers is the negative and destructive themes of some kinds of music (rock, rap, hip-hop, etc.), including best-selling albums promoted by major recording companies. The following troublesome themes are prominent:

* Advocating and glamorizing abuse of drugs and alcohol
* Pictures and explicit lyrics presenting suicide as an "alternative" or "solution"
* Graphic violence
* Sex which focuses on control, sadism, masochism, incest, children devaluing women, and violence toward women

Parents can help their teenagers by paying attention to their teenager's purchasing, downloading, listening and viewing patterns, and by helping them identify music that may be destructive. An open discussion without criticism may be helpful.

Music is not usually a danger for a teenager whose life is balanced and healthy. But if a teenager is persistently preoccupied with music that has seriously destructive themes, and there are changes in behavior such as isolation, depression, alcohol or other drug abuse, evaluation by a qualified mental health professional should be considered.

**CHILDREN ONLINE**

Computers and online information are generally trusted by both children and adults as reliable and accurate. The rapid growth of Internet access has added a new dimension to modern computing. Through the Internet children now have access to an almost endless supply of information and opportunity for interaction. However, there can be real risks and dangers for an unsupervised child.

Online information gives children resources such as encyclopedias, current events coverage, and access to libraries and other valuable material. They can also play games and communicate with friends. The ability to "point and click" from one area to another appeals to a child's natural impulsivity, curiosity and needs for immediate gratification.

Most parents teach their children not to talk with strangers, not to open the door if they are home alone, and not to give out information on the telephone to unknown callers. Most parents also monitor where their children go, who they play with, and what TV shows, books, or magazines they are exposed to. However, many parents don't realize that **the same level of guidance and supervision must be provided for a child's online activities**.

Parents cannot assume that their child will be protected on the Internet by the supervision or regulation provided by the online services. Most "chat rooms" or "new's groups" are completely unsupervised. Because of the anonymous nature of the "screen name," children who communicate with others online will not know if they are "talking" with another child or a child predator pretending to be a child or teen. Unlike the mail and visitors that a parent sees a child receive at home, instant messaging, e-mail or "chat room" activity may not seen by parents. Unfortunately, there can be serious consequences to children who have been persuaded to give personal information, (e.g. name, passwords, phone number, email or home address) or have agreed to meet someone in person.

**Some of the other risks or problems include**:

* children accessing areas on the Internet that are inappropriate or overwhelming
* online information that promotes hate, violence, and pornography
* children being mislead and bombarded with intense advertising
* children being invited to register for prizes or to join a club when they are providing personal or household information to an unknown source; and
* hours spent online is time lost from developing real social skills and from physical activity and exercise

**In order to make a child's online experience more safe and educational, parents should**:

* limit the amount of time a child spends online and "surfing” the Internet;
* teach a child that talking to "screen names" in a "chat room" or by instant messenger is the same as talking with strangers;
* teach a child never to give out any personal identifying information to another individual or web site online;
* teach a child to never agree to actually meet someone they have met online;
* never give a child credit card numbers or passwords that will enable online purchases or access to inappropriate services or sites;
* remind a child that not everything they see or read online is true;
* make use of the parental control features offered with your online service, or obtaining commercially available software programs, to restrict access to "chat lines," news groups, and inappropriate web sites;
* provide for an individual e-mail address only if a child is mature enough to manage it, and plan to periodically monitor the child's e-mail and online activity;
* monitor the content of a child’s personal web page (homepage) and screen name profile information;
* teach a child to use the same courtesy in communicating with others online as they would if speaking in person -- i.e. no vulgar or profane language, no name calling, etc.;
* insist that a child follow the same guidelines at other computers that they might have access to, such as those at school, libraries, or friends’ homes.

Parents should be aware that spending time monitoring a child’s online activity will provide an opportunity to learn together as well as lessen possible risks and dangers for the child.

**CHILDREN AND LYING**

Honesty and dishonesty are learned in the home. Parents are often concerned when their child or adolescent lies.

Lying that is probably not a serious problem:

Young children (ages 4-5) often make up stories and tell tall tales. This is normal activity because they enjoy hearing stories and making up stories for fun. These young children may blur the distinction between reality and fantasy.

An older child or adolescent may tell a lie to be self-serving (e.g. avoid doing something or deny responsibility for their actions). Parents should respond to isolated instances of lying by talking with the youngster about the importance of truthfulness, honesty and trust.

Some adolescents discover that lying may be considered acceptable in certain situations such as not telling a boyfriend or girlfriend the real reasons for breaking up because they don't want to hurt their feelings. Other adolescents may lie to protect their privacy or to help them feel psychologically separate and independent from their parents (e.g. denying they sneaked out late at night with friends).

Lying that may indicate emotional problems:

Some children, who know the difference between truthfulness and lying, tell elaborate stories which appear believable. Children or adolescents usually relate these stories with enthusiasm because they receive a lot of attention as they tell the lie.

Other children or adolescents, who otherwise seem responsible, fall into a pattern of repetitive lying. They often feel that lying is the easiest way to deal with the demands of parents, teachers and friends. These children are usually not trying to be bad or malicious but the repetitive pattern of lying becomes a bad habit.

There are also some children and adolescents who are not bothered by lying or taking advantage of others. Other adolescents may frequently use lying to cover up another serious problem. For example, an adolescent with a serious drug or alcohol problem will lie repeatedly to hide the truth about where they have been, who they were with, what they were doing, and where the money went.

What to do if a Child or Adolescent lies:

Parents are the most important role models for their children. When a child or adolescent lies, parents should take some time to have a serious talk and discuss:

* the difference between make believe and reality, lying and telling the truth,
* the importance of honesty at home and in the community, and
* alternatives to lying.

If a child or adolescent develops a pattern of lying which is serious and repetitive, then professional help may be indicated. Evaluation by a child and adolescent psychiatrist would help the child and parents understand the lying behavior and would also provide recommendations for the future.

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| **KNOWING WHEN TO SEEK HELP FOR YOUR CHILD** |

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| Parents are usually the first to recognize that their child has a problem with emotions or behavior. Still, the decision to seek professional help can be difficult and painful for a parent. The first step is to gently try to talk to the child. An honest open talk about feelings can often help. Parents may choose to consult with the child's physicians, teachers, members of the clergy, or other adults who know the child well. These steps may resolve the problems for the child and family.  Following are a few signs which may indicate that a child and adolescent psychiatric evaluation will be useful.  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. * Hyperactivity; fidgeting; constant movement beyond regular playing. * Persistent nightmares. * Persistent disobedience or aggression (longer than 6 months) and provocative opposition to authority figures. * Frequent, unexplainable temper tantrums   PRE-ADOLESCENTS AND ADOLESCENTS   * Marked change in school performance. * Inability to cope with problems and daily activities. * Marked changes in sleeping and/or eating habits. * Frequent physical complaints. * Sexual acting out. * Depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death. * Abuse of alcohol and/or drugs. * Intense fear of becoming obese with no relationship to actual body weight, purging food or restricting eating. * Persistent nightmares. * Threats of self-harm or harm to others. * Self-injury or self destructive behavior. * Frequent outbursts of anger, aggression. * Threats to run away. * Aggressive or non-aggressive consistent violation of rights of others; opposition to authority, truancy, thefts, or vandalism. * Strange thoughts, beliefs, feelings, or unusual behaviors.   If problems persist over an extended period of time and especially if others involved in the child's life are concerned, consultation with a child and adolescent psychiatrist or other clinician specifically trained to work with children may be helpful. |

**MULTIRACIAL CHILDREN**

Multiracial children are one of the fastest growing segments of the U.S. population. The number of mixed-race families in America is steadily increasing, due to a rise in interracial marriages and relationships, as well as an increase in transracial and international adoptions. Publicity surrounding prominent Americans of mixed cultural heritage, such as athletes, actors, musicians, and politicians, has highlighted the issues of multicultural individuals and challenged long-standing views of race. However, despite some changes in laws and evolving social attitudes, multiracial children still face significant challenges.

***Changing Times***

* About two million American children have parents of difference races.
* In the United States marriages between blacks and whites increased 400 percent in the last 30 years, with a 1000 percent increase in marriages between whites and Asians.
* In a recent survey, 47% of white teens, 60 % of black teens, and 90 % of Hispanic teens said they had dated someone of another race.

***Emotional Needs of Multiracial Children***

* Recent research has shown that multiracial children do not differ from other children in self-esteem, comfort with themselves, or number of psychiatric problems. Also, they tend to be high achievers with a strong sense of self and tolerant of diversity.
* Children in a multiracial family may have different racial identities from one another. Their racial identity is influenced by their individual physical features, family attachments and support, and experiences with racial groups.
* To cope with society biases, mixed-race children may develop a public identity with the "minority" race, while maintaining a private interracial identity with family and friends.
* Research has shown that children with a true multiracial or multicultural identity generally grow up to be happier than multiracial children who grow up with a "single-race" identity.
* Multiracial children in divorced families may have greater difficulties accepting and valuing the cultures of both parents.

***The Role of Parents***  
Some interracial families face discrimination in their communities. Some children from multiracial families report teasing, whispers, and stares when with their family.

Parents can help their children cope with these pressures by establishing open communication in the family about race and cultures, and by allowing curiosity about differences in skin color, hair texture, and facial features among family members. Parents can also help their children in the following ways:

* Assist children with developing coping skills to handle questions and/or biases about their background. Help children deal with racism without feeling personally assaulted.
* Encourage and support a multicultural life for the whole family, including becoming familiar with language, traditions, and customs of all family members. Live in a diverse community where the sense of being different or unacceptable is minimized.
* Understand that children may have feelings of guilt or disloyalty to a parent if they choose to adopt the racial identity and/or culture of one parent. Recognize that children may identify with different parts of their heritage at different stages of development or in varied settings in order to "fit in."
* Locate books, textbooks, and movies that portray multiracial individuals as positive role models, as well as books about the lives of multicultural families.
* Establish support networks for your child from the school, grandparents, relatives, neighbors, and the greater community.

For the majority of multiracial children, growing up associated with multiple races and cultures is enriching, rewarding, and contributes to healthy adult adjustment. Some multiracial children may be uncomfortable with their diverse heritages and may benefit from supportive counseling to help them clarify their feelings. Multiracial children who have emotional or behavioral problems may be referred for a psychiatric evaluation.

**Information acquired for these resource was provided by the American Academy of Child & Adolescent Psychiatry** [**WWW.AACAP.org**](http://WWW.AACAP.org)